



2023 Review

Department of Medicine

2022-2023 ANNUAL REPORT



Department of Medicine

Geographic scope

The Department of Medicine is located in the Alberta Health Services – Calgary Zone and at the Cumming School of Medicine, University of Calgary.

The Department serves a catchment of 2.4 million residents of Southern Alberta, Southeastern British Columbia and Southwestern Saskatchewan. Department Members are located in 7 medical sites across Calgary, including the Foothills

Medical Centre (FMC) and UCalgary Foothills Campus, Peter Lougheed Centre (PLC), Rockyview General Hospital (RGH), South Health Campus (SHC), Richmond Road Diagnostic and Treatment Centre (RRDTC), Sheldon M. Chumir Health Centre, and Bridgeland Seniors Health Centre.

2023 Review

DEPARTMENT OF MEDICINE

UNIVERSITY OF CALGARY AND

ALBERTA HEALTH SERVICES

2022-23 REPORT

The General Internal Medicine (GIM) Clinical Assistant (CA) program: The driving factor behind developing the program was to increase patient care capacity by adding support to the staff physicians within the department.

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\$30.53

*in total research revenue,
including \$6.69 M in CIHR*

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PARENT ORGANIZATIONS

The Department of Medicine exists as a Department within both Alberta Health Services (AHS) and the University of Calgary (UCalgary). To reflect this unique dual-organizational structure, both AHS' and the UCalgary's logos and colour palettes are featured in balance throughout this Report.

The specimen repository was established in 1988, by the Medical Director of SAC, Dr. John Gill and with patient consent and ethics approval has soared to over 47,000 samples...

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51,367

*outpatient clinic referrals received
by Central Access & Triage (CAT)
and Seniors Health One-line*

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15,706

*Inpatients attended in the four
Calgary Adult Hospitals*

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Dr. Jayna Holroyd-Leduc, Department Head & Allison Mirotnich, Department Manager

Executive Summary - Dr. Jayna Holroyd-Leduc

It is my privilege, as department head, to present the Department of Medicine's 2023 Annual Report. Our division/section heads, faculty and members of the department's communications, analytics, finance and physician services teams have worked hard to provide reports and information that highlight the department's important clinical, educational, research, and administrative activities and accomplishments in the 2022-23 Fiscal Year. I thank them for their contributions.

As a department, we continue to innovate in our delivery of effective patient-centered care. In 2022-23 department members provided exemplary clinical care as attending physicians for over 18,000 inpatients and as consultant physicians for over 33,500 inpatients. We received over 51,000 outpatient referrals through Central Access and Triage plus Seniors Health One-line, and nearly 12,000 Specialist Link calls. Department members also led in the implementation of the provincial electronic medical record (Connect Care) within the AHS Calgary zone.

The department continues to educate future generations of physicians through our excellent core Internal Medicine Residency Program, ten sub-specialty residency training programs, and several Canada-leading Advanced Fellowship training programs. Members of the department also contribute to undergraduate and graduate student education, training and mentorship, as well as to the various continuing medical education and professional development programs. Of particular note is the contributions of several department members to the development and implementation

of the new RIME (re-imaging medical education) curriculum. The faculty within the Department of Medicine are effective and dedicated educators, teachers and mentors, as evidenced by the number of educational, teaching and mentorship awards and recognitions that our members have received.

Researchers within the department, working across the Cumming School of Medicine research institutes, are having broad impact. The Department's total annual research revenue in 2022-23 was \$30.53 million, of which over \$7.08 million was in tri-council funding. Our department members continue to lead an array of innovative and impactful research programs. Members are also providing key and effective leadership within the University of Calgary and Alberta Health Services (AHS), as well as through National and International roles and collaborations.

The department continues working towards the creation of an equitable, diverse, inclusive and accessible (EDIA) environment, as outlined in our new strategic plan [<https://bit.ly/DOMStratPlan>]. Under the leadership of our vice-chair for

Indigenous Health, the faculty and trainees within the department continue to expand their knowledge and skills to support the provision of high quality care for Indigenous patients, while also respecting community needs and approaches. Our Office of Physician Wellness and Vitality continues to support the wellness of physicians both within the department and beyond, while our Office of Education supports our members to realize their full potential as educators and teachers. The department also continues to demonstrate leadership in quality improvement and patient safety within AHS through our health analytics and safety portfolio.

Impactful work continues to be done in the department, as evidenced by the outstanding contributions and achievements featured in this report. I hope that you enjoy reading our 2023 Annual Report.

Dr. Jayna Holroyd-Leduc
Department Head, Department of Medicine

Message from the Department Manager, Allison Mirotchnik

There has been an abundance of remarkable accomplishments and advancements made by our dedicated physicians and staff within the Department of Medicine for 2022-23. The resilience and unwavering commitment of our department's physicians and staff have enabled us to deliver exceptional patient care, groundbreaking research, and outstanding educational programs.

Exceptional Patient Care: Our compassionate and highly skilled team has strived to provide the best possible care to our patients, even in the face of unprecedented challenges. We take pride in achieving exceptional patient outcomes, enhancing the overall quality of healthcare in our community.

Innovative Research: Our physicians and researchers have continued to push the boundaries of medical knowledge, conducting groundbreaking research that has the potential to revolutionize healthcare. Whether it's the development of novel treatment methods, the discovery of new therapeutic agents, or the advancement of our understanding of complex medical conditions, our department remains at the forefront of medical innovation.

Educational Excellence: Education is the cornerstone of progress, and our department is deeply committed to nurturing the next generation of medical professionals. We have excelled in our educational programs, offering comprehensive training and mentorship to medical students, residents, and fellows. Our commitment to excellence in education ensures that future healthcare leaders receive the knowledge and skills they need to excel in their careers, thus further enriching our medical community.

Growth of the Clinical Assistant Program: I am proud to highlight the significant growth of our Clinical Assistant program in the past year. Clinical Assistants play a vital role in our healthcare ecosystem, contributing to enhanced patient care and improved workflow efficiency. Their dedication and expertise have allowed us to better serve our patients, please take a look at the feature article included in the report.

I would like to take this opportunity to express my heartfelt gratitude to our dedicated physicians and staff who have made these accomplishments possible. Your relentless dedication, passion, and expertise are truly remarkable, and your tireless efforts have been pivotal in shaping the success of our department. As we look ahead, we recognize the challenges that lie before us. Healthcare is an ever-evolving field, and as a department, we are committed to staying at the forefront of medical advancements, adapting to changes, and embracing opportunities to further enhance the healthcare experience for our patients and the community at large.

The annual report for the Department of Medicine in Calgary for 2022-2023 reflects not only our accomplishments but also our unwavering dedication to the principles of excellence, innovation, and compassion in healthcare. Our department's future is bright, and I am excited to see the incredible progress we will make in the coming years.

Get to know Dr. Chandra Thomas Deputy Department Head, Clinical

Who is Dr. Chandra Thomas, and what career path lead to taking on this role?

Dr. Thomas is a Nephrologist and Clinical Professor in the Department of Medicine. She undertook her core internal medicine and nephrology training in Calgary then spent two years in BC in community General Internal Medicine and Nephrology. Upon returning to Calgary she furthered her expertise by completing a palliative care fellowship. Her specialist clinical interests include palliative care for people with kidney disease. Throughout her career, she has assumed various leadership roles with particular emphasis on safety, quality, and systems integration. Notably, She worked closely with PCN Medical Leadership to improve outpatient access to specialty care and onboard many of the medical specialties to Specialist Link. Additionally, she has been the Physician Engagement Lead during the launch of Connect Care, where her primary focus was understanding user needs and preparedness for launches. Physician engagement and understanding challenges is what attracted Dr. Thomas to the role of Deputy Department Head, Clinical, and she has a drive to understand the different perspectives of physicians within the department within the context of AHS and devoting ways to improve things within the environment.

Achievements Dr. Thomas is most proud of over the first few months of the role.

One of the things Dr. Thomas prides herself on is being visible. She actively engages with the department across different sites striving to gain insights into the lived experiences of physicians and staff within the Department of Medicine. Her strength is delving into what is working well, what people are proud of, as well as uncovering the challenging areas that can benefit from improvement. The DOM Connect Care rollout was one of the most significant projects over the last year, and Dr. Thomas's primary focus was on comprehending its impact on the department and providing support to department members. Furthermore, she is deeply passionate about fostering a culture of appreciation. She introduced the "Unsung Hero" at DOM Medical Grand Rounds, this initiative serves as a means to regularly acknowledge and recognize the exceptional contributions of individuals within our department who consistently excel in their work.

Priority areas of focus over the next year

Dr. Thomas is committed to maintaining a strong presence across various sites, as her objective is to grasp the lived experiences of those on the front lines, in order to identify those areas for improvement. She believes strongly that addressing even minor frustrations, which can



prevent physicians thriving within the DOM, can also help prevent burnout. Dr. Thomas will take the necessary steps to alleviate common issues and put plans in place to work on those larger issues that require collaboration with various stakeholders. She will continue to build on the culture of appreciation and community where people can enjoy their jobs and have meaning in work, feel valued and have a sense of belonging within the DOM.

Dr. Thomas will be actively exploring ways to enhance support structures including working with DOM admin managers to assess how we support physicians physically and with admin resources, and investigate new models for physician support. Dr. Thomas is elevating her leadership knowledge by completing the IHI Creating Workforce Joy and Well-Being and Stanford Physician Well-Being Director Courses. These are really important for fostering an engaged, valued and content workforce to deliver good quality care.

VISION, MISSION & CORE VALUES

VISION

Optimal healthcare and wellness for all.

MISSION

To equitably advance health and wellness by cultivating a community of diverse physicians who lead through care delivery, discovery, innovation, education, and knowledge implementation.

CORE VALUES



Community of Colleagues - working collaboratively to create a respectful, inclusive, engaging and compassionate environment for our patients, our colleagues and each other.



Citizenship in Action - focused on accountability, transparency and fulfilling our collective duties to provide high quality patient-centered care to all Albertans.



Leading through Excellence - by promoting the curiosity and courage needed to aspire innovation and excellence in academic medicine across the CARE (clinical; administration/leadership; research/scholarship; education/training) pillars.



Focusing on Wellness - where valuing wellness for the collective supports patients' safety, as well as promotes individual department members to realize optimal integration of career with their personal life.

STRATEGIC PLAN PRIORITY STATEMENTS

CLINICAL



PRIORITY #1

Expand shared care* both within & outside the department

*[*Continuous patient-oriented cooperation between health care providers (e.g., primary care, specialists, other healthcare professionals) during patient care, along with systems integration focused on the development of clinical networks to improve quality of service]*



PRIORITY #2

Build capacity to care for Indigenous peoples, members of visible minorities, members within the 2SLGBTQ+ community, refugees, and persons experiencing addictions & mental health issues

ADMINISTRATION LEADERSHIP



PRIORITY #3

Promote an inclusive & empowering leadership culture.

RESEARCH & SCHOLARSHIP



PRIORITY #4

Value, support and promote the broad array of research and scholarship contributions of DOM members, including initiatives focused on care delivery, discovery, innovation, education, and/or knowledge implementation.



PRIORITY #5

Develop the infrastructure needed to support DOM members to pursue quality improvement (QI) and patient safety initiatives that strengthen our health system.

EDUCATION/TRAINING



PRIORITY #6

Ensure DOM members are trained and demonstrate effectiveness in areas critical to providing high quality teaching & learning.



PRIORITY #7

Recognize and support all DOM members in their contributions to education (regardless of their financial compensation model, specialty, or learning context).

OUR PEOPLE



PRIORITY #8

Promote a culture of active and universal citizenship* within the DOM.

*[*Citizenship includes being a member of a community, having rights within that community, and also having responsibilities to contribute and participate in shaping the direction and practices of that community]*



PRIORITY #9

Create an equitable, diverse, and inclusive DOM free from discrimination, racism, bias and harassment.



PRIORITY #10

Expand career & life transition support with an associated focus on physician wellness.



The Southern Alberta Clinic Team at Sheldon M. Chumir Health Centre: Standing Left to Right: Dr. Oscar Larios, Ray Hansen, Dr. Jacqueline McMillan, Jackie Leduc, Doug Scott, Crystalline Nicol, Dr. John Gill, Morgan Lahl. Sitting Left to Right: Kathy Lee, Jovan Lottis, Kevin Dong, Jessica Dalere, Farwa Naqvi, Dr. Raynell Lang.

The Southern Alberta Clinic (SAC)

Multidisciplinary team providing care to 2400+ people living with HIV in Southern Alberta

The Southern Alberta Clinic (SAC) was established in 1989 and it currently provides care to approximately 2400 people living with HIV (PLWH) in southern Alberta. SAC is the sole health care provider, under universal health care of provincially funded ART, for all those living with HIV in southern Alberta. The SAC serves a catchment area of ~2.25 million, and is multidisciplinary, with in-house team physicians (multiple disciplines), nurses, social workers, pharmacists, clerical staff and researchers. The care team at SAC prides itself in being able, over 34 years, to provide and document its provision of excellent clinical care as well as being an active participant both locally and collaboratively in generating knowledge through research.

SAC provides care using a comprehensive longitudinal relational database that was established in 1990. This database has provided the opportunity for SAC to be a center for clinical excellence, facilitating many quality improvement initiatives and novel research that has impacted and improved care for PLWH. The database routinely collects clinical, laboratory and demographic data on patients in the clinic. The database is also linked

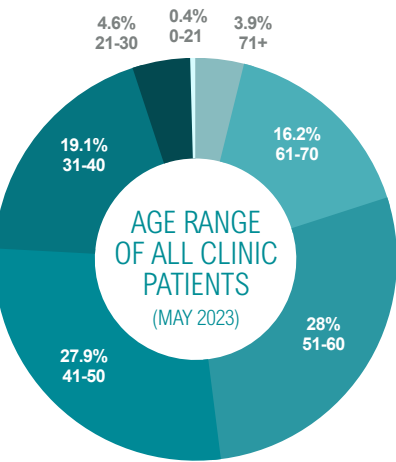
with the Southern Alberta HIV specimen repository that is located at UCalgary and is one of the most extensive and longest running HIV repositories globally. The specimen repository was established in 1988, by the Medical Director of SAC, Dr. John Gill and with patient consent and ethics approval has soared to over 47,000 samples. Currently there is at least one stored specimen for 85% of the total active patients in care. The repository is an integral component of the SAC care structure, linking basic science on specimens with epidemiology, phylogenetics, coinfections, pathogenesis, outcomes analyses and costing studies. This unique system allows for a comprehensive, clinically relevant, and extremely efficient platform to conduct both retrospective and prospective research to improve care.

HIV care has evolved rapidly since the description of AIDS in 1981. The SAC centralized care model, using comprehensive database and longitudinal biobank, has allowed “real time” monitoring of outcomes and costs and identification of additional supports/interventions for vulnerable populations for both HIV prevention and care. It has enabled us to participate in several global

collaborations evaluating changes, epidemiology challenges, successes and costs as the HIV pandemic shifts over time. This is an excellent tool for quality assurance in local care and international research collaborations. Recently research is addressing the aging process in persons living with HIV, including examining the impact of co-infections and comorbidities and the optimal approaches to providing care. Further research is looking into use of injectable antiretroviral therapy and also brain function in those with long standing HIV.

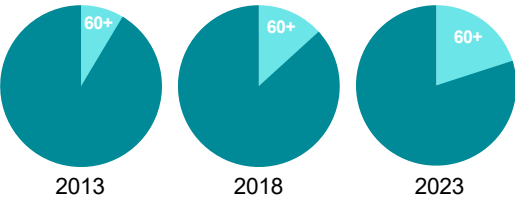
To address current and future needs for optimal patient care, research always has and continues to be an important contributor in the clinic. Physician services have expanded substantially over time from initially being infectious diseases management of HIV and its opportunistic infections, to embed within routine HIV care services such as care of aging HIV persons, metabolic consequences of HIV, gay men’s health, palliative care, hepatic comorbidities, comorbidity care of addictions and mental health and refugee/travel medicine. The multidisciplinary approach offers many opportunities for research to improve routine care.

CLINIC PATIENTS



RECENT RESEARCH HAS FOCUSED ON THE AGING PROCESS IN PERSONS LIVING WITH HIV.

The pie charts below show over the last decade how the percentage of patients 60+ in SAC care continues to increase and why a major part of the research lens is on the aging of persons living with HIV.



A MULTIDISCIPLINARY HEALTH CARE TEAM

SAC consists of a multidisciplinary health care team beyond physicians including nursing, pharmacy, social work, dietitian as well as grant funded researchers. Within HIV physician services, several DOM members have focused areas of interest:

- Dr. McMillan (geriatrics)
- Dr. Gill (care costs and outcomes)
- Dr. Lang (HIV epidemiology)
- Dr. Vaughan (migrant and tropical diseases)
- Dr. Luft (adolescent female health and fertility)



The SAC Clinic at the Sheldon M. Chumir Health Centre.
Department Of Medicine Physicians: Dr. Jacqueline McMillan, Dr. John Gill, Dr. Oscar Larios, Dr. Caley Shukalek, Dr. Raynell Lang.

- Dr. Larios (viral hepatitis)
- Drs. Shukalek and Farjou (gay men's health).

This is in addition to addictions services and palliative care, transgender care and pregnancy/pediatric care provided by other medical departments.

FUTURE DEVELOPMENTS

Following the first description of AIDS in 1981, an immense global research effort has provided potent treatments allowing most newly diagnosed persons in 2023 to anticipate a close to normal life expectancy. While achieving a vaccine has remained remarkably elusive, current care now consists for most persons in taking a single pill once a day. Further advances in treatment include bimonthly intramuscular injections for those unable to reliably take daily oral therapy. In the future even a subcutaneous injection every six months is a realistic goal. Unfortunately, achieving a cure remains very challenging. Finding those with HIV not yet diagnosed and then engaging them consistently in care to have an undetectable viral load are WHO targets for every program. Locally some of our research is focused on aging in HIV, comorbidity care and on identifying and managing the many social determinants of health impeding early HIV diagnosis and subsequent continuous care.

RESEARCH SPOTLIGHT DR. JACQUELINE MCMILLAN

Dr. Jacqueline McMillan is a geriatrician and Assistant Professor involved in the care of older persons living with HIV (PLWH). As a clinician researcher she divides her time between clinical care and research focussed on older PLWH. She is co-chair of the CIHR Canadian HIV Trials Network Aging Research and Development Team, a national network of clinical investigators, physicians, nurses, people living with HIV/AIDS, pharmaceutical manufacturers and others who facilitate HIV clinical trials of the highest scientific and ethical standards. She is also Principal Investigator for three current CIHR-funded grants designed to improve the care of aging persons with HIV. One study is designed to investigate falls: frequency, risk factors and potential interventions to reduce falls in older PLWH. Another is a national symposium to be held in Calgary, Alberta, October 18-20, 2023 that will bring together clinicians, researchers and community members titled the "4th Canadian HIV and Aging symposium: HIV and Aging WELL: WE Live & Learn Together". The last is a survey and interviews of older PWH to hear their perspectives of continuing care, from home care to long-term care. She has published on polypharmacy, frailty, comorbidity and tailoring care for older PLWH.

RESEARCH SPOTLIGHT DR. RAYNELL LANG

Dr. Raynell Lang was recently recruited as an Assistant Professor in Infectious Diseases at Ucalgary and member of the O'Brien Institute of Public Health and Snyder Institute of Chronic Diseases. She specializes in providing care for PLWH. She completed a Masters in Epidemiology from London School of Hygiene and Tropical Medicine and finished a post-doctoral fellowship in HIV Epidemiology at Johns Hopkins University with the North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD). The NA-ACCORD is comprised of over 20 collaborating cohorts and is representative of HIV care across the United States and Canada. Her research involves evaluating risk factors and outcomes associated with coinfections and comorbidities in PLWH, and characterizing immunity, inflammation and virologic associations. She is co-leading a CIHR funded project evaluating the COVID-19 antibody response among PLWH. She continues to work with the NA-ACCORD evaluating hematologic parameters among PLWH as well as the impact of HCV-HIV coinfection on cardiovascular risk. With her research she aims to integrate laboratory-based and patient-oriented research that can help facilitate a greater understanding of the impact of HIV over a patient's lifespan.

