DEPARTMENT OF FAMILY MEDICINE - CALGARY

ANNUAL REPORT

UNIVERSITY OF CALGARY

Alberta Health Services

2024-25

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Territorial Land Acknowledgement

The Department of Family Medicine, located in the heart of southern Alberta, both acknowledges and pays tribute to the traditional territories of the peoples of Treaty 7, which include the Blackfoot Confederacy (comprised of the Siksika, the Piikani, and the Kainai First Nations), the Tsuut'ina First Nation, and the Stoney Nakoda (including Chiniki, Bearspaw, and Goodstoney First Nations). The City of Calgary is also home to the Métis Nation of Alberta (Districts 5 and 6).

Executive Summary

The Calgary Department of Family Medicine (DFM) is essential to delivering acute and community care, proving family physicians are foundational to comprehensive patient care. Our physicians provide continuity throughout the patient journey, from community settings to hospital admission and discharge, offering holistic care that addresses physical, psychological, and social needs. This broad scope reduces fragmentation, prevents avoidable admissions, and ensures smooth transitions.

Family physicians work across hospital wards, emergency departments, continuing care, and community offices, managing complex illnesses and coordinating care within interdisciplinary teams to optimize outcomes. We play a key role caring for vulnerable populations, including seniors, patients in need of mental health support, and those needing transitional care, through integrated programs in geriatrics, addiction medicine, and palliative care.

The clinical department is organized into six specialized sections — Urgent Care, Community Primary Care, Palliative Care, Seniors Care, Maternal Newborn Care, and Medical Inpatient Care — each tailored to diverse patient needs.

- **Urgent Care** centres managed **115,304* total visits**. Improved EMS destination criteria has reduced secondary transfers.
- **Palliative Care** physicians provided over **4,600** consultations last year, including non-cancer cases, and launched initiatives like the Symptom Management Kit project to improve home urgent care.
- Community programs such as **Calgary Urban Project Society (CUPS), Calgary Zone Primary Care Networks, East Calgary Family Care Clinic, and Elbow River Healing Lodge** advanced integrated, culturally safe, team-based care for vulnerable and Indigenous populations.
- **Maternal Newborn Care** physicians were the **admitting physicians for 7,594 birthing people** in the City of Calgary and served as the **Most Responsible Health Practitioner for 7,675 newborns**.
- The **Medical Inpatient** section **admitted nearly 19,000 patients** despite staffing challenges, and secured a new Alternative Relationship Plan agreement to support growth, and collaboration.
- **Seniors Care** physicians supported over **800,000** seniors and younger adults with complex needs, and advocated for dedicated resources amid rising demand and evolving care models.

Family physicians emphasize prevention, early intervention, and chronic disease management, thereby reducing acute care burdens. Our patient-centered approach builds trust and health literacy, improving outcomes and lowering system costs. Through quality improvement, education, and research, our department continually enhances care delivery.

We are a cornerstone bridging community and hospital care, managing complex needs, and sustaining health system capacity. Investing in family medicine is vital for better patient outcomes and a resilient health system.

*based on calendar year January 1-December 31, 2024

The Academic Department of Family Medicine continues to lead in family medicine education and research, which is strengthened by the work in the three community-based academic teaching clinics, who **continuously serve 21,996 patients**, and **trained 115 medical students and 103 residents this year alone**. The education pillar of the Academic Department has adapted to major curriculum changes and program expansion within both the undergraduate and postgraduate programs, while continuing to train learners across southern Alberta in urban, regional, and rural communities. Our academic teaching clinics and education staff have navigated the transition from Alberta Health Services (AHS) to the new primary care health agency, Primary Care Alberta (PCA). Despite all these changes, the Academic Department continues to respond to community needs through research and scholarship activities focused on Indigenous Health, Medical Education, Health Services, and Health Equity, as well as through key research networks which support facilitation of community-based research.

The clinical and academic departments worked together over the last several years to develop a DFM Strategic Plan, including four strategic priorities and three foundational principles. The joint strategic plan was created with broad engagement across the academic and clinical departments. Throughout the 2024-25 DFM Annual Report, we have highlighted where our activities and initiatives can be linked to our strategic plan using icons and colours from the graphic below.

As we look to the future, advocacy continues to be a top priority. Our focus is on securing the resources and support needed to maintain and strengthen the services we provide to our diverse and extensive patient population.
Amid significant change, our commitment remains clear - prioritize patient care and champion a healthcare system that is inclusive and responsive to the needs of all.

Dr. Ann Vaidya
Clinical Department Head

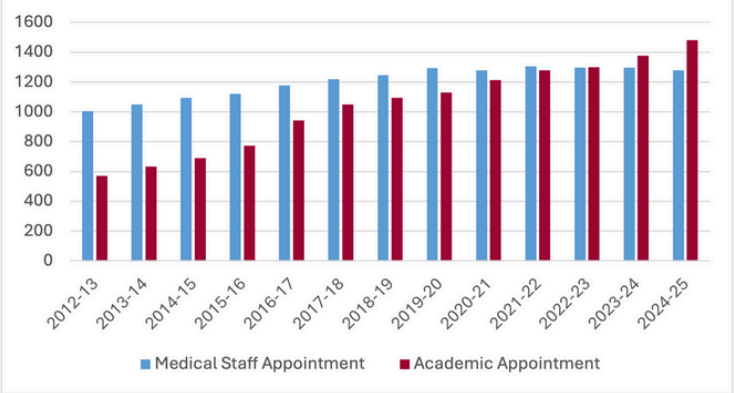
Dr. Sonya Lee
Academic Department Head

Physician Members

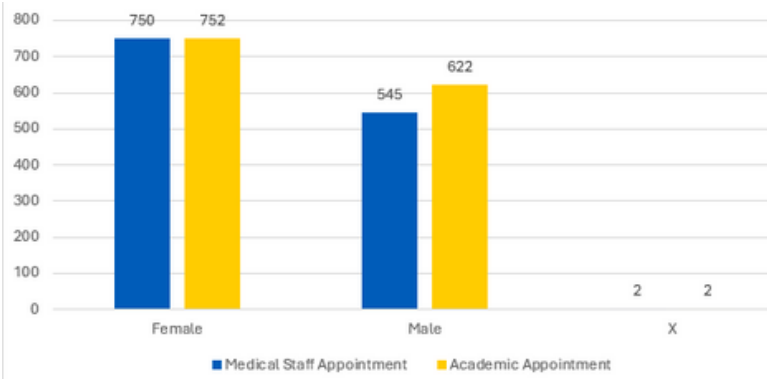
We represent one of the largest clinical Medical Affairs departments in AHS. This high membership with diverse practice environments continues to challenge us to find innovative ways to connect with our membership and engage them in the numerous activities and initiatives occurring in health care delivery.

This report highlights some of the overall achievements of our clinical sections and academic pillars.

DFM Physician Membership

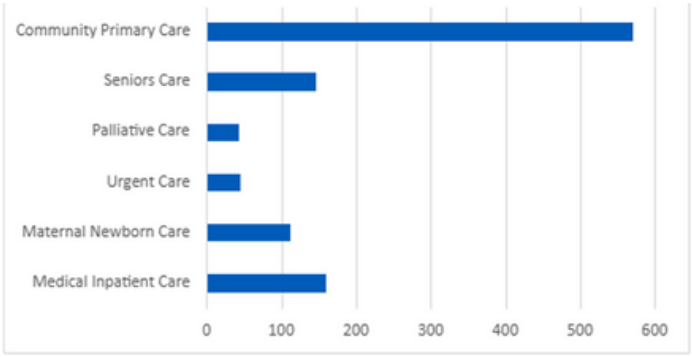


DFM Physician Gender



The Medical Staff Office at AHS collects gender data using the categories Male/Female/X.

DFM Clinical Physicians by Primary Section

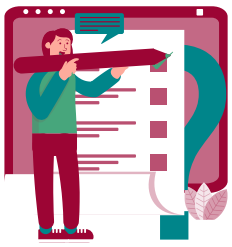


Many community family physicians are not privileged with the DFM.

Our medical staff appointments have dropped by 1.32% and the academic appointments have grown by 7.42%.

This year, our Physician Services team has demonstrated dedication in reviewing and streamlining physician privileges across the department. Their proactive efforts have led to the removal of outdated or redundant privileges and ensured our physicians have the procedures and sites that they require. This meticulous cleanup not only enhances operational efficiency, but also ensures more accurate workforce planning data, and provides critical support to our medical leaders in making informed staffing and resourcing decisions.

In 2024-25, **153 academic appointments were processed and approved by the academic DFM.**



153

academic appointments approved

DFM Communications

Communication with stakeholders, internal and external, is an essential activity to ensure that members are engaged and supported, our programs attract learners, and our innovations and successes are publicized. The DFM employs a number of communications tools and tactics to achieve effective communication. Where possible, we track engagement through metrics.

DFM Newsletters

The HomePage is the DFM's clinical bi-weekly e-newsletter. The goal of the newsletter is to share departmental communications and information from our community stakeholders and partners that is relevant for physicians practicing in the community and within AHS. The HomePage is sent to all family physicians in the Calgary Zone with AHS privileges as well as all DFM staff.

Alberta Health Services
Family Medicine
Calgary Zone

Department of Family Medicine - Calgary
Homepage
Supporting Family Physicians

average open/read rate

56.65%

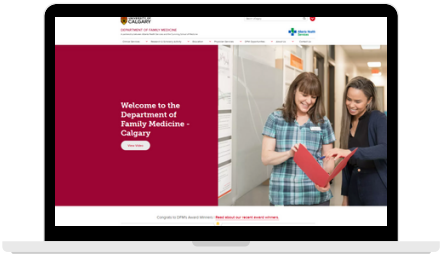
The Abstract is DFM's academic monthly e-newsletter, providing updates from the academic department head, UCalgary information, academic DFM events and projects, as well as research initiatives, awards and staff information.
This newsletter is sent to all academically appointed physicians across Alberta and those located out of province (e.g. the Yukon, the Northwest Territories, Saskatchewan, and British Columbia).

average open/read rate

63.23%

DFM Website

Metrics from the first full year of the DFM website showed **125,436 total webpage views by over 50,000 users.**



ucalgary.ca/familymedicine

Other Communications

Important dates

In recent years, the DFM marked several important days through targeted communications. These include *International Womens Day* and *Canadian Women Physicians Day*, *World Family Doctor Day*, and *Alberta Rural Health Week.*

WORLD FAMILY DOCTOR DAY.

International Women's Day

CWPD

#Rural Health Matters

Social Media The department also utilizes social media including "X" and Instagram (@UCalgaryFamMed), to share successes, projects, and advertise programs and events.

Clinical Sections

COMMUNITY PRIMARY CARE

Dr. Monica Sargious, Section Chief

FAMILY PHYSICIAN OF THE YEAR –
Dr. Steven Bowen

We are pleased to congratulate Dr. Steven Bowen for being awarded the Family Physician of the Year 2024. This prestigious recognition holds particular significance as it is based on nominations from his patients, reflecting the profound impact he has had on their lives. The award acknowledges not only Dr. Bowen's medical expertise but also the trust, compassion, and dedication he consistently demonstrates in his patient care.

Dr. Bowen has long been committed to providing high-quality, longitudinal care, skillfully guiding his patients through their health journeys with empathy and attention to detail. A testament to his exceptional care, one patient shared: “Dr. Bowen is there to support me on my health journey. He always takes the time to listen to concerns and follows up. He is knowledgeable, articulate, and very personable. He cares, and it shows.”

Known for his ability to listen, communicate effectively, and treat the whole person, Dr. Bowen's patients not only value his medical expertise but also deeply appreciate his genuine compassion and commitment to their well-being. His dedication extends beyond the clinic, with patients often receiving personal follow-ups, including evening calls to discuss important results.

We celebrate Dr. Bowen’s outstanding skill, leadership, and the humanity he brings to his practice, knowing that this award, chosen by those he serves, is a powerful reflection of the trust and gratitude of his patients.

SPECIALIST PHYSICIAN OF THE YEAR –
Dr. Sumantra (Monty) Ghosh

We are proud to congratulate Dr. Sumantra (Monty) Ghosh for being named Specialist Physician of the Year 2024. This prestigious recognition highlights Dr. Ghosh’s exceptional contributions to healthcare, particularly in the field of addiction medicine, where his compassionate approach and innovative solutions have had a profound impact.

As co-lead of the Rapid Access Addiction Medicine (RAAM) program in Calgary, Dr. Ghosh has been instrumental in transforming addiction care in Alberta. The RAAM program has provided over 1,200 individuals with essential pharmacological and psychosocial support, improving accessibility and outcomes in addiction treatment. Dr. Ghosh’s influence extends to numerous provincial and national committees, where he contributes to addiction care guidelines, policy development, and advocacy efforts.

Beyond his clinical work, Dr. Ghosh is committed to education, teaching students, physicians, and the public about addiction, mental health, and social determinants of health. His patient-centered, evidence-based approach, combined with his advocacy for systemic change, has made a lasting impact on addiction care in the region.

We celebrate Dr. Ghosh for his tireless dedication to improving healthcare and his transformative work in addiction medicine. His ability to turn empathy into meaningful change continues to inspire and shape the future of healthcare.

Calgary Urban Project Society - CUPS

CUPS Calgary is a nonprofit organization dedicated to supporting individuals and families in Calgary who are affected by poverty, trauma, and systemic marginalization. Through an integrated approach that combines healthcare, housing, and family development services, CUPS empowers clients to build resilience and achieve their goals.

CUPS

COMMUNITY PRIMARY CARE

The **Community Allied Mobile Palliative Partnership (CAMPP)** provides outreach-based palliative and end-of-life care to individuals with life-limiting or life-threatening illnesses who are at risk of or experiencing homelessness. Managed by CUPS with support from AHS, Palliative Care, and Community Health, the CAMPP team consists of a Registered Nurse, Health Navigator, Clinical Nurse Specialist (AHS-CNS), and a rotating Palliative Care Physician. **CAMPP serves approximately 100 clients annually,** with a waitlist averaging 8 days. Referrals come from acute care (41%), community partners (24%), and CUPS programs (35%). **The program primarily supports clients with co-occurring health and housing concerns, including mental health (44%), substance use (45%), alcohol use (41%), and unhoused status (69%).**

In 2024, CAMPP, with support from Healthcare Excellence Canada, had the opportunity to showcase its unique and innovative approach to equity-oriented palliative care services for structurally vulnerable individuals. This work is highlighted in the Promising Practices for Improving Equity in Access to Palliative Care publication.

The **Family and Child Development Center (FCDC)** at CUPS provides flexible support to families, parents, and caregivers of children aged 12 and under. The center aims to empower families, promote healthy child development, and strengthen family relationships. Support is available both on-site and in the community, including homes, schools, daycares, hospitals, and shelters.

In partnership with the CUPS Family and Prenatal Clinic, families gain access to a multidisciplinary team, including a developmental pediatrician, speech and language pathologist, play therapist, child development specialist, and care coordinator. This team works collaboratively with families to address healthcare needs and enhance parenting skills. Additionally, FCDC offers various classes and programs, led by trusted partners Families Matter and Kindred, which foster a supportive community for parents to improve their skills and connect with others.

Calgary Zone Primary Care Business Unit

The Calgary Area Primary Care Networks (PCNs) have been working collaboratively to implement the Calgary Zone Service Plan (ZSP) with support from the Calgary Zone Business Unit. The ZSP for 2023-2026 was approved by Alberta Health in June 2023, and the amendment for the 2024-2025 plan was approved in August 2024. Despite uncertainties in the Alberta Health Modernizing Alberta's Primary Health Care System (MAPS) initiative, work continues on key priorities, including patient medical homes, Indigenous health, mental health, and specialty collaboration. This year, notable achievements included the successful implementation of the Clinical Information Integration/ Central Patient Attachment Registry (CII/CPAR) adoption process, with a participation rate exceeding targets, and a record number of visits to the Alberta Find a Doctor (AFAD) website. Additionally, the Coordinated Attachment pilot program eliminated backlogs across the Calgary Zone, and the Navigation Coordinator program launched to improve system navigation for unattached patients.

Specialist Link continued to enhance primary care by providing non-urgent telephone advice from specialists, with new services introduced for pediatric palliative care and child abuse and neglect. A Mental Health Bridging Care Networks event strengthened inter-agency collaboration, and the Truth and Reconciliation in Primary Care Steering Committee was established to improve healthcare for Indigenous populations. Other achievements included a mutual accountability agreement between PCNs and patient medical homes, development of new clinical pathways, and the completion of the first phase of an access portal to improve primary care access. Despite challenges posed by ongoing health system changes and MAPS-related uncertainties, the Calgary Zone Business Unit has worked on enhancing dashboards for performance monitoring and is preparing for the next phase of strategic planning.

Looking ahead, the strategic plan for the next year focuses on improving access within the Calgary Zone, increasing culturally safe care for Indigenous populations, aligning mental health approaches across PCNs, and supporting the ongoing MAPS and Rural Primary Health Care Networks (RPHCN) transitions.

COMMUNITY PRIMARY CARE

East Calgary Family Care Clinic

The East Calgary Family Care Clinic serves as a medical home for underserved patients in southeast and southwest Calgary, primarily those living with multiple chronic conditions and/or mental health needs. Our interdisciplinary team offers comprehensive, trauma-informed primary care, working collaboratively with patients to achieve their health goals. Over the past year, we've embarked on a journey of collaborative change management, focusing on enhancing health information technology, improving team communication, and refining our panel management approach.

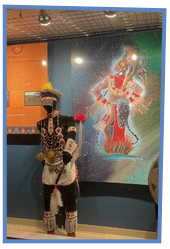
A significant milestone in this journey was our participation in the Wave 8 Connect Care launch in May 2024, integrating a new health information system that has greatly improved communication between our team and external care providers. This transition has allowed for integrated patient management, such as INR monitoring, preventative cancer screening, and real-time results tracking, while MyAHSConnect has empowered patients by giving them direct access to their health information. Additionally, the system has strengthened coordination between primary care providers and specialists, especially in discharge planning and medication management.

In the second half of the year, we celebrated the establishment of PCA in February 2025, marking a new phase of team-based care in our community. To support collaboration, we introduced Complex Care Rounds, which provide a space for monthly team-led educational sessions and case-based discussions. Looking ahead, we are focused on optimizing care pathways within Connect Care, enhancing efficiency, and exploring new research opportunities to continue improving our care delivery model for this complex patient population.

Elbow River Healing Lodge

Elbow River Healing Lodge (ERHL) is an Indigenous-focused primary health care clinic providing holistic, culturally safe care to First Nations, Inuit, and Métis individuals and families. Our multidisciplinary team includes family physicians, nurses, allied health professionals, and specialists, along with Elder and Knowledge Keeper support to ensure care is respectful of cultural beliefs and traditional healing practices. Outreach, social work, and community advocacy services further support patients with crisis intervention, system navigation, and case management. Our vision is healthy, connected Indigenous communities empowered to access safe and appropriate healthcare.

This past year marked significant growth and transformation at ERHL. With the physical renovations complete, focus turned to enhancing the cultural safety of our space through Indigenous art. In partnership with Untethered and the Urban Society for Aboriginal Youth (USAY), community members and Elders helped select Indigenous artists to create murals throughout the Sheldon M. Chumir Health Centre. Works by Kristy North Peigan, Darren Weaselchild, Nathan Meguinis, and Brandon Many Bears now adorn the clinic, alongside a tipi wall design gifted by Kainai Elder Duane Mistaken Chief. Augmented reality features are being added for an innovative, interactive experience. This project was generously supported by the Calgary Health Foundation and Cenovus and has had a positive impact on clients and staff alike.