RESEARCH SPOTLIGHT DR. CALEY SHUKALEK

Dr. Caley Shukalek, a Clinical Assistant Professor, has had an interest in HIV medicine since his undergraduate years that stems from a love of the biology and awareness of how the infection has disproportionately affected gay men. His first clinic at SAC was in his second year of residency and he made a habit of being present at the clinic during clinic blocks and the occasional post-call day. Dr. Shukalek's specialization in General Internal Medicine is well suited for the aging population living with HIV and comorbidities - allowing him to assist in the management of active or complex medical issues alongside HIV for patients without access to regular specialist providers. He was also fortunate to do additional clinical training related to HIV during his advanced clinical and academic training at Johns Hopkins and The San Francisco General Hospital (UCSF). Dr. Shukalek's combined clinical and academic interests have allowed him to partake in multiple active academic trials at SAC spanning therapeutic RCTs to mixed methods inquiry to STI prevention. He also led Connect Care electronic medical record specific efforts to ensure the over 30-year-old database of patients receiving care through SAC was preserved and continued despite the changes in electronic data collection and care provision.



"The Clinical Assistant program is a solution that has allowed the DOM to continue to provide high quality care outside of the MTU model"

- Dr. Alejandra Boscan

Top left to right: Clinical Assistants: Dr. Nazish Munawar, Dr. Muntaha Durrani, Dr. Akiniemi Fadugbagbe (Fad), Dr. Scholastica Abu-Undiyaundeye (Yubi), Dr. Isibhakhomen Eyike (Isi). Bottom left to right: Dr. Jan Sporina (CA Program Director), Dr. Yacob Fikreyesus Berhane

Clinical Assistant Program (GIM)

Pathway into the Canadian Healthcare System for International Medical Graduates

DEVELOPMENT OF THE CLINICAL ASSISTANT PROGRAM

The General Internal Medicine (GIM) Clinical Assistant (CA) program was the brain child of Dr. Robert Herman back in 2002, when he was the head of the Division of GIM. The driving factor behind developing the program was to increase patient care capacity by adding support to the staff physicians within the department. This would leave more time for resident education as well as increase capacity to see patients.

The Clinical Assistant program focuses on bringing fully trained international physicians into the medical space in Canada. These International Medical Graduates (IMG's) are unable to work in Canada as fully licensed physicians until they complete a residency program or qualify for a practice readiness assessment. The Clinical Assistant program allows these IMG's to work on a limited license under the supervision of a Canadian qualified physician indefinitely.

Dr. Sporina along with Dr. Feng were the first two

International Medical Graduates to go through the CA program back in 2002 and it has now grown to over 100 CA's covering various sites. Dr. Sporina also joined as part of the steering committee which guided the program over the last 20 years. He is now the current Medical Director of the CA program and CA site-lead at Rockyview General Hospital. Dr. Boscan (who also came through the CA program) is the site lead at South Health Campus. In the fall, a planned CA program at Peter Loughheed Centre will begin with Dr. Kabani as the site lead. We will also be expanding the CA program to the Foothills Medical Centre.

Each year, the program receives 100-200 applications for a limited number of places and therefore it is quite a challenging experience to pick the right people with the appropriate qualifications and experience. Once they are hired, they go through a 6-month probationary period where they are monitored and receive weekly assessments, with a formal assessment at the end of the month. After one final assessment at the end of probation, a successful CA will be provided a letter so that they can have a limited license which allows them

to work night shifts, or a little more independently but still under the supervision of a fully licensed physician.

CAREER PATHWAYS & MENTORSHIP

The career pathway of a CA can look very different some join later in life and may remain a CA for the remainder of their career, some choose to join while applying to residency with the hopes of becoming a fully licensed Canadian physician themselves. This entry into the Canadian Medical system provides experience and education from daily work, educational sessions as well as working with more experienced CA's and staff internists. Mentorship may focus on differences in culture and health systems, communication skills, career counselling and first-hand experience of the next steps in career development.

18+
YEARS

Longest
serving
Clinical
Assistant



COUNTRIES OF ORIGIN OF OUR CLINICAL ASSISTANTS FROM THE BEGINNING OF THE PROGRAM.

Europe: Ireland, France, Germany, Poland, Czech republic, Slovakia, Serbia, Croatia, Albania, Bulgaria, Romania, Russia, Ukraine, Lithuania.

North and South America: Mexico, Colombia, Venezuela, Peru, Brazil, Argentina.

Asia: Lebanon, Israel, Syria, Jordan, Iraq, Iran, Kuwait, United Arab Emirates, Pakistan, India, Sri Lanka, China, Bangladesh, Myanmar, Philippines.

Africa: Egypt, Libya, Sudan, Ethiopia, Eritrea, Ghana, Benin, Nigeria, South Africa.

Australia.

BENEFITS OF THE CLINICAL ASSISTANT PROGRAM

Not only does the program increase capacity for patient care, it also provides a diverse medical staff, bringing different cultures and diverse knowledge to the local context. Patients and patients' families who have language barriers or varying cultural backgrounds can find it easier to connect with the CAs if they are from a similar country of origin with similar experiences. In addition, these IMG's come from a diverse array of medical backgrounds – including Cardiac Surgery, Anesthesia and Family Medicine – which widens the knowledge of the General Internist staff and can often speed up patient diagnoses.

Throughout the pandemic the CAs were able to greatly support staff physicians and residents. They enabled us to support the Medical Teaching Units (MTU) and protect teaching time for residents by helping to care for COVID patients outside of the MTU's. "We were very grateful to have Clinical Assistant support throughout the pandemic, they took on these roles without any hesitation" – Dr. Boscan shared. The CAs received the same training as the staff, attended COVID corners, and worked under the latest treatment guidance and protocols.

CHALLENGES & LIMITATIONS

While there are many benefits to the program, it doesn't come without its challenges. Many of the CAs are extremely good physicians but due to the licensing

requirements they are unable to work independently. There can also be some frustrations related to limited options for career progression within the program. However, the CAs in the program have remained committed to patient care and understood the importance of their role.

There is also the need to be continuously recruiting and training new CAs, as existing CAs move onto other career opportunities including residency training.

The CA program in Calgary continues to grow and we are very proud of the contributions of this team to health care in the Calgary Zone. Other divisions (Nephrology, Hematology) also have their own smaller CA programs.



Top left to right: Dr. Alejandra Boscan (Department of Medicine) and Clinical Assistants: Dr. Hamid Nawaz Ali Memon, Dr. Saibal Das and Dr. Scholastica Abu-Undiyaundeye (Yubi).



From Left: Melissa Leyten (RN), Norman Chuong (RN), Dr. Nauzer Forbes (Department of Medicine), Shane Cartwright (Research Assistant), Alejandra Tepox-Padron (Advanced Endoscopy Fellow)

Advanced Endoscopy in Calgary

Leading the way in Research and Training within Canada

The advanced endoscopy group in Calgary has exploded over the past several years in terms of novel clinical expertise, research productivity, education, and overall impact. Several physicians in Calgary offer advanced endoscopic techniques beyond those associated with basic endoscopy (gastroscopy and colonoscopy). Examples of advanced endoscopic procedures include endoscopic retrograde cholangiopancreatography (ERCP), endoscopic ultrasound (EUS), endoscopic submucosal dissection (ESD), complex luminal stenting, and endoscopic mucosal resection (EMR).

The clinical catchment area for Calgary's advanced endoscopy program approaches 2 million residents across southern Alberta and Eastern British Columbia. The keys to the program's success to date have been the seamless integration of a high-throughput research program and high-quality clinical fellowship into an established clinical service with high standards of care.

UCalgary is leading the Canadian landscape in clinical fellowship training in Advanced Endoscopy. Ucalgary's model is unique, offering trainees the opportunity to complete a clinical fellowship alongside a graduate degree in health research methodology (most commonly through the Department of Community Health Sciences) in 2 years. Given a typical average of 40-50 applicants from across the world for 1-2 annual positions, the fellowship programs have recently

been subdivided into an advanced pancreaticobiliary endoscopy training program and an advanced luminal endoscopy and deep tissue resection training program. Nauzer Forbes has been the fellowship program director for the advanced pancreaticobiliary endoscopy program since 2018, with Paul Belletrutti recently having taken over as program director of the luminal program. The priority of both streams is to train individuals both as outstanding clinicians/endoscopists and potential future academics. By offering simultaneous research training and protecting trainees' time for academic productivity, interest in research is fostered, as is academic output for Ucalgary.

Much of the success of UCalgary's advanced endoscopy research program relates to CReATE, a unique prospective multi-center advanced endoscopy research collaborative that is now operational at 9 centres across Canada, USA, and Europe. Nearly 7,000 patients have been enrolled in CReATE, with over 400 granular variables collected per procedure in real time. Nauzer Forbes, as CReATE's PI, has successfully leveraged internal funding, including through the N.B. Hershfield Chair in Therapeutic Endoscopy (with Steve Heitman occupying the Chair), to launch and expand CReATE. He has since been successful at obtaining external funding for CReATE-related research, including multiple project grants from the Canadian Institutes of Health Research and awards from the American

College of Gastroenterology and American Society for Gastrointestinal Endoscopy (ASGE). Thus, via the initial modest commitment of internal funds, the program has raised over \$3M in external support towards research.

Ucalgary's research program is widely recognized for its methodologically rigorous and impactful work in advanced endoscopy, including the recent publication of a multi-centre randomized trial on ERCP-related outcomes in JAMA Internal Medicine^[1]. Other important research works have been disseminated from the group on ERCP adverse events and patient-reported outcome measures, among others.^{[2],[3]} Importantly, Nauzer Forbes also continues to serve on the ASGE's Standards of Practice Committee since 2020, meaning that UCalgary has a recognized impact on broadly disseminated guidelines from the world's largest endoscopy society.

Several other internationally recruiting prospective studies and trials in advanced endoscopy are underway at UCalgary. The recent returns of Drs. Puja Kumar and Paul Belletrutti from world-renowned sabbaticals in advanced tissue resection and the recent recruitment of Dr. Suqing Li, an advanced endoscopist with interests in translational medicine, together herald a new era in UCalgary's clinical and research programs. Building off their existing research infrastructure, the group is poised to continue toward their goal of having UCalgary recognized as a world-class clinical and academic centre for advanced endoscopy.

References: 1. Forbes N, Elmunzer BJ, Allain T, et al. Effect of Disposable Elevator Cap Duodenoscopes on Persistent Microbial Contamination and Technical Performance of Endoscopic Retrograde Cholangiopancreatography: the ICECAP Randomized Clinical Trial. JAMA Int Med 2023;183:191-200.
2. Forbes N, Elmunzer BJ, Keswani RN, et al. Consensus-based Development of a Causal Attribution System for Post-ERCP Adverse Events. Gut 2022; online ahead of print.
3. Forbes N, Chau M, Koury HF, et al. Development and Validation of a Patient-reported Scale for Tolerability of Endoscopic Procedures Using Conscious Sedation. Gastrointest Endosc 2021;94:103-110.



Dr. Charlene Fell and Patient at South Health Campus Pulmonary Diagnostics unit.

C

TD-ILD Clinic

Connective Tissue Disease associated Interstitial Lung Disease

WHAT IS CTD-ILD

CTD-ILD refers to Connective tissue Disease associated Interstitial Lung Disease. Interstitial lung disease (ILD) is a group of disorders associated with inflammation and/or fibrosis of the lung parenchyma. Connective tissue disease (CTD) is a general term used to describe a group of autoimmune diseases where an inflammatory process caused by an inappropriately overactive immune system leads to systemic organ damage. One example is systemic sclerosis (scleroderma), a condition that can affect many different organs including the lungs, and where the interstitial lung disease is a leading cause of death. Rheumatoid arthritis, myositis, and other CTDs can also cause severe ILD.

WHY IS THE CLINIC NEEDED?

The lungs are frequently affected in CTD. However, the primary disease process can be difficult to diagnose due to milder symptoms in other organs or difficult to treat because of poor response to traditional therapy. Rheumatologists have developed expertise in the diagnosis and management of autoimmune diseases. Patients with lung involvement of a known or not yet diagnosed CTD are referred to pulmonary. In order to facilitate an early diagnosis and treatment that could alter the course of disease, the CTD-ILD collaborative clinic between respiratory and rheumatology was created by a group of clinician-researchers at the South Health Campus.

CLINIC DEVELOPMENT AND EVOLUTION

The clinic was developed to take care of patients with difficult to diagnose CTD-ILD or suspected CTD-ILD or patients who have very aggressive CTD-ILD and require the coordination of care. Since 2008 the CTD-ILD clinic has provided real time, multidisciplinary pulmonary and rheumatology assessment and care of this sick and complex patient population. The program began as a physical clinic and has now moved entirely virtual. This virtual clinic has enabled closer collaboration of physicians, optimized appointments, and created a larger multi-disciplinary team which has efficiently impacted patients not only in the program, but also freeing up more time for respirologist and rheumatologist to see patients who need their expertise for other issues. The in-person clinic started with Dr. Charlene Fell (respirologist) and Dr. Sharon LeClerc (rheumatologist). Later Dr. Kerri Johansson (respirologist) joined the program, and Dr Fifi-Mah (rheumatologist) took over from Dr. Le Clercq in 2021. Now that the clinic is virtual, this enables 2-3 respirologists and 3-4 rheumatologists to participate and provide insight into cases, and in turn increases the ability to care for more patients.

As the number of patients referred to the clinic increased, the original clinic model was creating an administrative burden on Dr. Fell, in terms of the need to triage and select which patients should be assessed in the CTD-ILD clinic. Every patient would be seen in

parallel by both a respirologist and rheumatologist, which might include participation of a respiratory fellow and/or rheumatology fellow. The team then discussed the patient to ascertain the diagnosis and provide a management and therapy plan. As patient referrals began to increase over time, the clinic as it was structured had insufficient capacity to effectively accommodate this increase in referrals. Therefore, a decision was made to move the current virtual multi-disciplinary rounds program, leveraging the increased access and communication tools in the Connect Care electronic medical record to provide closer collaboration between specialties caring for the patients within the clinic.

The CTD-ILD collaborative clinic trains respiratory and rheumatology residents to manage this complex disease, including through an advanced ILD fellowship program. Trainees not only learn how to care for patients living with CTD-ILD, but also how to effectively collaborate within an interdisciplinary team of specialists. The CTD-ILD collaborative clinic also participates in a number of research initiatives including therapeutic trials and the development of a Canadian Registry for pulmonary fibrosis. Recent recruitments within the department, including within respiratory, rheumatology and the area of CAR-T cell research, will support this collaborative clinic to continue to grow and evolve in how it effectively provides care for patients living with CTD-ILD.



Photo: Dr. Kristen Brown



Photo: Dr. Jenny Lam, Dr. Lindsey Kwan, Dr. Stacey Schell, Dr. Mark Banks, Dr. Jonathan Lui.

DOM Leadership in the Launch of Connect Care

The Department of Medicine has successfully flowed through two additional Connect Care launches during the 2022-23 reporting year. Launch 4 in May 2022, Launch 5 in November 2022, followed closely by Launch 6 in May 2023. Within the DOM we want to congratulate everyone for taking on the training and patience required through the implementation phases and continuing their education within the system to be able to work efficiently. We especially want to thank those that stepped up into leadership roles within the department including Dr. Caley Shukalek, Dr. Karmon Helmle, Dr. Alex Chee, Dr. Erika Dempsey, Dr. Kristen Brown and Dr. Chandra Thomas. These physicians stepped into leadership roles within their divisions or across the DOM.



Dr. Caley Shukalek



Dr. Karmon Helmle



Dr. Alex Chee



Dr. Erika Dempsey



Dr. Kristen Brown



Dr. Chandra Thomas

Dr. Chandra Thomas, as the Physician Engagement Lead for the Calgary Zone, had a primary focus on understanding user needs and ensuring their

preparedness for system launches. Her role included connecting individuals with the appropriate resources pre/post and during the transitions, and providing support to those facing challenges post-launch. Despite varying staffing issues between divisions, she worked diligently to encourage everyone's participation and progress. Dr. Thomas spent a considerable amount of time visiting different sites, gaining insight into issues and understanding how best to address them. Dr. Thomas, along with Dr. Shukalek and Dr. Chee have now implemented virtual DOM Connect Care drop in sessions weekly, where users who have questions have a consistent place to bring up problems and find out solutions.

Dr. Caley Shukalek has a passion for technology and change that predates entering medicine and has driven his involvement in many different technology-based initiatives, including Connect Care. Starting as a Medical Informatics Lead for the Department of Medicine and the Calgary Zone in 2018, his contributions encompassed: chairing the Registry Oversight Committee that oversees Connect Care-specific registry/cohort creation and maintenance; actively participating in both the Medicine and Public Health Area councils that manage Connect Care content, provincial process standardization, and build; as well as assisting in change management around Connect Care launch. Dr Shukalek had a pivotal role implementing Connect Care at the Sheldon M. Chumir Health Centre in Launch 4 where he supported several

ambulatory programs including the Southern Alberta Clinic. At Foothills Medical Centre in Launch 5 and Rockyview General Hospital in Launch 6 he supported inpatient and ambulatory programs. Dr Shukalek is also a physician builder within Connect Care, meaning he has completed several training courses around building basic and specialty content within Connect Care. He has awareness of and access to back-end data that is captured with each and every click made in the Electronic Medical Record (EMR).

Dr. Karmon Helmle supported all launches, including the recent 4-6 launches in the Calgary Zone. She has worked as a Medical Informatics Lead Physician in the Calgary Zone since 2013. Dr. Helmle's primary focus was on ambulatory care within the DOM. She also served on multiple Connect Care committees including the Medicine Area Council, the Ambulatory Area Council, the referrals working group, the Advanced Clinical Decision Support Committee, the Physician Contents and Standards Committee, and provided Launch support. Dr. Helmle also co-led the Provincial Endocrinology and Diabetes Connect Care Specialty Working Group. Following the 2022-23 academic year, Dr. Helmle has now become the Associate Chief Medical Information Officer in the Calgary Zone (May 2023) and currently supports the ongoing use of Connect Care for those already implemented, as well as the decommissioning of Sunrise Clinical Manager, and support to the Calgary Zone through launches 7-9.



"Dr. Pam Roach has been the pivotal person in my learning journey towards reconciliation. Without her open heart, patience, resilience, and compassion, none of this would have come to fruition." - Dr. Jori Hardin

Left: Dr. Pam Roach
Right: Dr. Jori Hardin



Siksika Health and Wellness Centre: From left - Jocelyn Duck Chief, laboratory technician; Logan Red Crow, patient; Kara Rabbit Carrier, MOA; Debbie Yellowfly, MOA; Dr. Jori Hardin; Margaret Kargard, Clinical Services Team Leader; Susan Maguire, LPN; Jamie Yellowfly, MOA.

Dermatology clinical and education programs focused on the skin health of diverse populations

As with other areas of healthcare, there is data suggesting that individuals with black and brown skin have delayed diagnosis and poorer outcomes when presenting with skin disease, compared to patients with white skin¹. Colonialism and systemic racism are the underpinnings of health disparities that persist for Indigenous and Black peoples in Canada². The division of Dermatology acknowledges its role in perpetuating racism and using the Truth and Reconciliation Committees calls to action as a guide, has sought to redesign medical education at the UME and PGME levels and provide trauma-informed and culturally safe dermatologic care within Indigenous communities.