Honouring Truth and Reconciliation Call to Action #22, ERHL expanded its Elder/Knowledge Keeper program to include a rotating group from multiple Nations. As Calgary's only Indigenous primary healthcare clinic, serving clients from all Nations, we are committed to ensuring access to traditional wellness support, particularly from the Treaty 7 Nations. We are grateful to G4 Health and the Stoney Nakoda Tsuut'ina Tribal Council for supporting this initiative.

In 2024, ERHL increased physician staffing to 4.0 FTE, enabling us to accept new patients and improve access to care. We continue to explore opportunities for extended hours and future clinic expansion. We also resumed outreach clinics at the Niitsitapi Learning Centre, an Indigenous preschool to grade 2 school operated by the Calgary Board of Education. Our pediatrician now holds monthly clinics at NLC, providing much-needed early intervention and care to students and families. ERHL remains committed to building a culturally grounded, inclusive healthcare model rooted in respect, connection, and community.

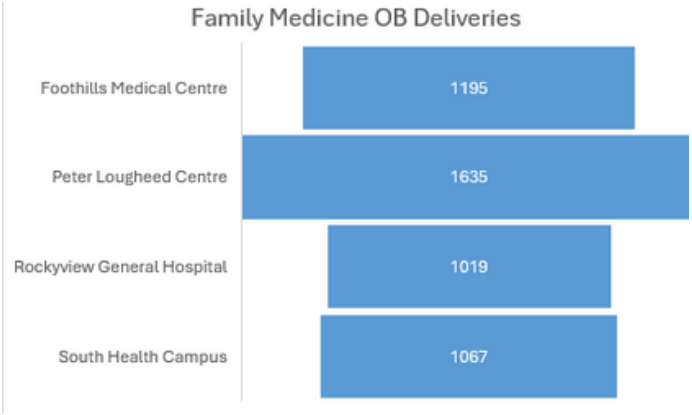
photos courtesy of Elbow River Healing Lodge

Clinical Sections

MATERNAL NEWBORN CARE

Dr. Valerie Lewis, Section Chief

The Section of Maternal Newborn Medicine includes **118 physicians** working within the City of Calgary. Our physicians provide comprehensive care to patients throughout pregnancy, childbirth, and the postnatal period, both in hospital settings and in the community. In the past year, we were the admitting physicians for **7594** birthing people in the City of Calgary and served as the Most Responsible Health Practitioner (MRHP) for **7675 newborns**.



Accomplishments

Dr. Allison Chapman was recognized by her peers as the Maternal Newborn Physician of the Year. She has demonstrated exceptional leadership and innovation in prenatal care. Dr. Chapman launched and led Calgary's Centering Pregnancy program, a group-based model of prenatal care designed to improve outcomes and patient experience. Her work also focuses on breastfeeding support, perinatal mental health, and the education of healthcare providers, learners, and patients.

Dr. Allison Chapman (right)
MNB Physician of the Year

A key quality improvement initiative this year has focused on increasing **pertussis vaccination rates** among pregnant patients in the Calgary Zone. From October to December 2024, vaccination rates at RGH/PLC reached 61.65% among 545 patients. For comparison, the Alberta-wide rate in 2021 was 60.1% (health-infobase.canada.ca). Some provinces have achieved rates as high as 80%. To address this gap, targeted education about pertussis vaccination has been provided to low-risk teams and patients across Calgary. We will reassess vaccination coverage from October to December 2025 to evaluate the impact of these efforts.

Our physicians played a critical role in the development and rollout of several provincial initiatives this year, including:

- The Congenital Cytomegalovirus (CMV) Screening Project in the Calgary Zone
- The AHS Screening for Subgaleal Hemorrhage Guideline
- The Hyperbilirubinemia Clinical Management in Infants Greater than 35 Weeks guideline

A group of Lougheed Maternity Group (LMG) family physicians who are interested in Perinatal Addiction Medicine, Indigenous Health, and social justice initiatives have worked diligently to address quality, accessibility, and comprehensiveness of care for pregnant persons in Calgary who are experiencing substance use disorder. They have engaged and worked collaboratively with many health care teams in the hospital including Women's health management, ARCH, pediatrics, obstetrics, social work and neonatology as well as allied community organizations. To date they have admitted 24 patients to LMG in the antepartum or postpartum period. Some patients have had both antepartum and postpartum long stay admissions for stabilization on Opioid Agonist treatment.

The South Health physicians implemented the Vaccines in Pregnancy Canada intervention as part of Dr. Eliana Castillo's feasibility study last year. This year they are going support the expansion and further research proposed in the Protection for you is protection for two: Evaluating an intervention to support vaccine decision-making during pregnancy grant.

MATERNAL NEWBORN CARE

Challenges

The ongoing transformation within our healthcare system has presented significant challenges. Longstanding multidisciplinary groups that previously supported maternal newborn initiatives, guidelines, and resource development have been disbanded. Their roles are now being partially assumed by the Women's Health and Children's Health Provincial Improvement Networks (PINs). Our section continues to engage and advocate with new leadership teams to ensure that the needs of our patients, families, and providers remain represented.

The withdrawal of support from PCNs for maternal newborn clinics has been particularly stressful. This shift led to the creation of new clinics, impacted call groups, and reduced access to resources for both community and hospital-based maternal newborn care.

Workforce sustainability remains a major concern. A survey conducted in November 2024, with a 71% response rate, revealed that **22.6% of respondents wished to reduce their clinical workload, and 8.3% anticipated leaving this area of practice within 1 to 5 years.** Numerous physicians expressed difficulty taking leaves or vacations due to staffing shortages within the section.

In addition, the administrative workload associated with transitioning physicians from Calgary Zone privileges to Provincial privileges has been significant for leadership, DFMs Physician Services team, and individual physicians.

Looking ahead, capacity challenges are expected to increase. **By 2033, an additional 3,200 deliveries per year are projected** in the Calgary Zone, which will place further strain on existing infrastructure and clinical teams.

Strategic Planning

We are committed to building and sustaining a resilient workforce that can adapt and thrive during periods of change. This includes:

- Comprehensive onboarding and orientation for new physicians
- Ongoing professional development and education
- Regular team check-ins and development conversations
- Celebrating team successes and contributions

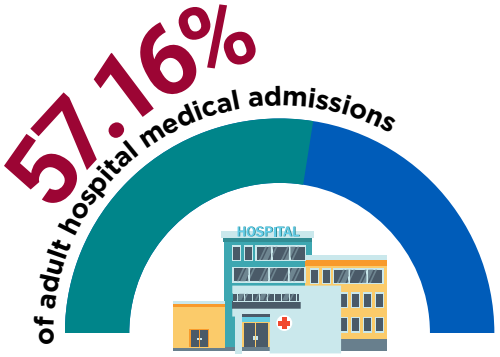
To maintain high-quality, equitable, and patient- and family-centered care, we will continue to educate current and future providers, and use data (e.g., Connect Care, Tableau, adverse event reporting) to guide our learning and practice.

Collaboration will remain central to our success. We aim to foster strong relationships with other providers and embrace opportunities, such as the midwifery collaboration at the Foothills Medical Centre, to explore new models of care delivery that benefit patients and the broader maternal newborn care community.

Clinical Sections

MEDICAL INPATIENT CARE

Dr. Bhavini Gohel, Section Chief
Dr. Rattanjeet Vig, Deputy Section Chief

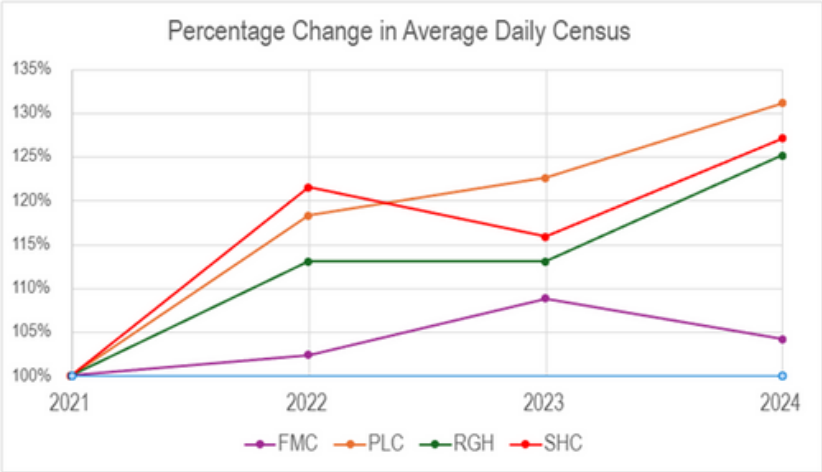


The Section of Medical Inpatients operates to deliver inpatient family medicine services within all acute care sites within the Calgary Zone. This currently includes four acute care Hospitalist programs as well as Psychiatry Primary Care which operates out of the four acute care sites as well as the Southern Alberta Forensic Psychiatry Center.
The acute care Hospitalist Programs admitted 18,927 patients which is equivalent to 57.16% of all the Hospital Medical Admissions in the City of Calgary.

The primary goal is to continue to provide comprehensive hospital services for generalist patients throughout the program.

Accomplishments and Highlights

Despite acute care censuses at all sites reaching all-time highs (a 16.1%,increase from the previous year) the program has been able to support the high volumes with excellent and comprehensive care in collaboration with other services and AHS facilities. We successfully made it through a significant transition period regarding the financial viability of our acute care programs.



We completed a leadership team-building session to work on our strategic plan, targeting small-staged investments to tackle ongoing and future disruptions.

In our ongoing commitment to improving patient care, we have conducted a review of the Psychiatry Primary Care programs across our four acute care sites. In addition, we are collaborating with the Southern Alberta Forensic Psychiatry Center to provide rigorous hospitalist medical oversight to their unique program.

Regarding quality improvement, we presented two projects at the *Family Medicine Summit* in Banff on nursing-physician communication and service-based hospitalist pharmacists in acute care. There are a number of site-specific projects designed around standardizing nursing communication orders, sleep improvement in acute care, improving weekend discharges, and paging communication.

Strategic Plan

With a new organizational change to create Acute Care Alberta, the Hospitalist program's relationship with AH Health services are expected to be modified, leading to some restructuring from an administrative structure perspective. Our Section met this past year to plan specific strategies to highlight the critical roles that Hospital Medicine Physicians play in our acute care system, and to better support them through career transitions and development.

Clinical Sections

URGENT CARE

Dr. Charles Wong, Section Chief

The Calgary Zone Urban Urgent Care Centres (UCCs) have maintained relatively stable daily visit volumes since experiencing a significant increase last year. **Calgary Urgent Care centres managed 115,304* total visits, with 51,1386* at South Calgary Health Centre and 63,918* At Sheldon M Chumir.** Improved EMS destination criteria has reduced secondary transfers.

115,304 urgent care visits

The most significant operational achievement of the year was the implementation of a new set of destination criteria for EMS to arrive at urgent care sites, replacing the outdated criteria which were made in 2012 when the number of paramedics arriving at UCCs was fewer than 1 or 2 per day. The idea was to both increase and improve the volume of EMS arrivals to UCC sites, while minimizing the need for secondary transfers (patients brought initially to a UCC, but requiring transfer to a hospital subsequently). The new criteria were developed over a nearly three year period with input from all major stakeholders including EMS, EDs, IOC, and of course both physician and operational UCC partners. It has been met with widespread enthusiasm in the community thus far. Today, UCCs accept in aggregate close to 1000 patients per month, which is as many or more than as any urban hospital other than Foothills Medical Centre.

AHS Wait Times Display

Since the implementation of the AHS Wait Times display at all five urgent care sites, Calgarians have been able to pick their location from both a location as well as expected wait-time standpoint. This has created a predictable shift in site utilization, with a higher number of patients seeking care at typically lower-volume sites. This has also been accompanied by an apparent increase in acuity to smaller sites, which has strained local resources. Whether this represents a net gain by the system is being closely examined by leadership.

Workforce

The UCCs continue to be a popular workplace for MDs. A high proportion of applications and new hires at all five UCC sites includes experienced emergency medicine physicians from the Calgary Zone, and abroad. At the time of writing, there are approximately 30 ED MDs working at Urgent Cares in the Calgary Zone. They provide a helpful and important perspective in our acute care environment and are playing larger roles in leadership, education, and team-building at the smaller sites, drawing from the experience working in the hospitals.

Learning and Development

The UCC community hosts an annual not-for-profit conference called the Urgent Care Conference. This year's conference was another sold-out success, with high-quality didactic and hands-on sessions, as well as ample opportunities for networking and socialization. Details available @ https://www.urgentcareconference.ca

Clinical Sections

PALLIATIVE CARE

Dr. Jessica Simon, Section Chief

The DFM Section of Palliative Care includes Palliative and End-of-Life Care (PEOLC) consultant physicians, as well as hospice physicians. Together with the interprofessional teams of the PEOLC AHS Calgary Zone, we provide palliative and end-of-life care for individuals living with advanced illness in all care settings.

The consult teams served **4,602 clients, of which 48% had non-cancer diagnoses**. Of those receiving in-patient consultations, 29% were discharged home, while 44% passed away during the admission. There were **1,240 hospice admissions**, and **palliative home care served 1,697 new clients**. Decedent metrics typically lag behind the reporting period, but in the previous year, 32% of palliative home care decedents died at home, and 38% died in hospice. **Calgary's grief support program served 1,235 active clients.** The average wait time for counseling remained consistent at 44 days.

With the opening of the Arthur Child Comprehensive Cancer Centre in October 2024, for the first time in Calgary's palliative care history, most of the PEOLC AHS Calgary Zone program managers, administrators, and some physicians and advanced practice nurses are co-located. This collaboration has allowed us to advance several integrated quality improvement projects this year, addressing key gaps for patients, their families, and staff.

These projects include:

- **Proactive Management of Symptom Crises for Palliative Homecare Clients**
This pilot project involves Symptom Management Kits in South Calgary. The project will assess the use and safety of proactively prescribed, subcutaneous medications for storage at home to treat urgent symptoms near the end of life. The goal is to reduce treatment delays and provide symptom relief at home.

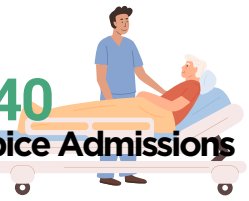
- **Early and Supportive Care for Patients with Metastatic/Advanced Gastrointestinal Cancers (ESP MAGIC)**
To address growing oncological wait times, this initiative supports patients newly diagnosed with advanced cancer who are awaiting their first oncology appointment. A palliative care nurse practitioner and clinical nurse specialist will contact patients with three types of advanced GI cancers to provide support, illness education, and resources for coping, symptom management, and advance care planning.

- **"One Line of Referral" Initiative**
This change centralizes the triage of new referrals for community palliative care consults and palliative homecare services. This streamlining aims to reduce delays, gaps, and unnecessary duplication of services.

- **Understanding the Impact of Spiritual Care Providers in the Home**
Funded by a Government of Alberta Palliative Grant, this research project, in collaboration with co-investigator Dr. Gilian Ho, demonstrates that providing in-home spiritual care consultations significantly improves the quality of life for palliative patients, their families, and healthcare teams.

1697
Home care clients received palliative care team services

4602
Palliative Care Consult Team unique clients served



1240
Hospice Admissions

PALLIATIVE CARE

In residency education, we continue to provide mandatory one-block training to all family medicine residents. Recently, three physicians completed their Enhanced Skills one-year residency in palliative care: Drs. Asmarah Amin, Savar Kaul, and Alexander Smith.

We are grateful to Dr. Katherine Liu, the residency program director who also serves as our faculty education officer, and to Dr. Meshach David, who supports all the rotating learners (~125/year).

The Division of Palliative Medicine also provides RCPSC 2-year subspecialty residency training, and we appreciate the support of all preceptors involved.

In March 2025, we celebrated the retirement of three palliative care physician consultants with over 100 years of combined palliative care experience, who were also founders of the Calgary program: Dr. Ted Braun, Dr. Martin Labrie, and Dr. Ron Spice. We wish them the best in their retirement and will continue to benefit from their wisdom, mentorship, and the legacy of outstanding palliative care in Calgary.

The relocation of Calgary's Intensive Palliative Care Unit (PCU) to the Arthur Child Comprehensive Cancer Centre in 2024 has led to a lack of dedicated in-patient PCU beds in Calgary's acute care system, specifically for non-cancer patients. According to Pallium's Canadian Atlas of Palliative Care – Alberta Edition, which was developed by members of our section, there is an insufficient number of PCU beds for our population based on the Catalonia formula (10 beds per 100,000 population, with 3 PCU beds and 7 hospice/continuing care beds). While additional hospice beds are being developed to meet population growth in the Calgary zone, a long-term challenge remains: how to meet the need for in-patient PCU beds, especially for non-cancer patients requiring intensive interventions for palliative symptom control (e.g., high-flow heated, humidified oxygen therapy or intensive psychological and social family support).

The PEOLC Strategic Plan focuses on continuing to provide integrated advance care planning, consultations across all sectors, palliative home care, hospice coordination, the Intensive Palliative Care Unit, and grief support programs and services, amidst Alberta's Refocusing of Health Care initiatives.

We have made significant progress in implementing improvements identified during our last program-wide visioning session in 2018. We aim to conduct another visioning session for the coming years in 2025-26. One key area of focus is improving the routine identification, assessment, and co-management of caregiver needs (whether from family, friends, or staff in dual roles). Through collaboration with Caregivers Alberta, we will be training palliative care providers in the use of the "Carer Support Needs Assessment Tool Intervention" (CSNAT-I) in FY 2026.

Clinical Sections

SENIORS CARE

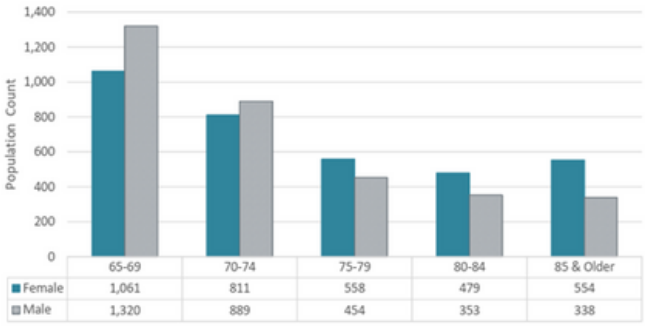
Dr. Yasmin Majeed, Section Chief

It has been an interesting year navigating changes that will affect more than 800,000 seniors living in the province. Early this year, an announcement was made regarding the creation of four separate entities, taking over provincial health care from AHS: Acute Care, Primary Care, Recovery Alberta and Assisted Living Alberta.

Assisted Living Alberta will be responsible for a number of services, including continuing care, assisted care, home care, housing and social services for seniors living in the province.

Calgary's growing and aging population is driving a significant increase in demand for continuing care services—projected to rise by 80% over the next decade. Currently, **88.5% of residents in Type A Continuing Care Homes (CCHs) are seniors with complex needs, while 11% are younger adults with serious medical conditions.** With an annual turnover rate of approximately 30%, these trends present both challenges and opportunities in how we plan and deliver care.

Figure 1.2 Seniors' Population Count by Age Group and Sex for the LGA, as of March 31, 2019[1]



	65-69	70-74	75-79	80-84	85 & Older
Female	1,061	811	558	479	554
Male	1,320	889	454	353	338

Figure 1.3 reports the seniors' population counts for each year from 2008 to 2019, and the projected population counts from 2020 to 2024 for the LGA, as of March 31, 2019. The seniors' population in Calgary - Centre was 6,818 and is expected to be 9,061 by 2024. The Alberta seniors' population is expected to grow from 565,184 to 724,261 between 2019 and 2024.