RE-CREATING THE UME CURRICULUM

Starting in 2020, Dr. Laurie Parsons and Dr. Jori Hardin, co-chairs of the undergraduate medical dermatology curriculum, recreated the dermatology content with a focus on teaching skin disease on black and brown skin. They sought the expertise of Indigenous and Black dermatologists from across the country. The default that white skin is normal was intentionally challenged, with workshops and lectures designed to explain that race is a social construct and then further to present equal numbers of clinical images showing skin disease in all skin types. Safe spaces were created for students to explore their own stories, contexts, and exposure to dermatology with a lens towards reconciliation and allyship. For each year of these changes, a research project has been conducted around medical student learning in black, brown, and white skin, and then exploring the impact of implicit bias on diagnosing skin disease. With the introduction of the RIME curriculum, these changes will not only persist but be integrated meaningfully.

PGME ANTI-RACIST MEDICAL EDUCATION CURRICULUM & IMPLICIT BIAS

The dermatology residency program has also made meaningful changes to its curriculum. Starting with the CaRMS application process, the dermatology residency program broadened its selection criteria to intentionally include a more holistic view of applicants, turning away from the traditional meritocracy of medicine. Residents enter the program and complete implicit bias training, bystander training, and Indigenous cultural competency training. These workshops are supplemented with a lecture from Dr. Rachel Asiniwasis, an Indigenous dermatologist in Regina. The dermatology program wants to encourage curiosity about patient values and the narrative of their patient's life. Residents are provided articles regarding the levels of racism in medicine and reflect on their own role in perpetuating racism. When traveling to the Siksika Health and Wellness Center with Dr. Hardin, residents are asked to engage in critical self-reflection of their biases and read the work by Dr. Stephanie Nixon on the Coin model of privilege³. They are asked to review the TRC calls to action and select a call to focus on for the day of clinic. Perhaps most obviously, dermatology cases presented at rounds and academic half day are more balanced with a focus on manifestations of skin disease on black and brown skin. Re

DIVISION AND FACULTY DEVELOPMENT

The division of dermatology is also engaged in providing compassionate and culturally safe care to all patients in southern Alberta. Dr. Hardin travels to the Siksika Health and Wellness Center and the Alex Community Health Center and Dr. Michele Ramien travels to the Stoney Health Centre. Drs Hardin and Ramien have relished the opportunity to work within these resilient interconnected communities and strive to provide the same access to exceptional care that we expect in our tertiary care centres. They have both become proficient at navigating Non-insured health benefits and seek to increase access to dermatologic therapies. They strive to create trust within the communities they serve, in ways that respect patient autonomy and agency.

Dr. Hardin has also been involved with the University of Calgary's Office of Indigenous Engagement and helped deliver the first two-day Anti-Indigenous Racism workshop series.

1) Williams DR, Cooper LA. Reducing Racial Inequities in Health: Using What We Already Know to Take Action. *Int J Environ Res Public Health*. 2019;16(4):606. doi:10.3390/ijerph16040606

2) Stuber, J., Meyer, I. H., & Link, B. (2008). Stigma, prejudice, discrimination and health. *Social Science and Medicine*, 67(3), 351-357.

3) Nixon, S.A. The coin model of privilege and critical allyship: implications for health. *BMC Public Health* 19, 1637 (2019). <https://doi.org/10.1186/s12889-019-7884-9>



The Role of Physician Coaching within the DOM

Creating awareness, clarity on barriers, and co-creating plans to achieve goals

The International Coaching Federation defines coaching as “partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential”. Coaching involves confidential conversations about issues or goals brought forward by an individual. Coaching relationships often are multiple sessions occurring over a 6-12 month period of time. The RCPSC recognizes the impact coaching has on physicians and has approved individuals who underwent professional coaching to submit hours of coaching under Section 3 of MOC.

Coaching differs from mentorship. Mentorship is a hierarchical relationship between an expert in an area and an individual who wants to be where that expert is. Mentors often provide instruction, advice and solutions. Coaching differs as the relationship with the coach and the individual are considered equal and coaches do not tell you what you should do. Coaches appreciate the uniqueness of an individual being coached and hold them capable of being able to solve their issue. They ask powerful questions to help an individual reflect on the issues or goals identified increasing awareness and leading to the co-create a plan that is unique to the individual.

BENEFITS OF COACHING

96% of individuals who have been coached would be happy to be coached again. Evidence shows that coaching not only helps an individual with the issue they identified, but also impacts self-esteem, self-confidence, work life integration, relationships, career opportunities and wellness. A randomized study showed that coaching physicians has resulted in a significant reduction of burnout (JAMA Int Med 2019;179:1406).

96% of individuals who have been coached would be happy to be coached again

WHAT WOULD MAKE YOU REACH OUT TO BE COACHED?

Individuals being coached identify what their goals are within a coaching relationship. Here are some items where physicians may find coaching to be helpful.

- Career development
- Finding meaning in work
- Wellness, Work-Life integration, burnout
- Managing career transitions
- Managing conflicts or difficult conversations
- Anything making you feel ‘stuck’ or uncomfortable
- Desire to act on feedback

LOOKING FOR A COACH?

Dr. Karen Fruetel is a certified Executive Coach who, with the support of the Department of Medicine provides coaching to members within the department. Any coaching relationship with her is strictly confidential. Dr. Fruetel can be reached regarding coaching requests via AHS email. If you would prefer a coach outside of the department, the Canadian Physician Coaches Network (coach4md.org) offers physician coaches and tips to finding the right physician coach.

WANT TO DEVELOP COACHING SKILLS?

While being a certified coach takes at least 8 months, there are workshops that individuals can do to start to develop coaching skills. Coaching skills are helpful for physicians who have a leadership role. Contact Dr. Fruetel if you have interest in developing this skill set.

"partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential"

*The International Coaching Federation
Coaching Definition*



Queer Medicine

Supporting the 2SLGBTQ+ population throughout the medical community

Across the medical profession, we have an ongoing lack of awareness, understanding and appreciation of the 2SLGBTQ+ (i.e. queer) community and how these individuals continue to be underserved while facing ongoing stigma and discrimination. The research clearly shows both health disparities and inequities within this community as they continue to face many barriers in accessing quality care. Many health care providers lack skills and knowledge in this area and may be unsupportive, which is superimposed on pre-existing systems and structures that are not affirming. This often leads to the 2SLGBTQ+ community having negative experiences with their clinical care and thus difficulty integrating into the health care system. The 2SLGBTQ+ community includes Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, and all additional sexual orientations and gender identities.

This diverse population has unique health needs not well understood in the academic literature. This is due to being underrepresented in studies, with a lack of academic pursuits and awareness among health providers and researchers, and exacerbated by inappropriate heteronormative/cisnormative binary constructs. We likely have been underestimating the prevalence of gender and sexual diversity given social stigma, fear of disclosure and lack of cohesive definitions.

Presently, we see US regions opposing gender-affirming care and funding of sexual health harm reduction strategies, ideas that are trickling north into Canada in small but loud groups of individuals.

Fortunately, there has been significant growth in 2SLGBTQ+ health care services, clinical care, scientific literature and research over the past two decades. Thus, worldwide, we now have many pediatric and adult centres of excellence along with national and international guidelines for 2SLGBTQ+ health care. There has also been an uptake of awareness in national funding bodies and opportunities for academic pursuits and clinical innovations in the care of the 2SLGBTQ+ community.

Dr. Nathalie Saad and Dr Caley Shukalek are two of the Department of Medicine key drivers contributing to the awareness of 2SLGBTQ+ care. Over the last 10 years, Dr. Saad as an endocrinologist, has dedicated most of her clinical career to transgender health and she is the clinical lead of the Endocrinology Gender Health Clinical Program. In this role, she provides and supports gender-affirming hormone therapy for transgender and gender diverse individuals from the age of 18 years old and across the lifespan. She also manages endocrine and metabolic conditions within this population under the lens of both endocrinology and general internal medicine. She is also involved in education and research focused on transgender health care and is very passionate about increasing the access to high quality gender medicine while providing equitable and inclusive gender-affirming care.

Dr. Shukalek, rooted in his own identity as a gay man, has experienced health system inequity himself. This has motivated and lead the direction of his clinical and academic pursuits. His research in HIV and STBBI

encompasses the queer population including health care innovation within the queer population through HIV prevention, sexual health services and gender affirming care through PurposeMed. As well, he is exploring the lived experience of queer physicians and trainees through mixed methods research funded by the Royal College of Physicians and Surgeons of Canada. He is a co-investigator in CIHR funded research exploring harm reduction strategies in 2SLGBTQ+ persons and understanding the experiences of the 2SLGBTQ+ population in the Mpox pandemic.

Dr. Saad and Dr. Shukalek emphasize the importance of broadening our lens of queer medicine to include both patients and the diversity within our colleagues that identify within the 2SLGBTQ+ community. Dr. Shukalek believes the living embodiments of the EDI efforts of the Department of Medicine are something to be proud of, he has never once felt the need to shelter or hide the fact that he is a gay man. Embracing diversity in colleagues encourages authenticity which enhances patient care, research, academic pursuits and physician wellness.

EDIA initiatives are of particular focus for the Department of Medicine including EDIA focussed Medical Grand Round offerings throughout the year. The department has introduced a special EDI Annual Award to celebrate EDIA efforts across the DoM. Two priorities from the new 2023-28 Strategic Plan have a strong focus on EDIA initiatives centred on "Our People" as well as Clinical areas.



Total research revenue

2022-23: \$30,531,573

2021-22: \$28,080,481

2020-21: \$17,667,486

Total research revenue in Department of Medicine was \$30.53 Million in 2022-23. (See breakdown of statistics for an explanation of the methodology used for this year, previous years using the same methodology have been provided for comparison).

30.53

Million

Supporting 312 projects
across the Department
of Medicine for 2022-23.

Researchers within the department, working across the Cumming School of Medicine research institutes, are having broad impact. Our department members continue to lead an array of innovative and impactful research programs.

“As a department, we continue to be innovative in our delivery of effective patient-centered care. Impactful clinical work, research and education continues across the Department of Medicine”

Dr. Jayna Holroyd-Leduc

PUBLICATIONS



998
in 2020-21



1052
in 2021-22



953
in 2022-23

PUBLICATIONS

953
publications

2022-23 ↓9.4%

2022-23	953
2021-22	1052
2020-21	998

Department members produced a total of 959 publications in 2022-23.

Publications numbers have used a new dashboard pulling from Scopus & Scival API for this year (data accessed September 12, 2023), previous years now pulled off the same dashboard for comparison, may differ from past report).

16.2 publications
per RE

Primary department members produced 16.82 publications per Research Equivalent (RE) in 2022-23 based on a 50.64 FTE in Research.

229 members
published in 2023

34.89k citations

Citations made in 2023 of all publications linked to the current DOM members published in all years 2021-2023.

422

MEMBERS

2022-23	422
2021-22	430
2020-21	424

The Department of Medicine consisted of 422 primary members in 2022-23

77

FULL-TIME ACADEMIC (GFT)

MEMBERS

2022-23	77
2021-22	76
2020-21	77

The department had 77 primary members with Full-Time Academic (GFT) appointments.

RESEARCH REVENUE

\$520,661
per RE

2022-23

2012-23: \$520,661
2021-22: \$449,088*
2020-21: \$574,525*

The Total Research Revenue per Research Equivalent (RE) in the Department of Medicine was \$520,661 in 2022-23.

*years 2021-22 & 2020-21 were both calculated using a different methodology to pull research revenues due to a rebuild of system processes and new analytics team - included for reference only but not comparison.

\$6.69million in
CIHR revenue

2022-23: \$6,689,690
2021-22: \$8,015,350
2020-21: \$8,400,000

*Data system methodology has changed for 2022-23, we display the last three years as reference only using the previous methodology for comparison.

\$20.19million in
Non-Tri Agency
Revenue

2022-23

\$393.29k
in NSERC
and SSHRC
Funding

2022-23

\$3.26million
Other
Tri-Agency

2022-23

External sponsors that use tri-agency funds (original source) sponsoring Ucalgary projects.

DOM AMHSP
accounted
for 40.45%
of research
revenue
within the
South Sector
AMHSP

Department of Medicine:
\$28.1 Million

All South Sector Clinical AMHSP Departments: \$69.46 million. Research Revenue from the Department of Medicine accounted for 40.29% of the revenue for all Clinical AMHSP Departments in the South Sector AMHSP.

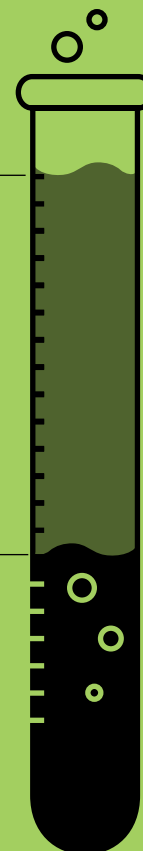
AMHSP
PHYSICIAN
RESEARCH
REVENUE

All Clinical departments
within the South Sector
AMHSP

\$69.46 million

Department of Medicine
(no Cardio)
AMHSP

\$28.1 million



233

AMHSP MEMBERS (INCLUDING CARDIOLOGY)

2022-23	233
2021-22	230
2020-21	213

233 department members, including both primary department members and cross-appointed members from the Division of Cardiology within the Department of Cardiac Sciences, were part of the Internal Medicine Academic Medicine Health Services Program (AMHSP) Plan.

87

ALBERTA HEALTH SERVICES LEADERSHIP ROLES¹

15 AHS Strategic Clinical Network (SCN) Leadership Roles
10 AHS Provincial Leadership Roles (Non-SCN)
62 AHS Calgary Zone Leadership Roles

Outside of the Department of Medicine, department members held a total of 87 leadership roles (14.56 FTE) within Alberta Health Services in 2022-23.

¹Leadership data based on a snapshot in time in the 2022-2023 year

52

UNIVERSITY OF CALGARY LEADERSHIP ROLES¹

7 CSM Leadership Roles in the Office of the Dean
32 CSM UME/PGME/CME&PD Leadership Roles (outside the Dean's Office)
8 Leadership Roles in CSM Research Institutes or other Departments
5 University of Calgary Leadership Roles (outside the CSM)

Outside of the Department of Medicine, department members held a total of 52 Leadership roles (14.2 FTE) within the Cumming School of Medicine and UCalgary 2022-23, including the Vice-President of Research, Associate Vice-President of Health Research, the Dean and Vice Dean of CSM,

¹Leadership data based on a snapshot in time in the 2022-2023 year

CLINICAL STATS

9.03 days in hospital

2022-23 ↑4.18%

2022-23	9.03
2021-22	8.66
2020-21	8.80

The average hospital length of stay (LOS) in the Department of Medicine was 9.03, an increase of 4.18% from 2021-22.

15,706 inpatients admitted

2022-23 ↑6.8%

2022-23	15,706
2021-22	14,701
2020-21	16,610

Department Members were the admitting physicians for 15,706 inpatients in the four Calgary Adult Hospitals in 2022-23, an increase of 6.8% from 2021-22.

47,632 CAT outpatient clinic referrals

2022-23 ↓0.59%

2022-23	47,632
2021-22	47,915
2020-21	41,738

Central Access & Triage (CAT) for Endocrinology, Gastroenterology, General Internal Medicine, Hematology, Respiratory Medicine, and Rheumatology received a total of 47,632 outpatient referrals, an increase of -4.00% from 2022-23.

3,735 Seniors Health outpatient clinic referrals

2022-23	3,735
2021-22	3,565
2020-21	2,414

Geriatric Medicine received a total of 3,735 outpatient referrals from Seniors Health One-line in 2022-23 an increase of 47.7% from 2020-21.

33,519 inpatient consults

2022-23 ↓5.76 %

2022-23	33,519
2021-22	35,569
2020-21	34,603

Department Members provided a total of 33,519 inpatient consults in Calgary hospitals in 2022-23, a decrease of 5.76% from 2021-22.

18,199 inpatients attended

2022-23 ↑23.79%

2022-23	18,199
2021-22	14,701
2020-21	16,610

Department Members were the attending physicians for 18,199 inpatients in the four Calgary Adult Hospitals in 2022-23, an increase of 23.79% from 2021-22.

11,833 Specialist Link Calls

The number of specialist link calls made to Department of Medicine divisions and programs in 2022-23. Includes our 11 Divisions as well as Clinical Pharmacology, COVID, OB Internal Medicine, Thrombosis and Wound Care clinics.

EDUCATION

184 Residents

In 2022-23, there were a total of 184 Residents in the Department's Core and Subspecialty Residency Training Programs, with 113 Residents in our core IMRP Program (PGY1 – PGY4) and 71 Residents in our ten Subspecialty Training Programs (PGY4 – PGY6).

DERMATOLOGY

The Section of Dermatology consists of 7 full-time AMHSP members and 31 community-based dermatologists providing comprehensive consultative services across 5 acute care sites. Dermatologists, nursing staff, and allied health care professionals offer a collaborative care model for patients with skin disease. Section members are actively involved in clinical and basic science research and are committed to training the next generation of dermatologists.

CLINICAL

Clinical highlights include the development of a Vulvar Dermatoses Clinic and the expansion of our cutaneous oncology and outreach programs. By creating a Rapid Access Oncodermatology service, led by Dr. Jori Hardin, cancer patients receive prompt and efficient care for their dermatologic needs. Additionally, the program expanded its Mohs and surgical oncology services, offering more patients access to advanced surgical treatments for skin cancer. The establishment of a community-based hidradenitis suppurativa (HS) clinic, led by Dr. Susan Poelman, has resulted in several important initiatives, including the publication of an e-book reviewing practical guidelines for managing patients with HS. Lastly, the multi-disciplinary Vulvar Dermatoses Clinic has proven invaluable, catering to the specific needs of patients with vulvar skin conditions and offering specialized care to improve their quality of life. These clinical highlights reflect the division's commitment to incorporating innovation, research, and education in the provision of comprehensive patient care.

ADMINISTRATIVE

The Section of Dermatology is actively engaged in various committees at regional, national, and international levels. Dr. Régine Mydlarski holds the position of Chair for the Specialty Committee in Dermatology at the Royal College of Physicians and Surgeons of Canada (RCPSC), and also serves as an ex officio member of the RCPSC Examination Board. Additionally, Dr. Laurie Parsons currently holds the position of Vice-Chair of the Specialty Committee, while Dr. Nicole Hawkins is a member of the Executive on the RCPSC Examination Board. Furthermore, Dr. Kirk Barber contributes significantly to the field of dermatology, as the Editor-in-Chief of the Journal of Cutaneous Medicine and

Surgery. Dr. Barber further serves as the Vice-President of the Camp Liberté Society, exemplifying his commitment to patient care. Dr. Michele Ramien is Vice-President and President-Elect of the Canadian Dermatology Association, and is Vice-President of Camp Liberté Society. Dr. Richard Haber serves as the Chair of the Evaluations Committee and represents the Department of Medicine at TUCFA. Dr. Laurie Parsons fulfills the role of Medical Director at the Sheldon M. Chumir Wound Clinic, while Dr. Habib Kurwa holds the position of Director for Dermatologic Surgery. Additionally, Dr. Michele Ramien leads as Director of Pediatric Dermatology, and Dr. Jori Hardin is entrusted with the responsibilities of Chair for Competence by Design and Mentorship/Wellness.

Members are committed to training the next generation of dermatologists, respecting the principles of inclusion, diversity, equity, and accessibility in education, research, and clinical service.