Physicians in the section continue to deliver integrated clinical programs that support seniors throughout their healthcare journey—at home, in the community, in continuing care facilities, and during hospital stays.
Key programs include:

- **Specialized Geriatric Services (SGS)**: A multidisciplinary team providing comprehensive assessments and care planning for frail older adults across hospitals, clinics, home visits, and rural settings.
- **Integrated Home Care:** Delivers medical support for clients at home, managing some of the most complex cases in Canada.
- **Community Paramedics:** Provide on-site care in continuing care homes, helping residents avoid unnecessary hospital transfers.
- **Applied Behaviour Collaboration (ABC) Team:** Supports young adults with mental health needs living in Type A facilities.
- **Geriatric Mental Health Services**: Focused mental health support for older adults in continuing care.

The increasingly diverse nature of adults including adults 18 to 65 years requiring care in Continuing Care Homes has necessitated the creation of various community-based programs to provide focused care to persons with complex mental health and addiction disorders, dementia with severe behavior symptoms and persons requiring transitional care in the community while awaiting a bed in a Continuing Care Home (Alternate Level of Care). The community programs that support these adults include, the Complex Mental Health units, Enhanced Behavior Supports Unit, Complex Dementia Care units and Alternative Level of Care (ALC) units.

SENIORS CARE

To improve capacity and flow from acute care, Service Enhancement (conversion of existing CCH Type A to CCH Type A Specialty Program) was undertaken by creating the following programs in the community:

COMPLEX MENTAL HEALTH

Facility	Number of Beds
Carewest Mount Royal	24
Carewest Colonel Belcher	60
Carewest Signal Pointe	50
Carewest Bridgeland	198 (early 2026 expected completion)

COMPLEX DEMENTIA CARE

Facility	Number of Beds
Bethany Riverview	120
Intercare Chinook Care Center	28

ALTERNATIVE LEVEL OF CARE

Facility	Number of Beds
Carewest Sarcee	56
Bethany Calgary	69 (27 secured)
Carewest George Boyak	27

Alternate Level of Care (ALC) Spaces:
Historically, ALC beds have been contracted as long-term care specialty spaces. However, with upcoming legislative changes, it appears that beds in facilities formerly designated as Auxiliary Hospitals will transition to sub-acute status. These beds will be considered restorative or transitional care under the Hospitals Act. As a result, most of our former ALC spaces in buildings with prior Auxiliary Hospital status will now be classified as sub-acute. This includes the ALC programs at Sarcee and Bethany Calgary.

Two additional specialty care sites are planned through 2027:

- **Carewest Bridgeland Continuing Care** – 198 long-term care (LTC) beds with a mental health focus. However, some of these beds may be reclassified as sub-acute.

Capacity projections remain fluid. There is an expectation for the development of smaller care homes tailored to complex care needs, including mental health. If all recommended applicants are approved, the Calgary Zone could gain approximately 82 new complex care specialty spaces in Small Homes. Most of these are expected to be SL4 (CCH, Type B), though the final level of care designation is still to be determined.

While space is being created to accommodate the aging population and young adults with mental health problems, there will be a dire need for physicians to provide care to this complex patient population as their care needs and time commitment differ from the regular CCH Type A patients based on reported experience of the physicians that have been caring for this population. This has made recruitment for these programs challenging thus requiring a rethink of the way we provide care.

The present Sessional ARP (Frail Elderly ARP) physicians in CCH type A has contributed significantly towards managing the patient population in LTC. The frail Elderly ARP however is experiencing consistent exhaustion of the hours allotted over the last 4-5years due to the establishment some of these programs and absorbing them into the current sessional model.

A separate Specialized Continuing Care ARP is needed to support physicians for working with this complex patient population, so we can improve our quality indicator targets.

SENIORS CARE

Physician Involvement

LTC Physician On-Call Group

The long-term care (LTC) on-call physician group continues to function effectively across quadrant-based regions, organized not only by geography but also by partner organizations. Physicians remain integrated with existing processes, including the RAPPID-ED Referral Care Pathway, collaboration with Medical Integrated Health, and use of Interact® tools. These strategies support early recognition of health changes in residents and promote timely, onsite care—reducing unnecessary hospital transfers. This year, the group expanded to include Glamorgan Care Centre.

A delay in the physician on-call stipend, originally expected in April 2025, has now been postponed to July 2025, which remains a concern for participating physicians.

Site Medical Leads

Site Lead Medical Directors meet monthly to address care delivery challenges. Work is underway to revise the Calgary Zone Department of Family Medicine's Continuing Care Physician Service Guidelines in response to anticipated terminology changes under Alberta's new Continuing Care Act.

Connect Care Implementation

The introduction of Connect Care has improved transparency and coordination but introduced transitional challenges. While training was mandatory, the short on-call durations and uneven facility rollout created concerns about training burden. Successful advocacy allowed virtual and deferred training for some physicians, easing the transition. Ongoing after-hours support from Connect Care superusers is helping ensure continuity of care.

LTC CME Education

Quarterly Continuing Medical Education (CME) sessions are organized for physicians working with seniors, with a focus on common medical issues in LTC populations.

Future Directions

The launch of Assisted Living Alberta represents a significant shift toward patient-centered care. Continued collaboration aims to maintain and expand services that support aging and dying in place, ensuring timely access to appropriate care across the province.

Increasingly complex mental health needs among LTC residents pose a safety risk. Discussions with the Calgary Police Service are ongoing, and a dedicated working group is being formed to develop sustainable solutions. The focus must shift from isolated diagnoses to holistic care strategies.

Plans are also underway to expand LTC bed availability and develop a home-based rehabilitation program for young adults. A Continuing Care Alternative Relationship Plan (ARP) has been proposed to address physician recruitment and retention for these specialized populations. An expression of interest has been submitted, and the application is in progress.

Supporting Medical Learners

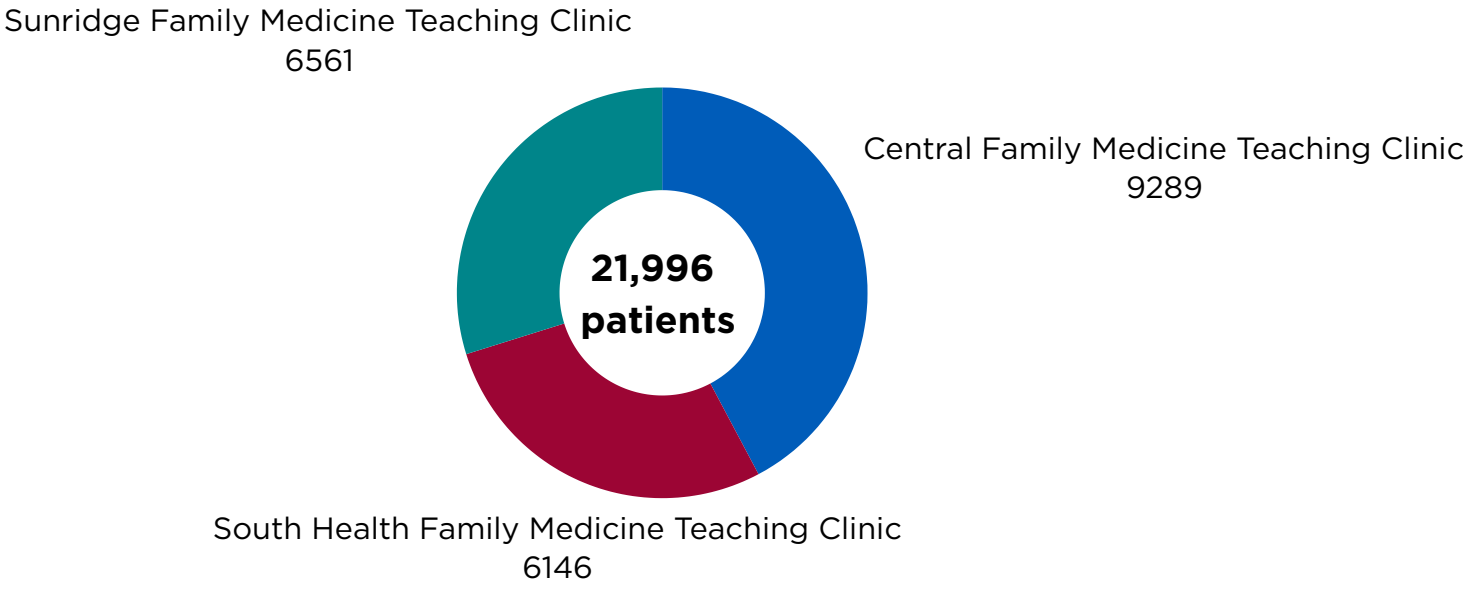
Partnerships with the University of Calgary are being explored to offer electives in seniors' care, supporting the next generation of physicians.

Academic Pillars

CLINICAL OPERATIONS AND THE PATIENT MEDICAL HOME

Dr. Divya Garg, Director, Academic Patient Medical Home
Ms. Emily Brockman, Team Lead, Quality and Informatics

The Department of Family Medicine academic teaching clinics align with the Patient Medical Home (PMH) Framework by implementing key principles and practices [1].



Patient-Centered Care

Across three sites, **48 physicians cared for 21,996 panelled patients** within the academic teaching clinics, delivering **69,116 patient visits***. This year, the academic teaching clinics continued to implement innovative, team-based care approaches to adapt to the changing needs of our patients and community, while continuing to prioritize wellness for our teams. The academic teaching clinics worked to emphasize continuity of care, ensuring patients have a consistent healthcare provider overseeing their care over time.

In our annual patient experience survey, **92% of patients rated their overall experience and care as "Excellent" or "Very Good'** and 96% of patients felt they "Always" or "Usually" had enough involvement in their treatment and care decisions.

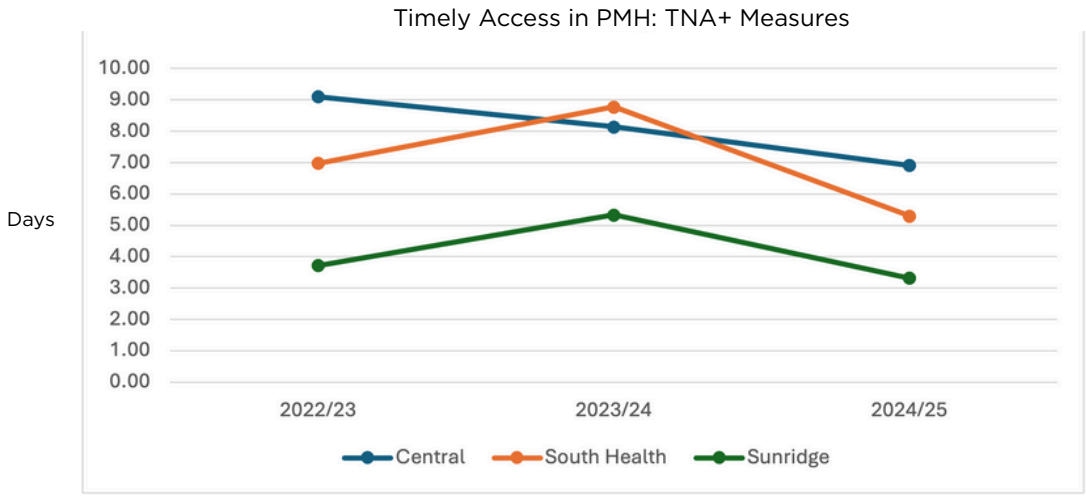
Timely Access to Care in the Medical Home

Our academic teaching clinics provided accessible care by offering timely appointments including same day access and extended hours through evening clinics. We continued to support the integration of virtual care to complement in-person visits, with 34% of patient visits delivered virtually in 2024-25.

All sites have implemented initiatives aimed at decreasing wait times for appointments, amidst growing panel sizes, greater patient complexity, and physician workforce challenges. Current time to the Third Next Available (TNA) regular (REG) appointment ranges from 8-26 days, depending on the site. Through access initiatives we have seen improved wait times for more urgent needs, reflected by a reduction in TNA+ measures, which includes availability of appointments spots blocked for urgent or same day access, from a range of 5-9 days in 2023-24 to a range of 3-7 days in 2024-25.

[1]: https://patientsmedicalhome.ca/files/uploads/PMH_VISION2019_ENG_WEB_2.pdf
*The DFM is currently updating how patient visits are defined and captured.

CLINICAL OPERATIONS, QUALITY, AND PATIENT MEDICAL HOME



Innovations in Patient Scheduling and Triage Processes

The South Health Campus Family Medicine Teaching Clinic (SHCFMTC) has increased accessibility by offering more same-day appointments and team-based triage interventions. The clinic implemented a Blended Access model, where 50% of appointments are available for patients to book on the day that they call for an appointment. Within a six-month period, the clinic achieved a 96% appointment fill rate while maintaining 80% continuity with primary care providers. Multidisciplinary team members triaged patient concerns, with data indicating that over 50% of patient concerns are addressed directly by nurses and most medication related concerns were addressed by the clinic pharmacist, thereby reducing the need for a physician appointment. This model has been shown to improve both access and continuity within the PMH, particularly for urgent concerns.

Sunridge Family Medicine Teaching Centre (SRFMTC) has continued the three-day access project, first piloted in 2022, which balances improved access while maintaining provider continuity. This patient scheduling innovation resulted in improved TNA and TNA+ metrics at the site. Improved access has been observed for mental health concerns, acute health issues, post-hospital discharge assessments, and in supporting nursing triage processes to accommodate urgent and semi-urgent patient appointments.

Reduced acute care utilizations and improved preventative care through after-hours access

Our clinics delivered **156 evening clinics with 1349 patient visits.** A subset of clinics conducted between March 2024 and October 2024 was analyzed to evaluate care delivery. During this period, 105 evening clinics served 798 patients across all sites. Most patients (53%) seen in these clinics were not paneled to the scheduled physician, particularly at the Central Family Medicine Teaching Clinic (CFMTC - 72%) and SHCFMTC (64%), highlighting an emphasis on acute care needs and access to team. Evening clinics at SRFMTC maintained a strong focus on chronic disease management and addressing panel-based needs while maintaining continuity with the primary care provider. Many urgent and same-day concerns were addressed during evening clinics, effectively preventing patients from attending emergency departments or urgent care centers. **Approximately 36% of patients attending evening clinics reported that, without access to evening clinics, they would have sought care at emergency departments, urgent care centers, or walk-in clinics.**

In addition to prioritizing higher acuity care, evening clinics are strategically utilized to enhance preventative care, including cervical cancer screening. **Through panel-based identification of patients due for screening, personalized outreach to book appointments and dedicated evening clinics, CFMTC achieved a 9% increase in cervical cancer screening rates.** This intervention resulted in improved identification of cervical cell abnormalities, enabling timely interventions to prevent the development of cervical cancer.

CLINICAL OPERATIONS, QUALITY, AND PATIENT MEDICAL HOME

Team-Based and Comprehensive Care

Our teaching clinics utilize a team-based approach, bringing together family physicians, registered nurses, licensed practical nurses, allied health professionals (including social workers, dieticians, behavioral health consultants, and pharmacists), and medical office assistants. This collaborative effort ensures the delivery of comprehensive care while navigating the constraints of varying team composition and capacity across our sites.

Group medical visits at SHCFMTC support care delivery for anxiety, insomnia, diabetes, and osteoporosis by fostering self-management skills and encouraging behavior change, resulting in improved clinical outcomes. The 'Own Your Bones' program, accessible to patients across all three clinics, exemplifies an integrated health neighborhood approach, combining the expertise of family physicians with endocrinologists, dieticians, and physiotherapists. This provincially recognized initiative achieved high participant engagement, with 88% attending at least three out of four weeks and 66% completing all four weeks. **The program significantly reduced decisional conflict regarding pharmacotherapy for fracture prevention, encouraged greater consumption of calcium-rich foods (79%) and protein (61%), and improved physical activity frequency, session duration, and plans for posture (68%), strength (71%), and balance training (79%) to support bone health.**

Team Wellness and Resilience

Improving the well-being of our healthcare teams has been an area of focus. Drawing from both formal and informal feedback regarding after-hours work by physicians, a comprehensive project was undertaken to address administrative burden. This project has led to improved recognition of the amount of indirect patient care required to provide comprehensive primary care for a panel of patients. There has been an increased effort to systematically identify areas of improvement to support team well-being.

A recent survey of physicians and staff, with a 51% response rate, indicated moderate professional fulfillment (Professional Fulfillment Index mean score: 15.96) and meaningful interpersonal engagement with both patients and colleagues (mean score: 5.24). While professional fulfillment among physicians showed improvement compared to prior surveys, scores for staff, surveyed for the first time, were lower.

Physicians experienced a slight increase in burnout scores compared to previous survey, whereas clinical staff remained below the burnout threshold.

The improvement in professional fulfillment among physicians' signals progress in fostering wellness. However, continued efforts are needed to enhance fulfillment among staff and to address occupational stressors affecting both physicians and staff.

Community and Social Accountability

Our clinics actively engage in patient outreach and education, supporting public health initiatives such as vaccine awareness and promotion, preventive health screenings, and addressing social determinants of health.

The importance of environmental responsibility is exemplified by the Climate Conscious Inhaler Prescribing Collaborative (CASCADE) project at CFMTC. **This initiative achieved a 35% reduction in Metered Dose Inhaler prescribing this year, which is a carbon footprint reduction equivalent to driving a combustion-engine sedan 145,000 kilometers or 3.6 times around the equator.**

CLINICAL OPERATIONS, QUALITY, AND PATIENT MEDICAL HOME

Training and Education

The academic teaching clinics continue to deliver a high level of educational activity, training a total of 103 residents and 115 medical students on site in 2024-25, as well as 18 International Medical Graduates (IMGs). High quality teaching demonstrates the principles of evidence-based and collaborative care in the PMH. The clinics are also centres for interprofessional education and collaboration, integrating nursing students, pharmacy students and medical office assistant students within our teaching environments.

Continuous Quality Improvement (QI) and Data Visualization

The academic teaching clinics are committed to continuous QI, supported by our quality and informatics team and interactive data visualization through the software Tableau. Tableau was launched in the DFM in 2024, and will be used to showcase a range of metrics to support quality improvement and enhance delivery of patient care in the medical home. Tableau will also be used to support decision-making for operations and strategic planning.

The Teaching Clinic Dashboard in Tableau presents data for core metrics, such as patient visits per clinic, TNA, and more, updated monthly. Alberta Screening and Prevention (ASaP) data is updated every quarter. Future plans include building additional dashboards to support other teams within the DFM.

Family medicine residents in the academic teaching clinics completed 26 QI projects, in addition to ongoing initiatives at all sites, aimed at improving comprehensive and accessible care.

The three academic clinics each held interdisciplinary QI half-days, designed to facilitate inter-professional communication, collaboration, and improved patient care. Themes included the incorporation of quantitative and qualitative clinic data to show the effectiveness of the team as a whole, utilizing strategies to enhance team building, and facilitation of resilience during times of change. These events supported the development of ideas to further strengthen care provision in a constantly evolving environment, and highlighted the importance of fostering team engagement.

Challenges and Future Steps

Despite ongoing efforts to enhance patient access, challenges remain in delivering timely care due to factors such as large panel sizes, increasing complexity, and workforce instability. To address some of these challenges, the clinical pillar is launching a project aimed at optimizing healthcare team members' scopes of practice. This initiative will strengthen patient access by fostering collaboration within a team-based model, ensuring both immediate needs and chronic conditions are effectively managed. Additionally, it will promote interprofessional education, strengthening collective expertise across disciplines. By expanding scopes of practice and embracing an interprofessional practice model, this project aims to broaden team member responsibilities, increase patient contact, and improve overall care efficiency. Through enhanced collaboration and shared learning, healthcare teams will be better equipped to meet patient needs effectively.