RESEARCH

The Section of Dermatology consists of a diverse group of accomplished researchers thriving in early, mid, and senior career stages. These dedicated members have consistently succeeded in clinical and basic science research endeavours in dermatology. During the 2022-2023 academic year, our members published over 80 papers and conducted over 65 clinical trials. Calgary now boasts the largest clinical trial group in Western Canada, with sites at the Richmond Road Diagnostic and Treatment Centre (RRDTC), Beacon Dermatology, Skin Health & Wellness Centre, Calgary Dermatology, and Northwest Dermatology and Laser Centre. The Canadian Institutes of



DR. REGINE MYDLARSKI
Division Head

Dr. Régine Mydlarski is the Division Head of Dermatology and an Associate Professor in the Department of Medicine. She founded the Dermatology Residency Program at the University of Calgary and is the Chair of the Specialty Committee in Dermatology for the Royal College of Physicians and Surgeons of Canada. As a clinician-investigator, Dr. Mydlarski leads the Precision Medicine and Translational Research Program within Dermatology, earning international recognition for her contributions in autoimmune blistering disorders. Her expertise extends to immunodermatology, transplant dermatology, and the skin microbiome, and she holds funding from the Canadian Institutes of Health Research (CIHR) and the Canadian Dermatology Foundation (CDF).

Dr. Mydlarski expresses great pride and privilege in collaborating with the accomplished, committed, and diverse Section of Dermatology faculty members.

Health Research (CIHR), the Canadian Dermatology Foundation (CDF), the Susanne V. Gibson Research Fund, and industry partners generously provided financial support for our members' research. These grants helped our researchers co-develop the Skin Investigation Network of Canada (SKIN Canada), explore new treatments for skin cancer prevention, study the skin microbiome of transplant recipients, and examine methods to improve dermatologic training in skin of colour.

15 Subspecialty Training Program Residents.

50 Applications from Prospective Subspecialty Training Program Residents.

EDUCATION

At the undergraduate level, Dr. Jori Hardin played a critical role in developing the RIME curriculum and enhancing skin of colour teaching. She has contributed to Ucalgary's Office of Indigenous Engagement by supporting the implementation of a two-day Anti-Indigenous Racism workshop series. Under Dr. Lynne Robertson's leadership, the Dermatology Residency Program has become a sought-after 5-year training program consisting of hospital and community-based training. The residency training program successfully launched Competence by Design (CBD) in July 2022. At the national level, Dr. Régine Mydlarski co-chaired the RCPSC Competence by Design (CBD) dermatology workshops. Additionally, she collaborated with the Canadian Dermatology Association to create podcasts focused on complex medical dermatology. Further, Dr. Jori Hardin assumed the Co-Chair position for DRIVE (Dermatology Residents Innovation and Vision in Education) and Dr. Kirk Barber hosted the esteemed national Canadian Dermatology Association (CDA) journal club.

KEY CHALLENGES

The shortage of support staff and limited resources lead to longer wait times and reduced access to specialized care. The financial burden of integrating cutting-edge technologies and pharmaceuticals into practice impacts the quality of care provided. Additionally, unequal distribution of dermatological professionals, with a higher concentration in urban areas, leads to inequitable access to dermatological services in rural and underserved regions. Addressing these weaknesses requires investment in workforce development, financial support for innovations, incentives for rural practice, and collaborative efforts to improve access to dermatological care.

KEY SUCCESSES

The section has continued to expand its specialized clinics at RRDTTC. As a tertiary referral center, the clinics now cater to a broad range of complex medical and surgical dermatology patients. By adopting a multi-disciplinary approach, these clinics provide comprehensive care, offering expert treatment for individuals with immunobullous disease, connective tissue disease, contact dermatitis, solid organ transplants, wounds, genodermatoses, high-risk pigmented lesions, keratinocyte skin cancers, melanoma, and cutaneous lymphomas. This expansion highlights commitment to excellence and dedication to meeting the diverse needs of patients. The Section has demonstrated its dedication to inclusive healthcare by implementing cultural competency training, providing language services, engaging in community outreach, developing tailored care pathways, advocating for policy changes, promoting diversity in the workforce, and conducting research to address the unique dermatological needs of Indigenous peoples, visible minorities, 2SLGBTQ+ community members, and refugees. These efforts have fostered an environment of trust and understanding, and ability deliver compassionate and equitable care that respects its patients' diverse backgrounds and experiences. Two further significant accomplishments in 2022-23 were the successful implementation of Connect Care and the launch of Competence by Design (CBD) for the Dermatology residency training program.

SKIN RESEARCH DAY

The 4th Annual Skin Research Day served as a platform for knowledge exchange, collaboration, and innovation within the field of dermatology and skin science. It brought together a diverse community of professionals, (dermatologists, pathologists, basic skin scientists, dermatology residents, post-doctoral fellows, and graduate students). Dr. Heidi Kong (National Institutes of Health) and Dr. Jeff Biernaskie (University of Calgary), enhanced the audience's understanding of cutting-edge developments in dermatology. Topic-based interactive sessions delved into critical areas of dermatologic research, spanning from inflammatory skin diseases, such as psoriasis, atopic dermatitis, and urticaria, to exploring breakthroughs in

cutaneous oncology, wound healing, and the skin microbiome. As the event unfolded, vibrant exchanges of ideas took place, and participants engaged in thought-provoking dialogues, leading to innovation and potential collaborations. The event fostered a nurturing environment for dermatology residents and graduate students to present their own research endeavors in the realm of skin science. This invaluable opportunity helped trainees refine their communication skills, showcase their scholarly work, and receive feedback from seasoned professionals and peers. Organizing Committee: Dr. Régine Mydlarski (Chair), Dr. Lynne Robertson, Dr. Jeff Biernaskie, Dr. Pierre-Yves von der Weid, Dr. Shan Liao, Dr. Markus Geuking

VULVAR DERMATOSES CLINIC

The establishment of a multidisciplinary Vulvar Dermatoses Clinic marks a significant advancement in healthcare for individuals with vulvar skin conditions. Initially founded by Dr. Susan Poelman, this innovative clinic brings together a team of specialized professionals, including a dermatologist (Dr. Danya Traboulsi), gynecologist (Dr. Matt Grossi), general practitioner (Dr. Katrina Sawatsky), and pelvic floor physiotherapist (Susan Saretsky), all working collaboratively to improve patient care. The clinic ensures a comprehensive approach to diagnosing and treating vulvar dermatoses, such as lichen sclerosus, lichen planus, and lichen simplex chronicus. The patient's dermatological, gynecological, and musculoskeletal issues are addressed simultaneously

to develop an individualized care approach. This patient-centric model fosters improved communication among the different disciplines, leading to more accurate diagnoses, tailored treatment plans, and enhanced patient outcomes. The multidisciplinary nature of the clinic allows for a more comprehensive approach to education. The combined expertise of the team enables them to conduct education workshops, disseminating crucial information about vulvar health and disease. This transformative approach represents a remarkable example of integrated Healthcare, benefits the patients involved and contributes to advancing the understanding and treatment of vulvar dermatoses on a broader scale.

CUTANEOUS ONCOLOGY PROGRAM

The Cutaneous Oncology Program at UCalgary is multi-faceted and has significantly advanced dermatologic care for cancer patients. One major accomplishment is the creation of a Rapid Access Oncodermatology service, led by Dr. Jori Hardin, ensuring timely and comprehensive care for individuals experiencing graft vs. host disease, radiation reactions, inflammatory skin disorders, cutaneous infections, adverse reactions to cancer therapy and skin-related concerns. Under the leadership of Dr. Habib Kurwa, Director of Dermatologic Surgery, the Mohs surgical unit has continued to grow, bolstering the division's ability to provide precise and effective surgical interventions for patients with skin cancer. The Calgary Cutaneous Lymphoma Program (CCLP) has also delivered comprehensive and inclusive care to approximately 300 patients. Co-directed by Dr. Jori Hardin and Dr. Lesley Street, this multi-disciplinary clinic tailors treatment plans to each patient and incorporates the latest advancements in lymphoma management. The unique skin cancer needs of solid organ transplant recipients are also addressed at the Southern Alberta Transplant Dermatology Clinic. Drs. Régine Mydlarski and Fatemeh Jafarian offer specialized

dermatologic care and timely interventions for these high-risk patients. Lastly, Drs. Lynne Robertson and Laurie Parsons' participation in the melanoma and high-risk pigmented lesion clinics has been critical for early detection and accurate diagnosis, leading to improved outcomes and reduced mortality rates. Their expertise ensures timely interventions, personalized treatment plans, and improved patient education. Alongside clinical services, the Cutaneous Oncology Program actively engages in research and education initiatives, remaining at the forefront of dermatologic advancements and contributing to the professional development of healthcare practitioners. Our researchers are funded by the Canadian Institutes of Health Research (CIHR) and the Canadian Dermatology Foundation (CDF) to conduct investigator-initiated basic science and clinical skin cancer research. Moreover, our community sites actively participate in skin cancer-related clinical trials. The achievements reflect the Cutaneous Oncology's Program's dedication to combining innovation, education, and research in care delivery, positively impacting the lives of patients with cutaneous malignancies and cancer-related skin conditions.

ENDOCRINOLOGY & METABOLISM

The Division of Endocrinology and Metabolism is a diverse group of physician researchers, clinical educators, and expert clinicians that are internationally recognized as leaders in Diabetes, Hypertension, Reproductive Endocrinology, Endocrine Disorders of Pregnancy, Gender Health, Pituitary Disorders, Osteoporosis and Thyroid Cancer.



DR. DOREEN RABI
Division Head

Dr. Doreen Rabi is a clinician researcher with expertise in cardiovascular risk reduction, social determinants of health and health equity. She is a Professor within the Department of Medicine with cross appointments to Cardiac Sciences and Community Health Sciences. Dr. Rabi is well known for her activities in developing guidelines for the care of persons living with hypertension and diabetes and leads the Canadian Collaboration for Complex Care — an international, multidisciplinary team that is dedicated to promoting equity-focused transformation of health care.

CLINICAL

Over the past year, the Division of Endocrinology and Metabolism has focused on innovating programs and cultivating relationships across the Calgary care ecosystem to ensure that patients with endocrine conditions receive the care they need, where they need it, and from who they need it. Endocrinology is a team sport and many conditions require care across the continuum. Whether it be endocrine-mediated hypertension, complex diabetes, diabetes in pregnancy, thyroid cancer, or neuro-endocrine disease — patients require screening in community, specialty investigation, surgical or obstetrical intervention, and patient education and nursing led self-management support. Given the challenges the health care system is experiencing in general, and the unprecedented increase in complex endocrine disease we are seeing, creative collaboration has been essential to ensure we meet the needs of patients living with endocrine disease.

Building on the excellent central access and triage system we house within our Division (Medical Director - Dr. Shelly Bhayana), we have developed collaborations with community endocrinology teams so that all patients

in the Calgary zone can access endocrine care equitably.

As an international leader in Diabetes and Pregnancy Care (Medical Director - Dr. Lois Donovan) we have worked with AHS quality improvement specialists to develop an innovative approach to support women living with Gestational Diabetes. The prevalence of both uncomplicated Gestational Diabetes (GDM) and complex pregestational diabetes in pregnancy is rising and our program will be launching a novel non-MD prescriber clinic for women that need GDM therapy in an otherwise uncomplicated pregnancy. We anticipate that this will make care more accessible and more cost-effective for lower-risk pregnant people with GDM.

Diabetes prevalence continues to rise and is a highly resource intensive clinical condition. Recognizing the burden of diabetes in the province, Alberta Health has established the Diabetes Working Group to develop recommendations for policy that will help improve the lives of Albertans living with diabetes. This pan-disciplinary initiative is being co-Chaired by Dr. Julie McKeen (Medical Director, Diabetes Centre Calgary).



ADMINISTRATIVE

The Endocrinologists of the Department of Medicine are well represented in administrative and clinical leadership in both the Cumming School of Medicine and in Alberta Health Services. Dr. Rabi continues to serve as the Deputy Head (Academic) within the Department of Medicine and represent the DOM's perspectives on the promotions and strategic planning committees. She is also an advisor to the Office of Professionalism, Equity and Diversity. Dr. Karmon Helmle has been one of Alberta Health Services' Medical Informatics Leads that coordinated and implemented ConnectCare. Dr. Helmle will continue to play a lead role in optimizing AHS's health information environment as she moves to a more senior position within the CMIO office. Dr. Helmle, along with Drs. Shelly Bhayana and Chris Symonds serve as site leads at the South Health Campus, Peter Lougheed Center and RRDTTC respectively. Dr. Nathalie Saad leads the Gender Program and coordinates multidisciplinary, gender-affirming care for gender-diverse adults. Dr. Sonia Butalia continues to make significant contributions as the Medical Director of the Cumming School of Medicine Physician Learning Program. Drs. Julie McKeen and Greg Kline continue to lead innovative care programs at the Diabetes Care Center and the Dr. David Hanley Osteoporosis Center respectively, and Dr. Lois Donovan leads the Diabetes in Pregnancy program,

RESEARCH

The Division of Endocrinology continues to have a very active role academically with seven GFT members that are research intensive (Drs. Benham, Billington, Butalia, Campbell, Leung, Rabi and Sigal) and four major clinical faculty that are very active academically (Drs. Donovan, Ghaznavi, Kline, and Lithgow). With a total of 81 unique publications, our Division produces 18 publications per

FTE protected for research. Holding over \$12 million collectively in peer reviewed research funding, Drs. Benham, Butalia, Campbell were all awarded new CIHR funding as PIs over the past year, while Dr. Nathalie Saad received her first CIHR funding as a co-Investigator. Dr. Butalia was honored with the 2022 CIHR/Diabetes Canada Young Investigator Award.

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Subspecialty Training Program Residents.

EDUCATION

Dr. Vicky Parkins shepherded a thriving Endocrinology Specialty training program through Royal College accreditation. Dr. Parkins enormous impact on endocrinology training was recognized by her deeply grateful colleagues at the Division's 2022 graduation event. The program welcomed Dr. Laura Hinz as the new Program Director with Dr. Shelly Bhayana continuing in the role of Associate Program Director. The Division is home to several outstanding clinical teachers with several receiving Gold Star or Letters of Excellence teaching awards for their contributions to Course 4 or Evidence-based Medicine teaching. Dr. Hanan Bassyouni stepped down as Course 4 Chair after 11 years of exemplary service and has been honoured locally and nationally for her generous and compassionate approach to undergraduate teaching.

KEY CHALLENGES

Our Division faced the challenges experienced by many professionals in health care. Our teams had to adapt to the implementation of ConnectCare, the transition to a new community lab services provider, and to a shortage of primary care physicians and nursing professionals that provide essential care to shared patients. We also needed to support patients having trouble accessing medications during critical drug shortages. COVID-19 is now recognized as a risk factor for not only developing diabetes but in accelerating complications, so our Division also saw a marked increase in the need for specialty diabetes care.

PRIMARY ALDOSTERONISM RESEARCH

Endocrine-mediated hypertension is under-appreciated, but Drs. Greg Kline and Alex Leung are doing internationally recognized work in raising awareness about the prevalence of endocrine hypertension (specifically Primary Aldosteronism [PA]) and doing innovative research to better screen, diagnose, characterize, and manage this condition (which may account for up to 10% of all cases of hypertension in Canada) Significant Activities include:

1. The launch of an Endocrine Hypertension Training Program that is receiving applications from across the country.
2. Final stages of a CIHR-funded clinical trial looking at confirmatory testing for PA that will be the first study of its kind. It will be the only prospective study of confirmatory testing for PA where every participant receives verification with a clinical gold standard (treatment outcomes) to classify disease status. It will also be one of the largest studies of its kind to date with around 200 participants.
3. The launch of a phase II clinical trial to evaluate a novel nuclear radiotracer that will localize the source of aldosterone excess is imminent. If successful, this will be an alternative to adrenal vein sampling that will be scalable to most centers in the world that have PET-CT capabilities. Enrollment in our study will start in late 2023
4. Exploration of the underlying pathophysiology of bilateral forms of PA. This subtype has historically been considered to be idiopathic. Looking into this further, Drs. Kline and Leung are currently assembling a prospective cohort of patients with PA to determine whether stimulating AT1 autoantibodies may be present in these patients.
5. Other important recent research include: (1) identifying the major gaps in the diagnostic-care pathway for patients with PA in Alberta; (2) demonstrating the limitations of cross-sectional imaging for PA; (3) showing how clinical prediction models cannot be used to bypass adrenal vein sampling for PA; (4) reporting on sources of error that bias diagnostic tests for PA; (5) refining the interpretation criteria for adrenal vein sampling; (6) elucidating the characteristics of aldosterone and cortisol cosecretion based on clinical, biochemical, and nuclear imaging findings; (7) defining the major biomarkers that should be used to guide medial treatment of PA; and (8) comparing hard clinical outcomes following surgery vs. medical therapy in patients with PA.

Through the work above, Drs. Kline and Leung have established Calgary as an international center for PA expertise.

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Applications from Prospective Sub-specialty Training Program Residents.

ENDOCRINOLOGY SPECIALTY TRAINING PROGRAM

The Division of Endocrinology has long been a home of outstanding clinical education and we are very proud of the leading role that Division members have played in cultivating collaborative, innovative and learner-centric medical education. The Endocrinology Specialty Training Program's leadership team (Drs. Laura Hinz, Shelly Bhayana and PA Bekah Bootsvelde) have taken a thoughtfully inclusive approach to developing new tools and experiences for residents (both within and outside the program) that enrich medical education and promote community building.

"Inappropriately Normal" is a YouTube channel that was launched in the spring of 2023 and contains videos and podcasts on common and complex topics in Endocrinology. This tool serves as a publicly available education resource that can be used by trainees internationally to promote best care practices in Endocrinology while also showcasing the tremendous quality of teaching available at the University of Calgary's Department of Medicine. Inappropriately Normal: <https://www.youtube.com/playlist?list=PLz4wzf8dqeFT2e8uklX8jlof>

Health care professional wellness is critical to health system quality and ensuring learners are equipped with the ability to better understand the potential threats to wellbeing and strategies to ensure continued health and professional satisfaction is critical for health system sustainability. With this in mind, the Division of Endocrinology Training Program will be hosting an inaugural Wellness Retreat that welcomes local and national leaders in physician wellness to speak to all postgraduate medical trainees on the very important topic of staying connected to oneself and to each other as learners move from senior training roles to new independent physicians.

GASTROENTEROLOGY & HEPATOLOGY

The Division of Gastroenterology & Hepatology prioritizes high quality clinical care alongside impactful research, excellence in teaching, and innovation. Across four adult hospital sites the division functions as a cohesive group. We are international leaders in the areas of inflammatory bowel disease, hepatology, colorectal cancer screening, gastrointestinal motility disorders and advanced endoscopy. We are also national leaders in innovative patient care models. Our residency training program remains one of the most sought after in the country and each year physicians from around the world come to Calgary to acquire additional training in one of our acclaimed advanced fellowship programs. Lastly, many of our division members are renowned in their disciplines and are frequently invited to speak across Canada and around the world.



DR. STEVEN HEITMAN
Division Head

Dr. Heitman is a Professor of Medicine in the Departments of Medicine and Community Health Sciences. He currently holds the N.B. Hershfield Chair in Therapeutic Endoscopy. In addition to his leadership role in the Department of Medicine, he is also the Scientific Director for the Digestive Health Strategic Clinical Network (DHSCN) of Alberta Health Services. Dr. Heitman's research interests are focussed in the areas of colorectal cancer screening, colonoscopy quality and outcomes of advanced endoscopy.

RESEARCH

The Division of Gastroenterology and Hepatology continues to excel in research across many of its disciplines. For the 2022-2023 academic year division members have published over 150 unique manuscripts.

New research funding was also awarded including (but not limited to); Dr. Abdel-Aziz Shaheen and team received a CIHR Project Grant to "Evaluate, validate and refine the first clinical care pathway to risk-stratify patients with alcohol-related liver disease". Dr. Yasmin Nasser and co-applicant Dr. Maitreyi Raman received a 2023 Rome Foundation Research Award to support "Mind Body Interventions: Does an integrated yoga intervention modulate gut microbial dysbiosis in IBS?"