Under Alberta's Health System Refocusing, delivery of primary care services within the academic teaching clinics transitioned from AHS to PCA as of February 1, 2025. The transition has brought with it a period of uncertainty around operational impacts, reporting structures, and financial structures. PCA and clinical leadership haven maintained ongoing communication to ensure minimal impact on day-to-day operations, and to navigate and clarify these uncertainties. The clinics will continue collaborating with PCA to develop innovative care models that enhance patient access and quality of care while addressing existing gaps.

Academic Pillars

EDUCATION

Dr. Clark Svrcek, Director, Undergraduate Education
Dr. Martina Barton, Director, Postgraduate Education
Dr. Jacqueline Hui, Director, Faculty Development
Ms Christina Barr, Manager, Education

UNDERGRADUATE FAMILY MEDICINE EDUCATION

In a year marked by ongoing transitions, the Undergraduate Family Medicine (UGFM) team sustained its focus on embedding generalist principles into Undergraduate Medical Education (UME) at the Cumming School of Medicine (CSM). Rooted in the Department of Family Medicine's Foundational Principles—Planetary Health, Health Equity, and Indigenous Health—we emphasized building strong partnerships and advancing patient-centered learning in our PMHs. Through innovative programs, expanded community engagement, and curriculum enhancement, UGFM reaffirmed family medicine's essential role in delivering comprehensive, responsive medical education.

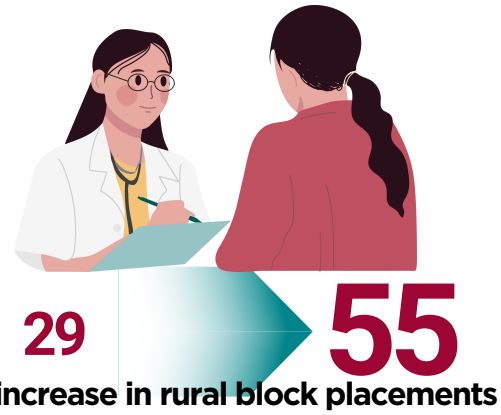
UGFM Vision
All students will graduate with an in-depth understanding of generalism and the role of family medicine as integral to comprehensive patient care. Together, we are shaping the future of family medicine for Alberta and beyond.

UGFM facilitates engagement and clinical experiences for over 550 medical students across all three years of the undergraduate medical program.

Pre-Clerkship

Family medicine continues to have a strong presence in medical student education as the Re-Imagining Medical Education (RIME) curriculum continues into its second cohort of students at the CSM. Over 50 family physicians served as Tutorial Group Facilitators and Pre-Clerkship Educators in RIME in 2024-25.

The Family Medicine Clinical Experience (FMCE) continues to provide medical students with valuable early exposure to community-based family medicine through longitudinal half-day clinical experiences with a family physician preceptor. The course achieved a 5.5/6.0 in student satisfaction in the inaugural RIME year, up from 5.3/6.0 in previous years. From RIME Year 1 (2023-2024) to Year 2 (2024-2025), demand for rural placements has increased: Block 1 rural placements rose from 32 to 36, and Block 2 nearly doubled from 29 to 55 rural placements.



Innovations in the FMCE this year included:
- "FMCE Cards" - a series of electronic, student-facing FAQs that reinforces course learning objectives and processes.
- The "FMCE Daily" - the daily evaluation that is meant to be simultaneously simple and comprehensive for preceptors to fill out once a student has spent a half-day with them.
- Clinic posters - to prepare patients for the possibility of FMCE student involvement in their care.

Clerkship

The Family Medicine 4+4 Clerkship continued its successful format of two separate four-week rotations, in both urban and rural family medicine environments, to expose students to the breadth of family medicine across Southern Alberta. Students completed placements at 18 urban sites, DFM's three academic teaching clinics, and 37 rural sites (increased this year from 25).

The Family Medicine 4+4 Clerkship remains one of our highest-rated rotations, earning an impressive overall rating of 4.43 out of 5.
Students continue to highlight several key strengths of the program, including:
- Exceptional professionalism of our preceptors – 4.8/5.
- Safety of the learning environment – 4.8/5.
- High-quality supervision – 4.7/5.

These results reflect the ongoing commitment of our faculty and preceptors to delivering a supportive, engaging, and educationally rich clerkship experience.

Each family medicine clerkship group participates in an academic day which includes workshops on preventative care and planetary health, with student lunches generously provided by the Alberta College of Family Physicians.

EDUCATION

Student and Community Engagement Initiatives

This year saw several ongoing and new engagement initiatives in UGFM.

Fall Into Family Medicine (New): This event was created by the student-run Family and Rural Medicine Interest Group, and supported by UGFM and the office of Distributed Learning and Rural Initiatives (DLRI), with the goal of exposing medical students to the breadth of family medicine and the comradery that we have in our profession. Sessions ranged from an IUD skills night, a FM Insights lunch, a Rural Generalist Panel, the Business of FM, a Trick-or-Treat +1 to learn about additional training in FM, and a social/line dancing event at the end of the week. Sessions received 4.5/5.0 average ratings.

FM Insights (New): This new event is an opportunity for medical students to have a casual lunchtime Q&A with a family medicine leader (staff member or resident physician). Initial feedback from students is very positive and there is support for continuing with this initiative.

FM in Alberta Townhalls (Ongoing): This evening panel features family medicine physician leaders from across Alberta speaking candidly with students about the state of family medicine in Alberta. It garnered 100% positive post-event feedback.

Rural Pedagogy Project (New): This partnership between UGFM and DLRI aims to explore how to meaningfully engage rural community partners in shaping UME learning objectives that reflect the unique needs and values of their communities. The pilot community for this project is Raymond, AB.

Discovery Days (Ongoing): This session is for high school students interested in the health professions. Students can choose to attend a family medicine interactive workshop (rated 4.8/5.0 by this year's attendees), and engage with the DFM at our information booth.

MEDICAL STUDENT FEEDBACK

IUD: "Thank you for hosting this terrific event! IUD insertion is something a lot of students are hoping to offer in their practice, and this was a great introduction!"

FM Insights: "Panelists had varied experiences within family med which really showcased the flexibility and breadth of family med practice."

Rural Generalist Panel: "I liked the informal format and getting advice/genuine answers from the family docs. Very helpful!"

Pathways/Business of FM: "I loved learning about the way FFS and ARPs work and incorporating and the whole bunch. The business side of family medicine was a huge scary thing for me and that was something that made me hesitate about FM as a career choice. However this session helped me squash a lot of those worries and if this is held next year I'll be coming back to get a refresher and probably ask more questions"

EDUCATION

UGFM Faculty Engagement

This year a **UGFM faculty engagement event was rebranded as 'Cold Snap'**, and held at the SAIT Taste Market classroom bringing together educators from across the UGFM spectrum to learn and cook together. Faculty and leaders had an opportunity to mingle and build community before sharing a meal and receiving important updates and initiatives from the UGFM Director. Designed to strengthen faculty connection and sense of community, **87.5% of attendees indicated feeling more connected to DFM after attending the event.**

Our UGFM team has also strengthened our outreach initiatives by including orientation cafes for preceptors and evolving our preceptor evaluation data sharing processes.

COLD SNAP PHOTOS

Challenges

New and ongoing challenges continue to confront our team in a shifting primary care and educational landscape, including:

- Increasing student requests for "rurban" placements closer to Calgary.
- Balancing FMCE rural placements with curriculum scheduling.
- Recruiting and sustaining preceptor capacity in a strained healthcare system.

A key concern emerging from student and preceptor feedback is the frequent presence of too many learners at a single site. This not only dilutes the quality of the learning experience for students but also adds pressure on preceptors. Strengthening systemic support for more distributed learning sites is essential to maintaining high-quality education across both community and academic teaching environments in family medicine.

The UGFM team continues to recognize the importance of providing inspiring experiences so that medical students will consider family medicine as a specialty of choice.

Looking Forward

As we move forward, UGFM envisions a thriving community where faculty feel deeply connected, celebrated, and empowered. Through expanded engagement opportunities, meaningful collaborations with Primary Care Networks, and the launch of new undergraduate faculty recognition awards, we aim to nurture a spirit of shared purpose. Guided by our belief in the fundamental power of generalism, we remain steadfast in our mission to inspire and equip every medical student with the foundations of compassionate, patient-centered family medicine.

EDUCATION

POSTGRADUATE EDUCATION

223
Residents

169	34	20
Calgary Program	Rural Program	Enhanced Skills

Accomplishments and Highlights

Continuity Working Group and Direct Observation Equipment: Calgary Core Program
The Continuity Working Group was initiated in spring 2024 with the directive to enhance residents' abilities to develop competence in continuity of care. The working group included broad representation (residents, preceptors, education site leads, domain leads, and schedulers from our community and academic clinics) and was an excellent example of teamwork and collaboration. This led to significant improvements to support residents' experiences of continuity, specifically the implementation of continuity call back (CCB) clinics at their home sites with their own competency coach for two full days each block while on immersion rotations. The CCB clinics will be implemented July 2025. Electronic Medical Record data, as well as preceptor, patient, and resident surveys will be used to evaluate the impact of this initiative on continuity of patient care and education.

Residents and preceptors working in the three academic teaching clinics have access to a new direct observation camera system as of February 2025. Preceptors can observe and assess the communication and clinical skills of their learners in real-time as they work through a patient encounter, without physically being in the exam room. This initiative will support family medicine educators in providing timely, reliable, and effective feedback to trainees.

Academics Hosted in High River: Rural Core Program
Family medicine preceptors in High River hosted the rural residents on September 26 and 27, 2024 for their monthly academic sessions, which was the first time that academics have been hosted in a location other than Medicine Hat and Lethbridge. This event fostered engagement and collaboration between postgraduate family medicine (PGFM) and a rural community in Southern Alberta. Preceptors in High River developed two days of curricula that included didactic sessions, simulation, and social events, all of which showcased their passion and skill as rural generalists.