CLINICAL

The combination of negative health consequences resulting from COVID and the pandemic-induced disruptions in clinical care, changes in the delivery and documentation of care (e.g. virtual health, Connect Care), increased care demands coming from AHS Central Zone, a broad re-evaluation of healthcare professional work-life integration and the continuous growth in Calgary's population have all contribute to the enormous pressures experienced within the Division of Gastroenterology and Hepatology in Calgary over the past few years

We are aggressively recruiting to reach our full capacity and continue to

explore and expand alternative models of care delivery (e.g. Primary Care Clinical Pathways, clinical outreach in the Bow Valley).

Further expansion of Central Access and Triage (CAT), to include all members of the division encompassing acute care GI, Hepatology and the Colon Cancer Screening Centre (CCSC), aims to ensure that those in highest need of care are seen first and in a timely fashion. Although Calgary has struggled in meeting rising clinical demands we continue to be a source of strength across the province given our long established leadership in these areas.

ADMINISTRATIVE

Many of our members are involved in administrative leadership. Dr. Bob Hilsden is the Medical Director of the Colon Cancer Screening Centre (CCSC). Dr. Paul Belletrutti is the Therapeutics Lead at CCSC, the Medical Lead for Endoscopy in the Calgary Zone and also the GI Site Lead at Foothills Medical Centre.

Dr. Shane Devlin, Dr. Laura Stinton and Dr. Michelle Buressi are the GI Site Leads at the Peter Lougheed Centre, Rockyview General Hospital and South Health Campus, respectively. Dr. Stephen Congly is the Lead for Hepatology and Dr. Rachid Mohamed is the Head of Therapeutic Endoscopy. Dr. Matthew Mazurek is the Medical Lead of GI CAT. Most recently, Dr. Kerri Novak was selected to be the Senior Medical Director of the Digestive Health Strategic Clinical Network (DHSCN) of Alberta Health Services.



Subspecialty
Training
Program
Residents.

EDUCATION

Many of our Division members are heavily involved in teaching and educational leadership.

Dr. Remo Panaccione is the Assistant Dean, MD Admissions (UME) at the University of Calgary. Dr. Maitreyi Raman is the Director of the University of Calgary's Clinician Investigator Program (CIP). Dr. Sylvain Coderre is the Director of Teacher Development for the Office of Faculty Development. Dr. Kelly Burak is Assistant Dean, Physician Learning Program, CME&PD. Dr. Edwin Cheng is an Associate Program Director for the Internal Medicine Residency Program. Dr. Melanie Stapleton is the Director of the Gastroenterology Residency Training Program.

The Division also offers highly sought-after subspecialty fellowship programs in IBD (Director – Dr. Panaccione), advanced biliary endoscopy (Dr. Forbes), advanced luminal endoscopy (Dr. Bellettruti), hepatology (Dr. Borman) and motility (Dr. Woo). We also offer training in intestinal ultrasound lead by Dr. Novak.

"The post-COVID recovery dollars allocated to the Calgary Zone allowed us to hire additional triage staff and we are now nearly back to baseline. This period was extremely stressful as it put the very survival of CAT in question. The effective collaboration among our entire team in tackling this significant challenge is something our entire division should be proud of."

KEY CHALLENGES

The introduction of Connect Care (CC) at Foothills Medical Centre (Launch 5) and Rockyview General Hospital and South Health Campus (Launch 6) significantly impacted clinical care in the division. While each launch became sequentially smoother, the impact on Central Access and Triage (CAT) was profound. The change in workflow doubled the time needed for processing referrals resulting in a substantial triage back log and disruption in bookings. To deal with this issue, our triage staff worked overtime on several weekends. In addition, each physician triaged cases during a division-wide "blitz" in February. This collaborative effort allowed us to get back on track. The post-COVID recovery dollars allocated to the Calgary Zone allowed us to hire additional triage staff and we are now nearly back to baseline. This period was extremely stressful as it put the very survival of CAT in question. The effective collaboration among our entire team in tackling this significant challenge is something our entire division should be proud of.

Keeping pace with retirements while at the same time trying to expand our workforce to meet the increasing clinical demands of GI and Hepatology continues to be a challenge and will remain so for the foreseeable future. Although no new members were officially recruited this year, three positions were posted during the latter part of the 2022 – 2023 academic year and it is anticipated that all three positions will be filled with others added during the 2023-2024 academic year. Calgary has a strong international academic reputation within several areas of Gastroenterology and Hepatology. It is critical that we maintain a strong academic focus. However, this needs to be carefully counterbalanced by hirings intended to serve the increasing clinical needs within our division. Fortunately, our reputation as a division and our sought-after training programs has generated a pipeline of talented graduates, both clinical and academically focused. The challenge remains in hiring these individuals in an environment of relatively static resources. Moreover, and even if not immediately apparent, careful provincial workforce planning is necessary. Navigating these complex issues both locally and beyond Calgary's borders will undoubtedly be a major focus for the next several years.

POST COVID RECOVERY AND EXPANSION OF CAT

AHS committed \$4 million in provincial funding for post-COVID GI recovery work. The initial proposal included one-time funding to catch-up on the backlog of endoscopic procedures resulting from the pandemic and the implementation of a provincial wait time measurement system. The Digestive Health SCN in collaboration with provincial leaders negotiated to use a significant proportion of the money to support the expansion of CAT in Calgary and Edmonton and the creation of CATs in the other Zones. Calgary was highly involved in this process given our long established and successful CAT. This was a massive win for the province and a big gain for Calgary. With this funding we were able to hire new staff in CAT which not only allowed us to get through the backlog of referrals that had accumulated following the launch of CC, but also to bring on the remaining physicians from the Rockyview. We anticipate being able to complete this process by the end of the calendar year.

35 Applications from Prospective Subspecialty Training Program Residents

[Expansion of CAT] "This was a massive win for the province and a big gain for Calgary. With this funding we were able to hire new staff in CAT which not only permitted us to get through the backlog of referrals that occurred following the launch of Connect Care, but it is now possible to bring on the remaining physicians from the Rockyview, scheduled to occur over the next few months."

CALGARY COLONOSCOPY AND POLYPECTOMY SYMPOSIUM

Following a 3-year hiatus due to the pandemic, the Calgary Colonoscopy and Polypectomy Symposium restarted this year. This symposium aims to 'bring to life' the critical aspects and latest developments relevant to those performing screening-related colonoscopy and polypectomy. 'State of the Art' lectures that focus on colonoscopy quality and optimal polypectomy technique are complimented by live demonstrations at the Forzani & MacPhail Colon Cancer Screening Centre (CCSC). Drs. Michael Bourke, Doug Rex, Linda Rabeneck and Michael Kolber were guest faculty at this year's symposium in May. Dr. Rabeneck gave the N.B. Hershfield Lecture. The meeting was a resounding success with over 100 delegates in attendance. The symposium was a breath of fresh air for in-person interaction and networking and served as a reminder of how important these events are within our division.



GENERAL INTERNAL MEDICINE

General Internists diagnose patients with undifferentiated disease and manage conditions when it is unclear as to which organ system is involved or many organ systems are involved. They are suited to care for patients who have acute or chronic multiple system disease. The ability to adapt allows a general internist to provide high quality subspecialty care when not available in non-metropolitan areas. General internists also provide medical care during critical periods such as before surgery or during pregnancy. General Internists working in academic centers often are well-suited to be educators, researchers and administrative leaders.



DR. LEANNE REIMCHE
Division Head

Dr. Leanne Reimche is a specialist in General Internal Medicine and is a clinical associate professor (UCalgary). She has completed formal training in patient safety/quality improvement/informatics/leadership (Harvard Medical School) and obesity medicine (Diplomate of the American Board of Obesity Medicine). She also holds a Masters of Management in International Health Leadership (uMcGill).

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Subspecialty Training
Program Residents.

CLINICAL

Our members continue to attend on the Medical Teaching Unit, providing care to some of the most complex patients admitted to the hospital. General Internal Medicine (GIM) clinical services have expanded at all four Calgary Regional Hospitals due to an increase in volume and complexity of patients needing admission. In addition to attending on the medical teaching units and general medical units, our section also covered inpatient consultation services, obstetrical

medicine consultations, vascular medicine consultations, thrombosis consultations, addiction recovery and community health team, vulnerable population clinics and vaccination policy development and obesity medicine clinics at the Calgary Adult Bariatric Clinic. Outpatient general internal medicine clinics also includes complex chronic disease management clinics, fellows clinic and urgent assessment clinic.

RESEARCH

There are currently 10 GFT researchers in the section of GIM. \$4.3 million dollars were awarded to principle, co-principle and co-investigators in our section. There was 22.8 million dollars received from previous grant awards during 2022/2023. There were 97 publications in peer-reviewed journals and 10 non-peer reviewed or government publications. Topics of research included COVID-19 (Obstetrical Internal Medicine Epidemiology, remote delivery of medicine and supplies, clinical services, Point of care ultrasound during COVID-19), thrombosis, refugee health/vaccination policy, cardiovascular prevention in high-risk post-partum population, medical leadership, equity, diversity and inclusion research and pleuralism and public policy.

ADMINISTRATIVE

Many members in our section hold administrative positions within AHS Calgary Zone, Cumming School of Medicine, University of Calgary and at a provincial level. General Internists have unique perspectives on many areas in our healthcare system due to their broad range of clinical services. They are well suited for leadership in healthcare services, medical education and other academic areas. Some examples include and are not limited to:

AHS Medical Informatics Leads (Evan Minty, Caley Shukalek), Medical Director for Calgary Zone Seniors, Palliative & Community Care (Michelle Grinman) and Strategic Clinical Networks Senior Medical Directors [Medicine (Anna Purdy); and Diabetes, Obesity and Nutrition (Peter Sargious)]. Three out

of the four Department of Medicine Hospital Leads are general internists (Caley Shukalek, Kathryn Watson, Jolene Haws). Other Department of Medicine leadership positions held by general internists include Vice Chair for Workforce Planning (Kelly Zarnke), Vice Chair for Physician Wellness & Vitality (Jane Lemaire) [Associate Vice Chair Shannon Ruzycki]. Maria Bacchus is Executive Director of the Alberta International Medical Graduates Program. Janeve Desy is Assistant Dean, CSM UME Evaluation & Research (Cumming School of Medicine), Aleem Bharwani is Director of CSM Public Policy & Strategic partnerships, Paul Gibson is Program Director for the IM Residency Program, and Bill Ghali is the Ucalgary Vice President Research CSM.



97 publications in
2022/2023

EDUCATION

Involvement of general internists in medical education include many hours taught within UME and PGME in addition to medical education research and innovation in ultrasound and simulation educational programs. General internists are involved in curriculum development and hold director level positions teaching innovation. Point-of-Care Ultrasound education has been developing formally with a rotation now offered at the PGME level and fellowship training for R5 level General Internal Medicine Fellows. Simulation education has received RCPSC Accreditation.

At the UME level, Dr. Janeve Desy (Assistant Dean of Evaluations and Research, UME) and Dr. Rahim Kachra (Director of Teaching Innovation, UME) are involved with redesigning and implementing a new pre clerkship curriculum. Dr. Desy has been involved in the evaluation of this program. Dr. Kachra also designed and launched the Calgary Global Medical Education Program for the CSM.

KEY SUCCESSES

In addition to the several awards from the IMRP, UME and the Department of Medicine presented to several of our members at the DOM Annual Awards Ceremony, members received Provincial/ National Awards: Dr. Aleem Bharwani was awarded the Queen Elizabeth II Platinum Jubilee Medal which recognized his contributions to pluralism and global citizenship. Dr. Gabriel Fabreau was awarded the Elizabeth II Platinum Jubilee Medal for work with Refugee Health. Dr. Rahim Kachra was awarded the Canadian Association of Medical Education Merit Award .

KEY CHALLENGES

Again, the major clinical challenge in 2022 and 2023 is the increased demand for our clinical services. We have increased recruitment to meet this demand with the aging population and the rising prevalence of chronic disease in the community. We have expanded our coverage of non-teaching general internal medicine patients at the Foothills Hospital, Peter Lougheed Hospital and the Rockyview General Hospital.

54 Applications from Prospective Subspecialty Training Program Residents

CARDIOMETABOLIC HEALTH PROMOTION

Dr. Kara Nerenberg is known internationally for her leadership in conducting foundational research to identify evidence-based interventions, models of care, implementation and engagement strategies to address important clinical research gaps in cardiometabolic health promotion for women over the reproductive years. Her national impacts include research, advocacy and leadership work that has been instrumental in establishing a national research agenda, research infrastructure and national collaboration (Canadian Post-pregnancy Clinical Network – CPCN – 20 postpartum prevention clinics) to address an emerging public health problem. Up to 20% of pregnancies will develop conditions that increase risk for premature heart disease and stroke. Dr. Nerenberg is an active advisor to several national health organizations (Heart & Stroke, CWHH Alliance). She also holds advisory positions for the American Heart Association's Go Red for Women's Heart program and representative for LEADERS to increase women's health research chairs.

PLEURALISM INITIATIVES

Dr. Aleem Bharwani helped lead the conceptualization and execution of an Indigenous mural in the Health Sciences Centre which transformed the Health Sciences atrium in 2022. The mural was unveiled through a moving Indigenous-directed ceremony. All of this was co-created with and directed by Indigenous communities on and off campus, focusing on building trust and relationships through every phase of the process. As co-founder of the UCalgary Pluralism Initiative Dr. Bharwani worked on two institutional grants developed through the Vice-President Research Office: Canada Excellence Research Chairs (CERC) in Pluralism and the Canada First Research Excellence Fund (CFREF) in Child Health. Dr. Bharwani has been working with the the City of Calgary to secure funding for the Diplomacy Platform which facilitates dialogue across sectors, disciplines, and identities to find common purpose on policy issues. The City plans to build off this model to create a novel, and potentially transformative new approach to City policymaking. He is also applying these lessons to the CFREF where there will be a longitudinal child health forum to convene sectors, disciplines, and identities to jointly assess and solve gaps in policy and programs.

INTEGRATED CARE PATHWAYS

Michelle Grinman is Co-PI on an economic evaluation of vital sign monitoring hospital beds used in a pilot on Unit 36 at the Foothills Medical Centre conducted by W21C. She was also awarded an ABIC (Alberta Boehringer-Ingelheim Collaboration) grant to perform an RCT on training community paramedics to acquire point of care ultrasound. Dr. Grinman is also involved with a RCT led by Harvard's Ariadne Labs to evaluate the feasibility and cost-effectiveness of the Home Hospital model in rural North America. This led to the first known rural home hospital program, launched in Wetaskiwin, Alberta. She is also co-PI on a CIHR team grant with colleagues from the University Health Network in Toronto to adapt and implement an integrated care pathway in Calgary Zone.

BRIDGING THE DIVIDE BETWEEN MEDICAL CARE AND HOUSING

Dr. Tang's research examines the associations between social barriers and health outcomes; she conducts evaluations of complex interventions that meet these complex needs, ranging from patient navigation to health and housing interventions for people with lived experience of homelessness. An example of the latter is a CIHR-funded project to evaluate implementation of programs at the Calgary Drop-In Centre, funded by Alberta Health Services and/or the Government of Alberta, that bridge the divide between medical care and housing. These programs include the Home Care in Shelter Program, the Complex Client Stabilization and Housing Project, and currently the Riverfront Dynamic Overdose Response Capacity Program.

GERIATRIC MEDICINE

The Section of Geriatric Medicine has 23 members who specialize in the care for older adults living with frailty. This includes providing specialized clinical care in acute care and community settings administered through AHS Calgary Zone Specialized Geriatric Services. The section is actively engaged in medical leadership and education at all levels, as well as research and program development relevant to the population we serve.

CLINICAL

The Division supports clinical activities through Specialized Geriatric Services (SGS). Acute care services include hospital consultations and the Acute Geriatric Unit. We are active in ambulatory services including Seniors Health clinics, Falls Clinic, Geriatric Peri-operative clinics, Rural clinics and the Geriatric Day Hospital. Members also provide clinical support to programs outside of SGS including the Movement Disorders Clinic, the Wound Clinic, the Alex Seniors Clinic and HIV clinics. Dr. Zahra Goodarzi co-chairs a multidisciplinary task force with Emergency Medicine, which includes other division members with the goal to optimize care for older adults in the ED.

ADMINISTRATIVE

Several of our members hold significant leadership positions in Geriatrics locally and provincially. This includes Medical Director of the Seniors Health SCN (Dr. Silvius), Medical Lead AHS Provincial Fracture Liaison Service (Dr. T Wong), Medical Director of Specialized Geriatric Services and Transition Services (Dr. Fruetel), Medical Director of Home Care (Dr. Kwan), Medical Director of MAID (Dr. J. Arnold) and the Academic Lead Brenda Stafford Centre on Aging (Dr. Holroyd Leduc). Members are also providing leadership to the Department of Medicine, including Head, Department of Medicine (Dr. Holroyd Leduc) and Vice Chair of Education (Dr. Fruetel).

RESEARCH

Geriatrics has five researchers who published 70 peer reviewed articles and received 3.5 million dollars in grants as PI and coPI this reporting year. Dr. Holroyd-Leduc is the Brenda Stafford Foundation Chair and Academic Lead of the Brenda Stafford Centre on Aging. Dr. McMillan is the Co-Chair for the CIHR Clinical Trials Group HIV and Aging Research Development Team. Dr. Hogan is a member of the CIHR Institute of Aging Advisory Board and

chair of the Canadian Longitudinal Study on Aging (CLSA) Clinical Working group. Dr. Goodarzi is on the national CCSMH Guideline Panels for Anxiety as well as Neuropsychiatric Symptoms in Dementia and is a sex and gender champion in the Canadian Consortium on Neurodegeneration on Aging. Dr. Krista Reich is a new recruit with a research interest in peri-operative care of older adults



DR. KAREN FRUETEO

Division Head

Dr. Fruetel became the Division Head starting September 2021. She previously held this position from 2008-2016, along with other positions including Medical Director of Specialized Geriatric Services and Medical Leader Seniors, Palliative and Continuing Care. She subsequently became the Vice Chair of Education for the Department of Medicine. In 2021 she obtained a Graduate Certificate in Executive Coaching from Royal Roads University and is providing coaching services to Department Members.



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EDUCATION

Geriatrics makes a significant contribution to education across the whole spectrum of medical education. In UME, members are involved in a wide range of direct teaching including within the new RIME curriculum. Three members are also involved with curriculum development for RIME. Within PGME, not only do members support our own residency program but they have made significant contributions as academic advisors in the IM Residency Program.

Educational Leadership roles within the Division include Dr. Burbach (Chair of the IMRP Competency Committee), Dr. Dempsey (Course V Co-chair and Associate PD Geriatric Medicine), Dr. Fruetel (DOM Vice Chair, Education), Dr. Goodarzi (PD LIM Program), Dr. Hall (Associate PD, IMRPC), Dr. Pearce (PD, Geriatric Medicine and Chair of PGME resident appeals committee) and Dr. Schmaltz (Divisional CME lead)

KEY CHALLENGES

The Acute Geriatric Unit (AGU) is a zone wide program with 58 beds over 2 units located at RGH, which focuses on older adults with acute medical issues and rehabilitation potential. COVID had a negative impact on filling AGU beds due to a COVID policy that limited transfer of patients between hospitals. While this policy has not been in place for over a year, there has been lasting impacts on services at all hospitals in terms of referrals to the AGU.

KEY SUCCESSES

While AGU bed capacity has been a key challenge, the leaders on the AGU (Dr. Michelle Persaud and Alana Cunningham), have worked diligently to review processes that clarify the role of AGU and revisit processes to identify appropriate patients. Their work included connecting with programs within RGH, to quickly identify patients appropriate for AGU. There was also development of a new program called Geri AIM, in collaboration with GIM at RGH, which targets transferring older patients with frailty and medical complexity earlier in their acute care course.

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WORK WITH CONTINUING CARE

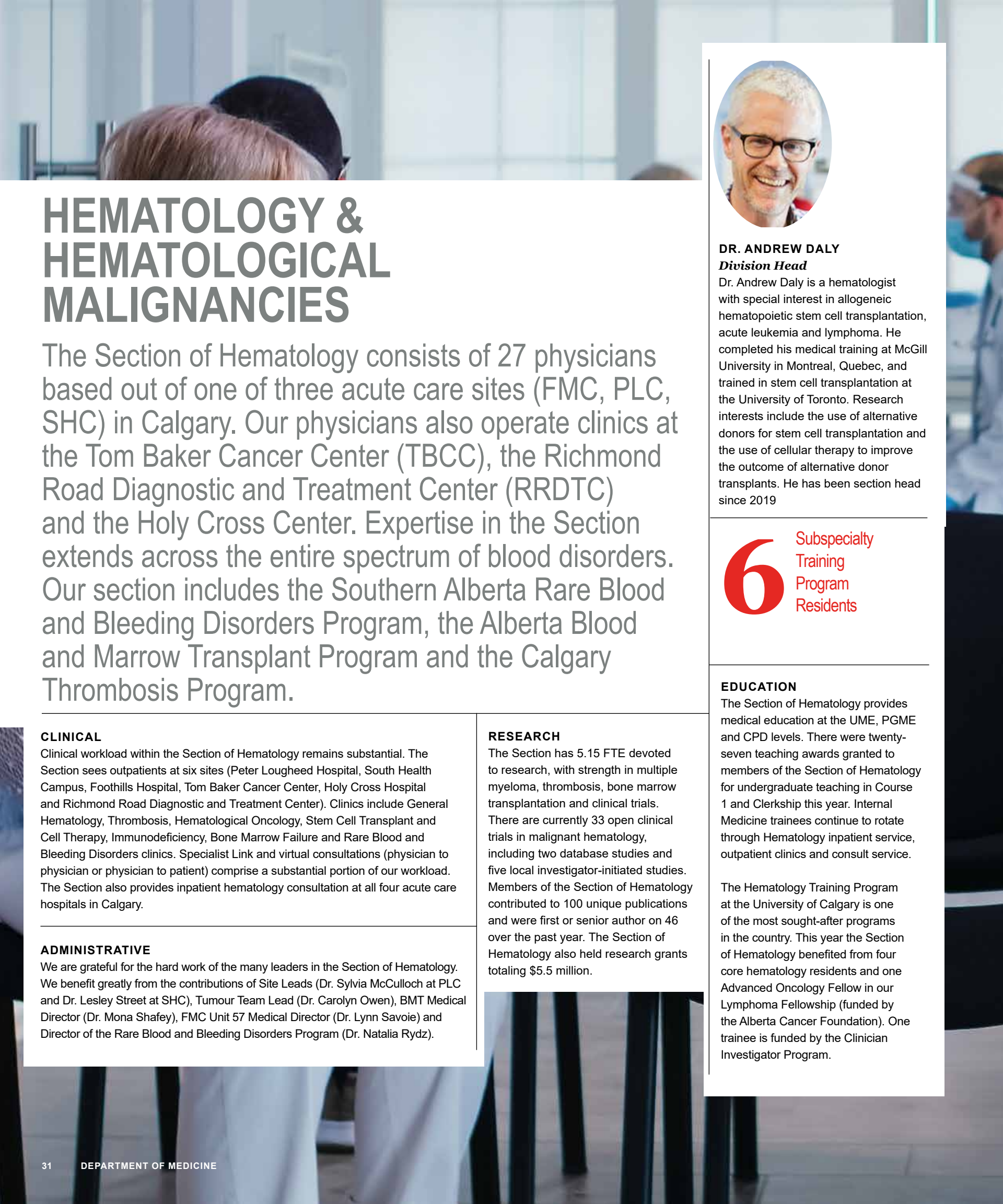
Continuing care is challenged on many levels including environmental, human resource optimization and care delivery innovations to optimize quality of care and life. There is a gap in investment in environmental and technological advancements within continuing care, having been overshadowed for years by smart hospital units and smart condos. Dr. Holroyd-Leduc, in her role as the BSF Chair in Geriatric Medicine and Academic Lead of the Brenda Strafford Centre on Aging, is leading an initiative focused on rethinking continuing care. She is working with researchers from across the university and Canada, along with clinicians, health administrators, and residents and family members within continuing care, on optimizing the continuing care (indoor and outdoor) environment, optimizing the functional capabilities of residents through appropriate use of technology, and improving the experiences for residents and the workforce. Using funding from the Chair, she has provided research colleagues with the research infrastructure and coordinator support for several projects currently underway within continuing care.

Residents living in long-term care (LTC) are often living with functional and cognitive impairments and are nearing end-of-life. However, there are several barriers to providing supportive end-of-life care within LTC, such as high workloads and limited palliative care knowledge and skills. Using results from a previous study Dr. Holroyd-Leduc led to develop an evidence and expert informed supportive end-of-life care strategy for LTC, Drs. Goodarzi and Holroyd-Leduc co-led a CIHR/HEC funded implementation science team in developing a clinical care pathway for LTC residents living with frailty. This pathway is focused on delaying frailty progression, managing symptoms, and providing supportive end-of-life care as appropriate. The pathway is now being implemented and evaluated (using mixed methods) within Calgary LTC facilities with grant funds from Alberta Health. Dr. Goodarzi is also leading a CHIR funded project related to the diagnosis and management of mood disorders among continuing care residents living with neurodegenerative disorders.

FRAILITY AND HIV

Geriatric Medicine has become more deeply rooted in the care of older persons with HIV at Southern Alberta Clinic over the past 5 years. Dr. Jacqueline McMillan (Geriatrician), along with colleagues at SAC (including Dr. M. John Gill) and funded by the Canadian Foundation for Healthcare Improvement and the Canadian Frailty Network, have created and implemented a clinical care pathway for older adults at SAC. Older adults at SAC are routinely screened for frailty and following a structured interview, a tailored care plan is created. Dr. McMillan is also co-chair of the CIHR Canadian HIV Trials Network Aging Research and Development Team, a national network of clinical investigators, physicians, nurses, and people living with HIV/AIDS. In this role, Dr. McMillan is currently planning a national symposium to be held in Calgary in October, 2023, which will bring together clinicians, researchers and community members titled the "4th Canadian HIV and Aging symposium: HIV and Aging WELL: WE Live & Learn Together". Presenters will include local experts, as well as national and international

experts on aging in HIV. Importantly, community members will be involved in panel discussions and will provide important perspectives from the lens of people with lived experience. Presently, SAC is deploying a web-based survey followed by one-to-one interviews of older PWH to hear their perspectives of continuing care, from home care to long-term care, as well as their suggestions on improving the accessibility of continuing care to aging PWH. Collaborators include Dr. Vivian Ewa, Dr. Paddy Quail, Dr. Raynell Lang, Dr. Caley Shukalek and Dr. M. John Gill. Looking to the year ahead, a new study has recently been awarded pilot funding to investigate falls among older PWH. This study will compare the frequency and risk factors for falls between older persons with HIV and an older control population who is not known to have HIV. Dr. David Hogan and Dr. Gill are co-investigators on this work, which will be followed by the development of a randomized controlled trial co-created with input from HIV community members, with the goal of addressing falls in older persons with HIV.



HEMATOLOGY & HEMATOLOGICAL MALIGNANCIES

The Section of Hematology consists of 27 physicians based out of one of three acute care sites (FMC, PLC, SHC) in Calgary. Our physicians also operate clinics at the Tom Baker Cancer Center (TBCC), the Richmond Road Diagnostic and Treatment Center (RRDTC) and the Holy Cross Center. Expertise in the Section extends across the entire spectrum of blood disorders. Our section includes the Southern Alberta Rare Blood and Bleeding Disorders Program, the Alberta Blood and Marrow Transplant Program and the Calgary Thrombosis Program.

CLINICAL

Clinical workload within the Section of Hematology remains substantial. The Section sees outpatients at six sites (Peter Lougheed Hospital, South Health Campus, Foothills Hospital, Tom Baker Cancer Center, Holy Cross Hospital and Richmond Road Diagnostic and Treatment Center). Clinics include General Hematology, Thrombosis, Hematological Oncology, Stem Cell Transplant and Cell Therapy, Immunodeficiency, Bone Marrow Failure and Rare Blood and Bleeding Disorders clinics. Specialist Link and virtual consultations (physician to physician or physician to patient) comprise a substantial portion of our workload. The Section also provides inpatient hematology consultation at all four acute care hospitals in Calgary.

ADMINISTRATIVE

We are grateful for the hard work of the many leaders in the Section of Hematology. We benefit greatly from the contributions of Site Leads (Dr. Sylvia McCulloch at PLC and Dr. Lesley Street at SHC), Tumour Team Lead (Dr. Carolyn Owen), BMT Medical Director (Dr. Mona Shafey), FMC Unit 57 Medical Director (Dr. Lynn Savoie) and Director of the Rare Blood and Bleeding Disorders Program (Dr. Natalia Rydz).

RESEARCH

The Section has 5.15 FTE devoted to research, with strength in multiple myeloma, thrombosis, bone marrow transplantation and clinical trials. There are currently 33 open clinical trials in malignant hematology, including two database studies and five local investigator-initiated studies. Members of the Section of Hematology contributed to 100 unique publications and were first or senior author on 46 over the past year. The Section of Hematology also held research grants totaling \$5.5 million.



DR. ANDREW DALY
Division Head

Dr. Andrew Daly is a hematologist with special interest in allogeneic hematopoietic stem cell transplantation, acute leukemia and lymphoma. He completed his medical training at McGill University in Montreal, Quebec, and trained in stem cell transplantation at the University of Toronto. Research interests include the use of alternative donors for stem cell transplantation and the use of cellular therapy to improve the outcome of alternative donor transplants. He has been section head since 2019

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EDUCATION

The Section of Hematology provides medical education at the UME, PGME and CPD levels. There were twenty-seven teaching awards granted to members of the Section of Hematology for undergraduate teaching in Course 1 and Clerkship this year. Internal Medicine trainees continue to rotate through Hematology inpatient service, outpatient clinics and consult service.

The Hematology Training Program at the University of Calgary is one of the most sought-after programs in the country. This year the Section of Hematology benefited from four core hematology residents and one Advanced Oncology Fellow in our Lymphoma Fellowship (funded by the Alberta Cancer Foundation). One trainee is funded by the Clinician Investigator Program.

KEY CHALLENGES

Workload continues to grow faster than we can recruit. As a result, we have had a growing waiting list of outstanding consultations, especially for general hematology consultation. There are very few hematologists practicing outside major urban areas in Alberta, and as a result patients who live in rural or remote parts of the province must travel long distances to be seen.

Staffing shortages in Edmonton have also led to the transfer of patients from University of Alberta Hospital to Foothills Hospital, straining resources on the Hematology Inpatient Service. We anticipate a substantial increase in the number of adults requiring care for complex non-malignant diseases (particularly Sickle Cell Anemia and Thalassemia) over the next several years, with a substantial deficit in the number of physicians trained to treat these patients.

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Publications (46 First or senior author)

KEY SUCCESSES

The CAR T-cell program continues to expand and meet the challenges of new indications.

The Alberta Blood and Marrow Transplant Program treated a record number of patients in 2022-23.



"The Section of Hematology provides medical education at the UME, PGME and CPD levels. There were twenty-seven teaching awards granted to members of the Section of Hematology for undergraduate teaching in Course 1 and Clerkship this year."

COLLABORATIVE IMMUNOLOGY PROGRAM

The Collaborative Immunology Program is the only adult immunodeficiency program in Canada and represents a significant advance in the management of patients with hereditary or acquired disorders of immune function. The program is jointly supported by the Sections of Hematology and Transfusion Medicine. The program screens patients with suspected immunodeficiency, provides access to advanced diagnostic testing and directs treatment to reduce the impact of the disease. Patients may receive immunoglobulin replacement therapy, usually with subcutaneous

immunoglobulin that is administered by the patient at home. Others may require more definitive therapy in the form of hematopoietic stem cell transplantation. The Collaborative Immunology Program also accepts patients in transfer from Alberta Children's Hospital and provides comprehensive, lifelong care to affected individuals. The physicians involved include Dr. Jennifer Grossman, Division of Hematology; Dr. Dave Sidhu, Transfusion Medicine; Yolanda Mitchell, Manager, FMC Outpatients; Joanne Lenton, Manager, UCMC Unit 5 & 6, and Jennifer Coulthard, Executive Director, FMC Medicine

THE SYSTEMIC AMYLOIDOSIS PROGRAM

Systemic Amyloidosis is a rare, life-threatening condition that arises from deposition of abnormally folded proteins in organs targeted by the disease. Common sites of involvement include the heart, kidneys, nerves, and gastrointestinal system. Patients may experience heart failure, kidney dysfunction, peripheral neuropathy, and weight loss. Most patients with systemic amyloidosis have an underlying plasma cell neoplasm.

Given the diversity of presentations, systemic amyloidosis is frequently

diagnosed late in its course, leading to poor outcomes and significant morbidity. The Systemic Amyloidosis Program is a multidisciplinary clinic that involves the Sections of Hematology, Cardiology, Neurology and Hematopathology. It provides patients with early access to diagnostic procedures, advanced cardiac imaging, case management and treatment of the underlying malignancy. This approach has been associated with improved outcomes for patients with amyloidosis and the program has provided significant research output. The UCalgary

Amyloidosis Program represents the only multidisciplinary amyloidosis program in Canada. UCalgary Amyloidosis Day is a highly-regarded international conference hosted annually by Dr. Victor Zepeda and the Section of Hematology.

The physicians involved with this program and research include: Dr. Victor Zepeda, Division of Hematology; Dr. Noel Fine, Division of Cardiology; Dr. Chris Hahn and Dr. Sameer Chhibber, Neurology; Dr. Etienne Mahe, Hematopathology; and Ellen Lewis, Nurse Practitioner, TBCC.

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Applications from Prospective Subspecialty Training Program Residents.



INFECTIOUS DISEASES

The Division of Infectious Disease (ID) provides inpatient consultative services at each of Calgary’s four adult hospitals including two at the Foothills Medical Centre. In addition, each home parenteral (antibiotic) therapy program (HPTP) provides immediate consultation and follow-up for those individuals with severe/complicated infections referred from emergency/ or discharged from hospital – saving resources. This is the largest clinic of its kind. Members also lead care through several multi-disciplinary ambulatory clinics including HIV (SAC), Tropical Medicine, Sexually Transmitted Infections, Cystic Fibrosis, Hepatitis C, Wound Care and General ID.



DR. MIKE PARKINS

Division Head

Michael Parkins has been ID’s Section Chief since 2019. He is also the Director of the Calgary Adult Cystic Fibrosis Clinic and Director of the Home Parenteral Therapy Program (HPTP). Dr Parkins is a clinician-scientist with research interests supported by CIHR, the Cystic Fibrosis Foundation, Genome Canada, CFI, NIH and Alberta Health. He is a leader of the Pan Alberta Wastewater monitoring network.

RESEARCH

The Infectious Disease Division continues to be highly productive with clinical and applied research. Members from the group contributed to or led more than 150 publications in 2022/23, including in prestigious journals such as; New England Journal of Medicine (Louie), Lancet (Somayaji), JAMA (Louie) and JAMA IM, CMAJ, BMJ Open, Clinical Infectious Disease, Clinical Microbiology and Infection, Emerging Infectious Diseases, Thorax, Journal of Hospital Infection, Infection Control and Hospital Epidemiology, Journal of Medical Virology, Water Research and Science of the Total Environment. Division members led or contributed to more than fifty grants funded from prominent agencies including; CIHR, PHAC, MITACS, CFI, Cystic Fibrosis Foundation, Government of Alberta, Alberta Health, Calgary Health Foundation and Vertex Pharmaceuticals. A number of division members serve as Principal Investigators on a range pharmaceutical and investigator initiated clinical trials advancing science, and improving access to care for Albertans.

CLINICAL

Within the Infectious Disease Division each inpatient consult service is operating at capacity and provides support to clinicians through the full spectrum of medical services. The Home Parenteral Therapy Program reviews all patients referred from emergency and urgency care facilities as well as those discharged from inpatient units and sees them within 24-hours, and maintains no wait list. Patients are reviewed by an ID physician, and after a plan is formulated, pharmacists and nursing staff work with the patient to create a routine for self-administered treatment at home (+/- home care support) for up to a week between visits. This minimizes the use of hospital resources and patient inconvenience. On average the regional HPTP program services 24,000 patient visits per year.

ADMINISTRATIVE

Members of the division serve many administrative roles including leaders of regional (and provincial) Infection Prevention and Control, and Antimicrobial Stewardship Programs, as well as Medical Directors of the range of clinics the division supports. Dr. Kristen Brown continued in her efforts to guide the division, and its associated home parenteral therapy program through Connect Care onboarding at FMC in 2022 and SHC/RGH in early 2023. Dr. Brown, together with the other ID Connect Care “Super User” Dr. Alejandra Ugartes-Torres, and Dr. Jamil Kanji provided great assistance to the rest of the group. Strategies to optimize workflows are continually updated and nuanced owing to the very high turnover of complicated medical patients.

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Subspecialty
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EDUCATION

The Infectious Disease Division is proud of their two graduating PGY-5 trainees. Dr. Daniel Doyle has moved to BC, where he will locum for the next year while spending time with his wife Dr. Jennifer Mooney as she completes her training in Adolescent Medicine. Dr. Carolina Diaz Pallares will be completing her training in December whereafter

she will locum for several months before beginning a transplant infectious disease fellowship program. We are pleased to welcome new ID sub-specialty residents, Dr. Benson Weyant (UAlberta), Dr. Charlotte Rosen (McGill) and Dr. Michael Russell (pursuing additional ID training after working as an intensivist in Red Deer) to our ID team.

KEY CHALLENGES

Shortages in clinical work force was a pressing issue facing the Infectious Disease Division in 2022-2023. In addition to retirements, workforce re-allocation to non-clinical pillars was an unfortunate side effect of personal success for several members securing new positions, or promotions. The COVID-19 global pandemic, despite declining clinical cases, remains particularly impactful on the ID Division. Owing to the nature of the disease many division members have acquired or developed prominent roles in groups studying the epidemiology, pathobiology and infection transmission potential of SARS-CoV-2. Similarly, prominent roles are held by members in National and Provincial working groups to prevent, diagnose and treat infections. Despite these challenges, our members continue to provide excellent care, and work collaboratively with colleagues across the Zone to ensure the highest standard of care.

19 Applications from Prospective Subspecialty Training Program Residents.

KEY SUCCESSES

Members of the Infectious Disease Division are actively involved in a wide range of clinical and scientific endeavors that align with their practice. These include interventional therapeutic trials, clinical studies in infection prevention and control, and basic science experiments studying the epidemiology and pathobiology of a range of bacteria, fungi and viruses including SARS-CoV-2. Division members are involved in work to improve diagnostic test performance, enabling better identification and improved responses to a changing community burden of disease. Efforts to advance point of care testing are a top priority for many areas, and in particular, sexually transmitted and blood borne infections.

150 publications contributed or lead in 2022/23

VISUALIZING HUMAN VASCULARIZED ORGANS-ON-CHIPS

Dr. Mark Gillrie (Departments of Medicine, Microbiology, Immunology & Infectious Diseases, and the Snyder Institute) recently received notification of successful funding for his initiative: Visualizing Human Vascularized Organs-on-Chips to Understand Endotheliitis in Infectious Diseases. In this application, Dr. Gillrie received competitive funding of \$312,500 from the Canadian Foundation for Innovation (CFI) and \$250,000 from the Government of Alberta allowing for the purchase of an advanced 3D tissue environmental control and imaging platform. This cutting-edge system allows for the visualization of 3D human tissue models during inflammation from common infectious diseases. The imaging platform will be housed in Dr. Gillrie's lab in the HRIC and enable advancements in engineering in vitro models of functional human tissues, conventionally known as 'Organ-on-Chips'. Dr. Gillrie's research team is engineering human 'Organ-on-Chips' with functional blood vessels (vasculature) to understand

how inflammation and infection impact organ-specific blood vessel function. Existing human tissue engineering models typically do not include blood vessels which makes understanding how drugs, immune cells, and pathogens such as viruses or bacteria, move in or out of tissues and affect organ function impossible. His multi-disciplinary team has designed models of lung and brain tissues with functioning 3D microvessels like those seen in human organs to study these processes. Future generations of 'Organ-on-chip' models with patient-derived primary or pluripotent stem-cell derived cells have profound potential to improve our understanding of organ-specific complications and the immune responses specific to infectious diseases. These systems will allow for the design of human-specific treatments for inflamed blood vessels to treat globally important infections such as COVID-19, bacterial and fungal pneumonia, and severe malaria.