The event was highly evaluated by residents, with a substantial number indicating that High River is a location they are now considering for future practice. In addition, the preceptors involved indicated that hosting the event contributed positively to their wellness! Given the event's success, PGFM is planning a future session in a different rural community in 2025.

Program Expansion
Ongoing expansion is planned in all arms of our program for the 2025-26 academic year. This expansion reflects our commitment to address service gaps in Alberta, especially in diverse, underserved, and rural patient populations.

- The Calgary program will add 12 new Canadian Medical Graduate (CMG) seats in July 2025.
- The Rural program also continues to grow in July 2025. Lethbridge will add one new CMG seat and one IMG seat. Medicine Hat will add two new IMG seats.
- We are excited to implement a pilot longitudinal experience in Brooks, Alberta for the 2025-2026 academic year. Two second-year rural residents will complete their entire clinical curriculum in Brooks for the year, other than elective and intensive care unit experiences. The innovative pilot will bring anesthesia, emergency medicine, obstetrics, hospitalist, palliative care, and family medicine rotations together as longitudinal learning opportunities, as well as introduce new assessment and faculty development strategies.
- The Enhanced Skills Program will welcome a resident each into the new Sexual and Reproductive Health and Lethbridge Emergency Medicine Programs.

EDUCATION

Indigenous Health Learning Objectives

Ten first-year residents in the Calgary program are participating in the Indigenous Health Longitudinal Elective experience in 2024-2025. This elective, which began in 2021, pairs a resident with a physician practicing in an Indigenous clinical learning environment, and fosters engagement with an Indigenous community over a full year of training. In addition to clinical care, residents also participate in structured reflection exercises.

The Indigenous Health Working Group (IHWG), operational since 2020, continues to provide higher level direction and guidance to PGFM on the Truth and Reconciliation Commission of Canada's Calls to Action. A main goal of the group has been to identify specific competencies in Indigenous Health for residents to provide appropriate care to Indigenous populations. The IHWG has remained focused on the development of Indigenous Health learning objectives for the program. We anticipate these learning objectives will be finalized/approved in spring 2025.

Accreditation

In follow-up to the College of Family Physician of Canada (CFPC) external accreditation review in 2002, and the postgraduate medical education (PGME) internal accreditation review in 2024, PGFM continues to work diligently on the areas for improvement that were identified. The Central Core Program will submit an Action Plan Outcomes Report to the CFPC in May 2025, and the Central Enhanced Skills Program will undergo an External Review in June 2025. This work is highly valued for our teams to continuously improve the PGFM program and ensure the programs meet national accreditation requirements.

Challenges

With the expansion of residency positions, there is a need for additional leadership and administrative roles. A strong and well-resourced PGFM team is necessary to ensure the effective and smooth operation of the Core and Enhanced Skills Programs. These increased needs were considered during the development of the new three-year Postgraduate Education grant with Alberta Health (AH). A significant challenge has been that while the fiscal year began in April 2024, the grant was not approved by AH until November 2024. This has reduced the ability of PGFM to progress with expanding support in a timely manner as required with the amount of growth occurring within PGFM programs.

This year, the PGFM team has been negatively impacted by a period of increased administrative turnover and position vacancies. In addition, the Government of Alberta's refocusing healthcare plan, which has included the restructuring of AHS into four new agencies, has added additional complexity and uncertainty for our administrators. In February 2025, our operations team transitioned employers from AHS to PCA. The uncertainty related to this change has impacted the wellness of our administrators and has provoked delays in filling vacant positions. Recruitment efforts are active and ongoing, and a full team is anticipated to be in place by the end of spring 2025.

FACULTY DEVELOPMENT

Accomplishments and Highlights

Over the past year, the team focused on providing tailored content for various levels of teaching and leadership experience, using a skiing analogy.

GREEN: FUNDAMENTALS FOR NEW TEACHERS
BLUE: SKILL DEVELOPMENT FOR EXPERIENCED EDUCATORS
BLACK DIAMOND: LEADERSHIP SKILLS FOR ADVANCED EDUCATORS

Mapping will continue, utilizing the visual to allow faculty to easily identify the content and resources available to them for each stage of their teaching journey.

EDUCATION

Foundational Teaching Skills Program (FM-FTSP)

This program, introduced last year, was adjusted to a condensed schedule in the fall, achieving an 84% completion rate. The faculty development team is working to update the program and foster a community of educators from past participants

Department of Family Medicine faculty presented eight of the 12 sessions offered, sharing their knowledge on diverse range of topics, from sustainable healthcare to supportive learning environments, showcasing their research and advancements in medical education.

Grand Rounds

Grand Rounds, the bi-monthly faculty development series, saw 166 attendees join virtually across five sessions. With an **average evaluation score of 4.5/5.0**, this series continues to be a corner stone of our faculty development programming. Sessions covered a diverse range of topics, including “Inclusive Teaching Practices”, which equipped faculty with strategies to create more equitable learning environments. Other notable topics included “Re-imagining Access within the Medical Home” and “Selection in Family Medicine - The evolution (and possible revolution) of selection practices in Canada”. The latter session hit a year **attendance high of 56 participants**. Grand Rounds fosters meaningful discussions, builds community, and provides an opportunity for our faculty to share their skills and expertise.

Challenges

Attendance at faculty development sessions remains a challenge. The Winter Home Room Series (was offered both in-person and online to increase accessibility, but attendance dropped significantly. Moving forward, the faculty development team plans to improve communication with faculty with an aim to improve engagement.

Future Plans

Fifteen key topics have been identified for the next two years, aiming to create a rolling 24-month program with a mix of formats as per the Faculty Development Strategic Plan. Expanded FM-FTSP offerings to rural faculty in collaboration with the DLRI office are in development.
Our annual Faculty Development Conference, Fall Together, will be piloted on a Saturday to avoid clinical time conflicts, making it more accessible to all faculty members.

Academic Pillars

RESEARCH AND SCHOLARLY ACTIVITY

Dr. Kerry McBrien, Director, Research and Scholarship

Research and scholarship at DFM aims to respond to the evolving needs of communities and our profession. Our members lead diverse research programs that focus on community-partnered research, advancing health equity, and improving access to high quality health services. Our clinics serve as venues for developing, testing, and implementing innovations in practice and medical education. Strong partnerships with policymakers, healthcare providers, and the community are instrumental in driving improvements in care delivery tailored to meet community needs.

The department and its faculty currently lead three important research networks. These networks play a crucial role in facilitating community-based research.

SAPCReN (Southern Alberta Primary Care Research Network)

SAPCReN is a practice-based research network with over 300 members covering the entire Southern Alberta region, including urban and rural settings. The majority of members contribute electronic medical record (EMR) data to a central database, which can be used for longitudinal surveillance and research. In addition to collecting, processing, and reporting EMR data, SAPCReN coordinates interventional research studies in member practices.

In this past year, the SAPCReN network has supported the execution of over ten multi-site projects, the majority of which were done in collaboration with networks in other provinces.

TARRANT Viral Watch

TARRANT Viral Watch is a network that utilizes family physician sentinels to conduct infectious disease surveillance in the community. TARRANT has been monitoring influenza activity in Alberta for over two decades and, through interprovincial collaboration, participates in monitoring the effectiveness of both influenza and COVID vaccines.

In the past year, TARRANT sentinels collected over 1,000 samples from patients presenting to primary care with flu-like symptoms.

IPHCPR (Indigenous Primary Health Care and Policy Research Network in Alberta)

IPHCPR is a national Alberta-based research network that connects Indigenous communities, researchers, health system leaders, and providers to work towards achieving Indigenous health equity by transforming the primary health care system. The network supports community-based research that connects knowledge to practice and policy through dialogue, training, and project funding.

Over the past year, IPHCPR has hosted a monthly seminar series, supported numerous graduate and summer student with stipends and mentorship, and has been preparing for its upcoming Annual Scientific Meeting (June 19-20 in Calgary).

Scholarly Activity from DFM Faculty

Grants: 40 total

$34,636,426
total grants awarded

$5,496,764
administered by the DFM

$1,648,998
annualized grants awarded and administered by the DFM

Presentations

154

Publications

94

Health Equity Research in Action - Dr. Lara Nixon
Dr. Lara Nixon, an associate professor in the Department of Family Medicine, has been actively researching and advocating for older people with experiences of homelessness (OPEH) over the past seven years. Dr. Nixon is currently leading an amazing group committed to researching health equity with older people experiencing housing precarity. This group includes lived experience co-researchers and 11 transdisciplinary co-investigators from British Columbia, Alberta, and Ontario. In the past year, with funding from CIHR and the Canadian Centre on Substance Use and Addiction, the group has collaboratively presented at four conferences in four provinces, giving 14 oral presentations, two workshops, and five poster presentations to an estimated 450 attendees. Many audience members expressed interest in joining future discussions and efforts to promote equity with older people experiencing unstable housing.

Dr. Nixon's Key Research Areas:

Harm Reduction in Supportive Housing
Dr. Nixon has been exploring how harm reduction policies and practices are implemented and experienced by older adults with histories of homelessness and the care staff working with them[i]. This research aims to improve the quality of life and health outcomes for OPEH in supportive housing environments.

Community-Based Participatory Research
Dr. Nixon and her team are recognized for their work on HR-HOPEH, a community-based participatory project that expands harm reduction and integrates it into housing-based primary care[ii]. This project demonstrates her commitment to involving the community in developing solutions for OPEH.

Advocacy and Policy Involvement
Dr. Nixon has been actively involved in various committees and working groups to represent the needs of OPEH. Through her research and advocacy efforts, Dr. Nixon has been tirelessly working to improve the lives of older people struggling with homelessness and ensure their voices are heard in policy decisions affecting their well-being.

[i] https://cgjonline.ca/index.php/cgj/article/view/551/840

[ii] https://obrieniph.ucalgary.ca/chs-oiph-seminar-series-2021-12-03

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