STAPHYLOCOCCUS AUREUS NETWORK ADAPTIVE PLATFORM TRIAL

Dr. Ranjani Somayaji, in partnership with Drs. Dan Gregson, Conly and Rennert-May, and with assistance from Renata Rehak has led Calgary's first foray in to a prospective multi-center, investigator led clinical trial in bacteremia management. The Staphylococcus aureus Network Adaptive Platform Trial (SNAP) is an international adaptive study centered in Australia and run by a team of investigators intent to develop a better evidence base to treat S. aureus bacteremia (SAB). SAB remains the 3rd most common cause of bacteremia in the Calgary Zone, and recent data has failed to demonstrate improvements in mortality rates (~20% for MSSA and ~30% for MRSA) in the last twenty years. The SNAP study

in particular focuses on comparing Penicillin vs Cloxacillin for the ~20% of Methicillin-sensitive SAB that lack the common blaZ beta-lactamase (thereby causing them to retain penicillin sensitive status), Cloxacillin vs Cefazolin for the more common MSSA and Vancomycin vs Vancomycin + Cefazolin (where in vitro and early clinical evidence supports the potential for synergy) for methicillin resistant S. aureus (MRSA). Each arm may be randomized to receive adjunctive clindamycin and assessed for early stepdown to an oral regimen. Despite starting after other prominent centres, Dr. Somayaji and her team are enrolling at an exceptional rate and are on track to be the leading site for patient recruitment globally.

COVID-19 PPE RESEARCH

There has long been uncertainty about mechanisms by which to best prevent viral respiratory infections in healthcare settings and the optimal components to be used as personal protective equipment (PPE). In an effort to determine if medical masks were non-inferior to N95 respirators in the care of patients with COVID-19 managed in healthcare facilities, a group of Canadian infectious disease physicians led by Dr. M Loeb of McMaster University, developed a multi-centre, pragmatic, randomized clinical trial to assess RT-PCR confirmed COVID-19 infection rates amongst healthcare workers (HCWs). This study received peer reviewed funding from the Canadian Institutes of Health Research, The Juravinski Research Institute and the WHO and included participants from 29 sites in Canada, Israel, Pakistan and Egypt between May 2020 and March 2022. Dr. John Conly along with Drs. Ranjani Somayaji, Oscar Larios, Joseph Kim, Bayan Missaghi, and Dr. Joseph Vayalumkal from Alberta Children's Hospital led UCalgary's contribution – and recruited the highest number of participants from any individual centre in Canada. Of 1009 HCWs that were providing direct bedside care to patients with active COVID-19 who were followed for up to 10 weeks, the use of medical masks was found to be non-inferior to the use of N95 respirators, with 10.46% (52/492) versus 9.27% (47/507) of HCWs found to be RT-PCR + for SARS-CoV-2 in the medical mask versus the N95 respirator group, respectively, (hazard ratio [HR], 1.14 [95% CI, 0.77 to 1.69]). The absolute risk difference was 1.19% (95% CI, -2.5% to 4.9%), which should be reassuring to HCWs. The study "Medical Masks Versus N95 Respirators for Preventing COVID-19 Among Health Care Workers: A Randomized Trial" was published in November 2022 in the of Annals of Internal Medicine; with >24 million research outputs across all sources tracked by Altmetric to August 11, 2023, the article is in the 99th percentile and is in the top 5% of all research outputs ever tracked by Altmetric. It is ranked #8 of 13,389 outputs from this source and #1 of 138 outputs of a similar age from the Annals. It is expected to be heavily featured in future clinical practice guidelines.

NEPHROLOGY

The Division of Nephrology includes a diverse group of 38 nephrologists, who, as leaders in kidney medicine, research and education, provide integrated kidney care to improve quality of life and outcomes for our patients and their families using innovative, and collaborative strategies. The division encompasses a dynamic group of individuals all of whom are united by the drive to improve the lives of people living with kidney disease. In addition to providing excellence in clinical care, our group is engaged in research activities ranging from sex and gender influences, shared decision making, acute kidney injury, creating kidney organoids and innovating new COVID therapies.



DR. JENNIFER MACRAE
Division Head

Dr. Jennifer MacRae is the Section Chief of Nephrology and Medical Director for Alberta Kidney Care South. She is a Professor within the Department of Medicine and the Department of Cardiac Sciences and a member of the Libin Institute. Dr. MacRae's other administrative responsibilities are as the Kidney Health Section Lead for the Medicine Strategic Clinical Network and Co-Chair for the Renal Area Council.

7 Subspecialty Training Program Residents.

KEY SUCCESSES

There have been many successes for the division across the CARE pillars including increased numbers of people living with a kidney transplant and living with home dialysis, the successful engagement of new students in the field of nephrology research (summer and graduate students), successful tri council funding accomplishments and creative responses to COVID-19 driven changes in medical care.

KEY CHALLENGES

The past year has been very challenging due to the implementation of Connect Care which represents a foundational shift in providing patient care. The transition to Connect Care has been an immense amount of work but thanks to our amazing team we continue to improve our proficiency and comfort through events such as our Friday noon sessions. A particular shout out to Drs. Kelvin Leung, Nicholas Li, Elena Qirjazi, Tyrone Harrison and Chandra Thomas for guiding and teaching Connect Care tips to make our lives better!

14 Applications from Prospective Subspecialty Training Program Residents.

CLINICAL

Providing patient and family centered care is at the heart of the clinical care provided by the division. Promoting and facilitating home dialysis as an alternate to costly in-centre hemodialysis continues to be a priority of the program. The number of kidney transplants continues to grow yearly, we achieved a record number of transplants in 2022 at 121 patients.

RESEARCH

Research, innovation and evaluation are some of the key guiding principles of the Division. Our clinician scientists contributions are increasingly recognized through successful CIHR grant funding and numerous awards. Together, we have had over 180 publications and \$22,000,000 in research funding this reporting year.

EDUCATION

Educating the next generation of nephrologists is taken very seriously in our program. Not only do we have a highly sought after Nephrology Fellowship program but we have created an Advanced Nephrology Fellowship Program to support additional learning as a PGY6. Already we have successfully graduated our first Glomerulonephritis Fellow and have welcomed our Home Dialysis Fellow as of July 1, 2023. The division of Nephrology, in partnership with the Department of Critical Care, is sharing the support of Dr. Rachel Jeong in her HELIOS fellowship that began this summer at Harvard.

ADMINISTRATIVE

The division of Nephrology aims to foster a culture of quality improvement and the collaboration and engagement of multiple stakeholders. As such, the majority of our members have leadership roles within the Division, the Department, the University, the Medicine Strategic Clinical Network and Alberta Health Services. New leadership roles this past year include: Dr. Kim Cheema (Department of Medicine Lead for Richmond Road), Dr. Chandra Thomas (DOM Deputy Head (Clinical)), Dr. Nicholas Li (Medical Lead Nephrology Central Triage) and Dr. Fareed Kamar (President FMC Medical Staff Association).

KIDNEY PRECISION AND REGENERATIVE MEDICINE

Over the past 15 years, kidney researchers at UCalgary have been at the forefront of providing world-class patient care and research for kidney disease. At the Snyder Institute for Chronic Diseases, the Program for Kidney Precision and Regenerative Medicine led by Dr. Daniel Muruve and Dr. Justin Chun consists of several platforms to conduct research and provide leading-edge clinical care for patients with kidney disease. At the core of the program is the Biobank for The Molecular Classification of Kidney Disease (BMCKD) – a facility that collects and currently holds over 16,000 kidney biospecimens (kidney tissue, cells, blood and urine) and clinical data from all patients with kidney disease in Southern Alberta. Established in 2012 by Dr. Muruve, the BMCKD is the largest bio-repository of its kind in Canada (and one of the largest in the world) and connects patients to world-class technology and research. The BMCKD is a vital resource for local, national and international researchers to use human samples to promote discoveries and validate research results in human tissue. More recently, Dr. Chun and his team have established the Kidney Organoid and Regeneration (KOR) platform where patient blood cells are reprogrammed to stem cells that can be used to generate “mini-kidneys” called kidney organoids for disease modelling and the development of drug testing platforms. The KOR Program is one of the few in the world with the capability to make kidney organoids directly from patients. Dr. Chun is also the Co-Director of the Human Organoid Innovation Hub in the Snyder Institute for Chronic Diseases, that integrates collective expertise within the Institute to advance patient care via an assessment of patient derived cells, organoids and organ-on-a-chip technology. Work is underway to use leading-edge techniques to discover effective and targeted treatments to cure kidney disease. The goal is to identify dominant disease pathways in patients that can be matched to existing drugs, or to develop new, kidney disease-specific treatments. The long term vision of the program is to develop functional kidney tissue from a patient's own stem cells for regenerative medicine and eventually to build a kidney that can be transplanted.

DR. MEGHAN ELLIOTT & THE NEPHROLOGY RESEARCH GROUP

With the increasing appreciation that patients' perspectives and experiences can shape health research and innovation, Dr. Meghan Elliott has been developing capacity for qualitative, implementation, and patient-oriented research among the Nephrology Research Group (NRG). In partnership with the Can-SOLVE CKD (Canadians Seeking Solutions and Innovations to Overcome Chronic Kidney Disease) Network, the Medicine Strategic Clinical Network, and community partners, including the Kidney Foundation of Canada, Dr. Elliott established a patient-driven advisory group, the NRG-Patient and Community Partnership (NRG-PCP). Over the past year, the group has met every 3 months to establish priorities and resources guiding patient engagement activities for principal investigators and research trainees. Patient partners have attended and shared their perspectives at trainee workshops, symposia, and research events. The aim of this group is to continue supporting kidney health research activities at Ucalgary and expand opportunities for confident

and meaningful engagement to interested patient partners.

Dr. Elliott leads a productive research program centered on exploring patients' experiences of kidney disease and developing, implementing, and testing strategies to promote patient-centered care and informed decision making about treatment options. As lead for a project within the Can-SOLVE CKD Network, Dr. Elliott and local investigators are adapting and expanding the reach of an online CKD self-management tool they co-developed with patient partners, My Kidneys My Health (mykidneysmyhealth.com). Dr. Elliott is also leading important qualitative work on care decisions and priorities for people with advanced CKD and kidney failure, including perspectives on shared decision-making in vascular access selection, understanding and needs for communicating prognostic information about kidney failure and death, and approaches to assessing and treating symptoms for people receiving hemodialysis. This work is of critical importance in advancing

care for people with advanced kidney disease, among whom symptom burden is exceptionally high and quality of life poor.

Another pillar in this program of research is optimizing how people with kidney disease seek and use acute care services. People with kidney disease, particularly those receiving dialysis, access emergency care up to 8 times more frequently than the general population, and more than half of emergency encounters lead to hospitalization. In light of the increasing strain on emergency and hospital-based services, a re-examination of how and why people with kidney disease require acute care will provide critical insight into strategies for health promotion and mitigating avoidable emergency care use.

UCalgary: Dr. Meghan Elliott, Nephrologist - Dept. of Medicine & Community Health Sciences | Dr. Maoliosa Donald, Dept. of Community Health Sciences | Dr. Pietro Ravani, Nephrologist - Dept. of Medicine & Community Health Sciences | Dr. Paul Ronksley, Dept. of Community Health Sciences | Dr. Kathryn King-Shier, Faculty of Nursing | UAlberta: Dr. Brenda Hemmelgarm, Nephrologist, School of Medicine & Dentistry | Dr. Kara Schick-Makaroff – Faculty of Nursing

IMPROVING TRANSITIONS IN CARE TO THE COMMUNITY FOR PEOPLE HOSPITALIZED WITH ACUTE KIDNEY INJURY

Acute kidney injury (AKI) complicates one in ten hospital admissions and is associated with poor health outcomes, including progression of chronic kidney disease, cardiovascular events, infections, and death. Patients with AKI are also at high risk of prolonged hospital stays and readmissions. One in five Canadians who survive a hospitalization complicated by AKI are readmitted within the next 30 days, most often for potentially preventable conditions such as heart failure, recurrent AKI, or sepsis. Members of the Division of Nephrology Research Group recently received funding from an Alberta Innovates PRIHS 7 Digital Health Solutions grant and a CIHR Transitions in Care Team grant to implement and evaluate risk-guided transition of care interventions within two pragmatic trials (UPTAKE-1 and UPTAKE-VC) that will use digital health tools to identify patients with AKI at high risk of adverse outcomes. Transition of care interventions will leverage digital technologies including computerized decision support to guide uptake of evidence-based

care during follow-up with community providers, while some patients will receive enhanced care within Virtual Home Hospitals, to improve quality of care and outcomes during the hospital-to-home transition. The multidisciplinary team, led in Calgary by Drs. Matthew James and Tyrone Harrison, includes several members of the Department of Medicine (Drs. Sandra Dumanski, Meghan Elliott, Zahra Goodarzi, Michelle Grinman, Jennifer MacRae, and Pietro Ravani) who will work with provincial stakeholders to generate knowledge that is relevant to patients, clinicians, and decision makers, and fill care gaps to reduce lengths of hospital stay, readmission rates, and improve long-term outcomes.

Dr. Tyrone Harrison joined the division of Nephrology in July 2022, and has integrated within the group as an early career health services researcher. He has several interests as a researcher working with the extensive health data assets in Alberta, including integrating person-centredness within risk prediction strategies, perioperative care

for people with kidney disease, and developing novel strategies within our research teams to collaborate, use, and analyze health data more effectively. He has recently been funded by a Kidney Health Research Grant and KRESCENT New Investigator Award from the Kidney Foundation of Canada to conduct research on identifying research priorities for people with kidney failure having surgery. These priorities will then translate into population-based cohort studies and risk prediction tool development targeting these patient-prioritized outcomes. Other team members from the DOM include Drs. Elliott, James, Brockman and Ruzycski, though many other members in the CSM and elsewhere are involved. In addition to this perioperative research, he has interest in improving how we predict (and ultimately intervene to reduce the risk) hospital readmissions in Alberta, and is spearheading research in this field with co-lead and DOM member Dr. Ravani, along with several other DOM members including Drs. Colizza, Elliott, James, Liu, Manns, Minty, and Ruzycski among other collaborators from the CSM, patient co-researchers, Ontario, Scotland, and Denmark.

RESPIRATORY MEDICINE

The Division staffs nine inpatient services and provides more than 20 outpatient services including general respiratory clinics across the four Calgary adult hospitals. Subspecialty outpatient programs include: asthma, complex inflammatory airways, COPD, cough, interstitial lung disease, hereditary hemorrhagic telangiectasia, dyspnea (malignant pleural effusion), Alberta Thoracic Oncology Program / interventional pulmonary medicine, ALS, pulmonary hypertension, nontuberculous mycobacteria, palliative, TB, chronic ventilation / neuromuscular, sleep, bronchiectasis, cystic fibrosis, and bone marrow transplant.

CLINICAL

Most clinical services slowly returned to normal as the Covid pandemic gradually subsided. Overlapping this was the introduction of Connect Care at the PLC in the spring, and at the FMC, in the fall of 2022. The division was once again able to host its annual retreat with a focus on optimizing Connect Care for its members. Expansion of the nationally renowned ILD clinic from the SHC to FMC was approved including funding for an ILD nurse clinician at the FMC making it possible to start recruitment for a third Calgary ILD respirologist who will join Drs. Charlene Fell and Kerri Johansson. The medical pleuroscopy program, under the leadership of Dr. Erik Vakil, an interventional respirologist based at the SHC who also attends at the FMC, successfully completed several procedures.

ADMINISTRATIVE

Dr. Richard Leigh continued his leadership as Senior Associate Dean, Faculty Affairs for the Cumming School of Medicine, Dr. Chris Mody completed his role as the Department Head of Microbiology, Immunology and Infectious Disease, and Dr. Ward Flemons continued his role as Department of Medicine Vice-Chair, Health Analytics and Safety. Dr. Alain Tremblay is the co-chair, Alberta Thoracic Oncology Program and Medical Director of the Alberta Lung

Cancer Screening Program. Site leads for each of the four adult hospitals are: Drs. Brandie Walker (FMC), Alex Chee (SHC), Dina Fisher (PLC) and Kristin Fraser (RGH). Dr. Richard Leigh became the president of the Canadian Thoracic Society and Dr. Kerri Johansson continued to serve as an Associate Editor for Annals of the American Thoracic Society and as an international advisory member to Lancet Respiratory Medicine.



DR. WARD FLEMONS
Division Head

Dr. Ward Flemons has been Division Head for seven years. He practices at the Foothills Medical Centre providing general respiratory inpatient and outpatient care; he also sees patients in the sleep clinic and the bone-marrow transplant clinic. Dr. Flemons is the Department of Medicine Vice-Chair, Health Analytics and Safety and is the Quality and Safety Lead of the Cumming School of Medicine's Precision Health Certificate / Diploma / Masters Program. He is also a Collaborator with Well Doc Alberta and a member of the Cumming School of Medicine's new Centre for Mindfulness.

5 Subspecialty
Training
Program
Residents

90+

Publications (35% of these,
the members were first or
senior author)

RESEARCH

The Division has two clinician primary researchers and three clinician investigators. Many other members make major research contributions. Division members authored/co-authored over 90 unique peer-reviewed publications; in 35% of these publications members were first or senior author. One member co-authored a book. Division members participated in over 20 peer reviewed, nationally funded research grants; in seven of these the division member was the principal applicant. Division members gave 26 invited provincial, national or international keynote presentations. Dr. Richard Leigh was inducted as a Fellow of the Canadian Academy of Health Sciences.

EDUCATION

The Division was granted full accreditation status for its respiratory training program by the Royal College of Physicians and Surgeons of Canada. This was accomplished under the leadership of Drs. John Chan (Program Director) and Charlene Fell (Associate PD). Dr. Chan's term as PD came to a close after 11 years and the successful

applicant to replace him was Dr. Christopher Hergott. The last cohort of undergraduate medical students completed the Cardio-Respiratory course (MDCN 307) which, with the introduction of new RIME curriculum, has been 'retired'. Dr. Tara Lohmann once again did an outstanding job of co-chairing this course.

KEY CHALLENGES

Introduction of Connect Care at the PLC while still getting over the pandemic and limited training of medical office assistants (MOAs) resulted in delays in getting patients transitioned from hospital discharge into outpatient follow-up appointments. There were also numerous changes to Connect Care required for clinical care to be completed appropriately which slowed down clinics and created additional waiting times for patients. The PLC Lung Transplant group transitioned to a new division and were substantially short of physicians to cover their increasing inpatient service. This required the assistance from PLC respirologists leaving them unable to maintain both a full functioning inpatient service and consulting service. The services needed to be temporarily combined pending approval of additional resources required for recruitment.

KEY SUCCESSES

Dr. Christina Thornton established her lung microbiome lab. Dr. Erik Vakil started the medical pleuroscopy program. The ILD clinic was approved to expand to the Foothills Medical Centre. Dr. Tremblay started a pilot program for the Alberta Lung Cancer Screening Program. The Division received full accreditation from the Royal College for its Respiratory Medicine Training Program. The Division had advanced training fellows in four subspecialty programs: asthma, interventional pulmonary, interstitial lung disease and sleep.

33 Applications from prospective Sub-specialty Training Program Residents

PLEUROSCOPY PROGRAM

In May 2022, Calgary's first rigid pleuroscopy procedure was successfully performed at the Foothills Medical Center (FMC). Marking a major milestone in a long history of collaboration between the Division of Respiriology, Interventional Pulmonary Medicine (IPM) group, the Department of Thoracic Surgery, and the Department of Anesthesia. FMC is now one of only a handful of centres across Canada that offers rigid pleuroscopy for the diagnosis and management of patients with complex pleural disease. Rigid pleuroscopy offers the high diagnostic accuracy of video-assisted thoracoscopic surgery without the need for an operating room, general anesthesia or an overnight hospital stay. During the pilot phase of the program Dr. Erik Vakil, IPM, Dr. Janet Edwards, Thoracic Surgery, and Dr. Lorraine Chow, Anesthesia, worked together to ensure the procedure was being delivered safely and effectively. Specialized surgical and video equipment was purchased with the help of the Calgary Health Trust, a testament to their ongoing commitment to supporting innovative patient-centered projects in Calgary. The pilot phase was successfully complete June 8, 2023, and the procedure will now be transitioned from the operating room to the bronchoscopy suites, greatly improving scheduling capabilities,

COMPLEX AIRWAYS PROGRAM

The Calgary Division of Adult Respiratory Medicine Complex Airways Program operates at each of the four adult acute care hospital outpatient clinics. The program offers a multidisciplinary team approach to airways diseases, that includes Respiriologists, Certified Respiratory Educators and Respiratory Therapists. The program supports and manages patients from confirmation of diagnosis to management of complex disease phenotypes by focusing on identifying and treating 'treatable traits'. Referral is through Calgary Pulmonary Central Access and Triage. Our Respiriologists are Dr. Richard Leigh, Dr. James Michael (Mike) Ramsahai, Dr. Brandie Walker, Dr. Stephen Field, and most recently, Dr. Melissa Morgunov. Our clinics have access to state-of-the-art testing including Pulmonary Function, bronchial provocation testing (with Methacholine challenge and Eucapnic Voluntary Hyperpnea),

cardiopulmonary exercise testing (with Exercise Induced Bronchoconstriction) and induced sputum analysis to assess inflammatory phenotypes as markers of airway inflammation and potential treatable traits. The clinics are supported by the Calgary COPD and Asthma Program (CCAP) with Certified Respiratory Educators who can assist patients with understanding their disease, assessing and managing disease triggers and optimizing the use of their inhaled medications. There are clinics at RGH and FMC specifically targeting patients with severe and difficult to control asthma, where more specialized biologic therapies are considered to improve outcomes for these patients. The RGH has an Adolescent Transition Asthma Clinic that focuses on enabling a seamless transition from the Alberta Children's Hospital Pediatric Asthma clinic to our adult Complex Airways Program.

Respiriologists at the Complex Airways Program also actively participate in the Respiratory Clinical Trials Centre, conducting both industry sponsored and investigator-led research in airways disease. We have an Advanced Fellowship Training Program in Severe Asthma that can train one Advanced Respiriology Fellow per year in the subspecialty of severe asthma. Finally, we offer an opportunity at our biweekly Severe Asthma Case Series for all Respiriologists to bring challenging clinical cases for round-table discussion with the group.

5 Advanced Fellows
Interventional Pulmonary Medicine: 1 | Asthma / Complex Airways Inflammation: 1 | Interstitial Lung Disease: 2 | Sleep: 1

IMPROVING TIMELY ACCESS TO HIGH QUALITY OBSTRUCTIVE SLEEP APNEA CARE

In the 2016 Canadian Medical Health Survey, 6.4% of Canadian adults reported a diagnosis of obstructive sleep apnea (OSA) and 30% had features suggesting a moderate to high probability of disease; these estimates respectively represent nearly 300,000 and 1.3 million Albertans. Untreated OSA has adverse consequences for cardiometabolic, neurocognitive and mental health. Societal impacts include an increased risk of motor vehicle collisions, workplace accidents and lost productivity. Timely and effective treatment of OSA is clinically beneficial and cost-effective. Due to delays in accessing sleep specialty care, the responsibility for most OSA diagnosis and management lies with primary care providers (PCPs), who report that they lack confidence in managing OSA due to knowledge gaps, lack of role clarity and navigating a complex system of OSA care. Consequently, patients have a poor understanding of OSA and are confused about how to participate in their own OSA care. Given the spectrum of OSA severity and medical complexity of individuals with OSA, patients and providers have identified a need to improve primary and specialty care integration in OSA management. Through a partnership between sleep specialists at the FMC Sleep Centre and primary

care leaders from Primary Care Networks and AHS - Calgary Zone, the above barriers were used to develop an evidence-based primary care clinical pathway for OSA management. The goal of the pathway is to support Calgary and Area PCPs to independently manage OSA, and to identify complex patients who require sleep specialist referral. In addition to clinical algorithms and educational resources for patients and providers, real time access to specialists is provided through Specialist Link. Pathway website: (specialistlink.ca/assets/pdf/respirology/Respirology_SleepApnea_Pathway.pdf). The pathway was launched in December 2018 and is being evaluated through a CIHR Project Grant led by investigators from the DOM, PCNs, and Cumming School of Medicine. This evaluation has three aims: (1) to evaluate uptake of the pathway and its impact on specialist referral patterns; (2) to explore PCP experiences using the pathway; and (3) to implement an enhanced pathway and re-evaluate referral practices.

Research Team: PI: Sachin R. Pendharkar, Co-PIs: Kerry McBrien, Oliver David, Maoliosa Donald: Co-investigators: Gabriel Fabreau, Ward Flemons, Pat Hanly, Marcus Povitz, and Willis Tsai, Reg Gerlitz (Patient Partner), Jaana Woiceshyn Research Coordinators: Ada Ip-Buting, Kenneth Blades

reducing pressure on the operating room, and making it highly cost-effective. Pleuroscopy expands the diagnostic and therapeutic options for patients with pleural effusion and reduced surgical fitness who could not safely undergo a general anesthesia procedure and offers potentially new treatment options for pleural conditions where surgical intervention was not routinely offered, such as pleural infection and refractory symptomatic pleural effusions. It positions our IPM program as one of the leading programs globally, offering patients the latest diagnostic and treatment options for thoracic disease, and providing rotating residents, visiting trainees, and the IPM fellow comprehensive training in all aspects of minimally invasive chest procedures. The implementation of this program was a huge collaborative effort and the Division would like to sincerely thank all those involved. We would also like to recognize the tremendous efforts of Tara Klassen, Research Scientist, Department of Thoracic Surgery, who developed the Health Technology Assessment proposal, Trina Castle, Unit Manager, Pulmonary Diagnostics, Rajneet Atkar, Instructor, Medical Outpatients, Ace Basco, Service Worker, Bronchoscopy, and Karen Jensen, Registered Respiratory Therapist. Their commitment has been instrumental to the success of the program.

RHEUMATOLOGY

The Section of Rheumatology’s membership consists of 15 AMHSP physicians and 22 Fee-For-Service community physicians who provide an integrated musculoskeletal program of clinical care using a patient centered collaborative care model with rheumatologists, nursing and Allied Health professional staff in Southern Alberta.



DR. PAUL MACMULLAN
Division Head

The Section of Rheumatology has been lead for the past three years by Dr. Paul MacMullan until his departure from Calgary in December 2022. Dr. Gary Morris has taken on the role of Interim Division/Section head during the transition to a new leader who is due to join the department in 2024.

The division was formed in 1975 and is the oldest within the Department of Medicine. It was established by Dr Doug Kinsella and has flourished under his and the leadership of those that followed.

CLINICAL

There has been continuing growth of our community based physicians, who have handled many of the 6171 referrals received by rheumatology central triage in the past year. Most rheumatology trainees choose to stay and practice in Calgary, and we are attracting rheumatologists from across Canada and internationally, who want to relocate here due to innovative

clinical models (specialty clinics) and well known researchers. The academic Calgary rheumatologists cover inpatients when on call, and we would like to recognize our community based colleagues who cover outpatient on call and the specialist link program, which has greatly increased the division’s capacity to provide patient care.



ADMINISTRATIVE

There has been a change in divisional leadership from Dr. Paul MacMullan to acting division Dr. Gary Morris head as of January 2023. The division has successfully recruited a new external section head/division chief joining us in July 2024.

Vision: Creating the future of Rheumatology care in the Calgary Zone

RESEARCH

The Division of Rheumatology is comprised of a talented group of primary researchers who continue to make Calgary a leader in Rheumatology research in Canada. In the 2022-23 reporting year the division has published 96 peer reviewed publications, and led or participated in 33 active peer-reviewed research grants and 25 new peer-reviewed research grants. The division also has two members with CSM Research Chairs taking on new chair positions: Dr. Cheryl Barnabe as the JE Arthur Child Chair and Dr. A. Clarke as the Arthritis Society Chair.

5 Subspecialty Training Program Residents

The Rheumatology Residency training program consists of 2 PGY4 and 3 PGY5 residents in 2022-23

EDUCATION

The division is pleased to report that all residents (Drs. Kheirkhah, Kulhawy-Wibe, and Shams) successfully passed Royal College Rheumatology exams. Our Residency Program successfully passed accreditation review by the Royal College of Physician and Surgeons of Canada.

We have recruited and had a successful transition of new Program Director (Dr. Steven Thomson) and new CBD Chair (Dr. Stephanie Garner). And the division has held various educational events including: Rheumatology CME for family physicians in May, Academic Education Day in Rheumatology in November, UME Course II (October through November) and Rheumatology Rounds (all year).

Mission: Controlling the impact of rheumatic disease with the Right treatments for the Right patients at the Right time, and fostering a culture of education, research and innovation.

KEY CHALLENGES

The division transitioned to Connect Care which has had ongoing challenges as divisional members continue to learn the new system.

Dr. MacMullan stepped down as Division Head earlier than anticipated. Ms. Lee, our divisional manager, showed great patience and leadership throughout the transition as she trained Dr. Morris to be the acting division head.

KEY SUCCESSES

The division had a successful transition of key administrative roles in the division: Dr. Gary Morris as Acting Division Head, Dr. Stephanie Garner to CBD Chair and an AMHSP position and Dr. Steven Thomson as new Rheumatology Program Director. Drs. Morris, Garner and Thomson have all flourished in their new positions and instituted new policies and processes that have added a great deal to the program/division. In particular, Dr. Morris instituted a formalized written annual review process which was very well received by faculty and the Department of Medicine. The Rheumatology Residency Program was re-accredited by the Royal College. The external review was very successful with only 1 AFI (Areas for Improvement) noted by the reviewers. This has already been corrected.

RHEUMATOLOGY FELLOWS INJECTION CLINIC

The division has created a rheumatology fellows injection clinic. This is going to be combined with ultrasound teaching to enhance our trainee's skill set and anatomy knowledge. This specialized clinic was started by Dr. Michelle Jung, who supervises the clinic as well.

GIANT CELL ARTERITIS FAST TRACK CLINIC

The rheumatology division is setting up a giant cell arteritis fast track clinic. The goal is to be able to diagnose GCA faster, and without the use of a biopsy, which is currently difficult to obtain within AHS. This specialized clinic is growing out of the increasing number of division members with expanding ultrasound experience, including Drs. Barr, Fifi-Mah, Garner, Penney, and Thomson. A special thanks to Dr. Garner for obtaining funding for this through the Department of Medicine Clinical Analytics Grant.

12

Applications from prospective Subspecialty Training Program Residents.

MDA-5 WORKING GROUP

Dr. Moran Toro has created and is leading an MDA-5 working group to address the needs of this unique and devastating form of myositis. She is working with Drs. Barr, Choi, Fifi-Mah, Garner, and Thomson on this project.

TRANSPLANT MEDICINE

The Section of Transplant Medicine has 32 (11 primary, 21 secondary) members, consisting of expert physicians from multiple specialties providing comprehensive care to patients with end-stage heart, lung, kidney and liver failure prior to and after solid organ transplantation. Specialties include cardiology, respirology, nephrology, hepatology, infectious diseases, and dermatology. Together we work within the multidisciplinary care team to provide inpatient and outpatient management for these complex patients.



DR. DEBRA ISAAC
Division Head

Dr. Debra Isaac has been the Division Head of Transplant Medicine since its inception in 2021, and has served as Medical Director of the Southern Alberta Transplant program (ALTRA) since 2018. She is Clinical Professor of Medicine, with clinical expertise in Advanced Heart Failure / Cardiac Transplantation and Global Health Initiatives.



CLINICAL

Transplantation activity and patient acuity has continued to increase over the last year, with record numbers of transplants performed and patients managed both in the inpatient and outpatient settings. This is expected to increase even further with the recent passage of Bill 205 – Human Tissue and Organ Donation Mandatory Referral Amendment. We provide inpatient transplantation care in the Foothills

Medical Centre and Peter Lougheed Centre, and multidisciplinary specialty outpatient clinic care in the North Tower of FMC. Special focus areas include transition care for adolescents with solid organ transplantation as they move from pediatric to adult clinic management, as well as combination specialty clinics for patients with multi-organ comorbidities.

ADMINISTRATIVE

Given the diversity of the specialties within the Section of Transplant Medicine, leadership is provided by individual Solid Organ Medical leads for Renal Transplant (Dr. Jeff Ma), the Living Donor Program (Dr. Wenjie Wang), Liver Transplant (Dr. Matt Sadler), Lung transplant (Dr. Doug Helmersen), and Heart Transplant (Dr. Jonathan Howlett). Dr. Mitesh Thakrar serves as deputy Section Head and Deputy Medical Director of ALTRA) as well as Site lead – Dept of Medicine for PLC. Dr. Debra Isaac is the Section Head for the Division of Transplant Medicine and Medical Director of ALTRA.

RESEARCH

Our newly formed research committee members are working to engage clinical and basic science research within the diverse specialty areas of transplantation to enhance dissemination of their work within the section, optimize opportunities for collaborative research and facilitate development of research questions and mentoring of colleagues. In collaboration with the Alberta Transplant Institute, we

are in the process of identifying key research priorities in donation and transplantation, and procuring resources to deliver on these priority areas. Current research focus areas of our members include Living Kidney donation and donor health (Dr. Ngan Lam), epidemiology in heart failure and cardiac transplantation (Dr. R. Miller), BK polyoma virus and the transplanted kidney (Dr. Lee Anne Tibbles), among others.





EDUCATION

Our members continue to strongly support and contribute to medical education at the undergraduate and post-graduate level, with several holding formal educational positions within Cummings School of Medicine UME and PGME (Dr. K. Burak, Dr. K. McLaughlin, Dr. L. Harper, Dr. J. Liu). Our Education Committee is currently focusing on finalizing and implementing a Royal College AFC fellowship in Solid Organ Transplantation for nephrology, led by Dr. Kevin McLaughlin, as well as formalizing a Solid Organ Transplantation elective for Internal Medicine residents, led by Dr. Lea Harper. Dr. Kristin Lyons is the program director for the Advanced Heart Failure fellowship, which includes cardiac transplantation.

KEY CHALLENGES

With the complexities of navigating both the COVID-19 pandemic and the implementation of Connect Care as well as the increased patient volumes, our members have had to work very hard to maintain a high standard of care for our patients. We have been and will continue working with operations and our multidisciplinary partners to improve efficiencies and advocate for improved resources. Recruitment and retention of transplant specialty physicians and our multidisciplinary colleagues remains a key component of our ability to ensure the future of state of the art solid organ transplant management.

KEY SUCCESSES

The first year of the Division of Transplant Medicine saw improved alignment of operational and academic programs within transplantation. Education, Research, and Clinical Practice Steering committees were formed and implemented, providing opportunities for collaboration, advocacy, and identification of shared priorities, challenges, and ideas within and between medical transplant specialties. Organ specific group retreats were held to further engage members of the transplant care team and work together towards improved provision of transplant care through shared understanding, communication, and team-work.

TRANSPLANT WELLNESS PROGRAM

2022 saw the successful funding and development of the Transplant Wellness Program, a registry-based program focusing on holistic wellbeing of individuals living with end-stage kidney, liver, heart or lung disease before and after transplantation. This includes exercise counseling / prescriptions, health nutrition, and psychological / social support / health coaching. The program aims to improve candidacy for transplant of potential organ recipients, allowing access to this life-saving and life-changing therapy to more patients, as well as improving outcomes post-transplantation and reducing post-transplant complications relating to frailty and comorbidities. The program is working with the Caregivers Alberta to explore including support for caregivers / family within the program. The registry has received ethics approval and our team of multidisciplinary specialists will be starting to enroll patients in September 2023. The initial focus will be on renal transplantation, with plans to expand the program to include lung, liver, and eventually heart transplantation. Program leadership is provided by division of transplant medicine members Dr. Stefan Mustata (Medical Director) and Dr. Kelly Burak (academic director), as well as Dr. Maneka Perinpanayagam (Senior Research Program Manager), Dr. Nicole Culos-Reed (Senior Research Lead / Health Coach) and Kathryn Wytsma-Fischer (Lead Kinesiologist).



Internal Medicine Residency Program (IMRP)

The 2022-23 year remained a challenging but rewarding one for the Internal Medicine Residency Program at the University of Calgary. There was ongoing innovation, a focus on resident wellness and a return to some much needed in-person events (as pandemic effects improved in the spring of 2022).. The highlights of our Program are noted below.

OUR TRAINEES

We have 36 PGY1's; 38 PGY2's; 40 PGY3's and 2 PGY4's. We typically accept: 30 Canadian Medical Graduates, up to 6 Alberta International Medical Graduates and 1-2 transfer trainees per year.

We recruit Canadian trainees from coast-to-coast, and we are highly regarded for our POCUS, Procedural Skills and Simulation programs. We are also well known for the collegiality between our trainees and the department members. We have international trainees who have attended medical schools from all over the world. This past CaRMS cycle we received 509 applications for our 36 positions, we interviewed 320 people and conducted 640 virtual interviews over 4 days and we matched 30 Canadian Medical Graduates and 6 Alberta International Medical Graduates. IMRP is grateful for and appreciates the support our or physician members, IMRP residents and the administration team for helping make this a huge success.

FELLOWSHIPS

Most of our trainees pursue residency's in subspeciality programs during the R4 Medical Subspecialty Match. **For the 2023 MSM, we had local trainees match to the following:**

Allergy & Immunology: 1 (Western)
Cardiology: 2 (Calgary)
Critical Care: 1 (Western)
Endocrinology: 4 (Calgary, Dalhousie, Edmonton, UBC)
Gastroenterology: 2 (Calgary, McGill)
Geriatrics: 2 (Calgary)
General Internal Medicine: 4 (Calgary)
Hematology: 2 (Calgary, Ottawa)
Infectious Disease: 1 (UBC)
Medical Oncology: 2 (UBC, Winnipeg)
Nephrology: 4 (2 Calgary, Ottawa, Toronto)
Respirology: 4 (3 Calgary, McMaster)
Rheumatology: 2 (Calgary, Toronto)

16 of the 31 trainees (52%) who entered the Medical Subspecialty Match have remained in Calgary after their core IM training was complete.

LEADERSHIP TEAM



The Residency program is fortunate to have the strong support and leadership of **Dr. Jayna Holroyd-Leduc**. We have been able to pursue many important initiatives as a result of her support and mentorship.



Program Director: Dr. Paul Gibson: Dr. Gibson assumed the leadership of the IMRP in June 2021. He has been able to bring forth lessons from his 20+ years of clinical work and teaching, along with his extensive leadership experience, to support and promote many positive changes in the program.

Associate Program Directors: **Dr. Alejandra Ugarte-Torres** (RGH-also Curriculum Committee Chair & OSCE Lead), **Dr. Edwin Cheng** (PLC, Trainees in Academic Difficulty); **Dr. Jolene Haws** (SHC, PGY-4 Program); and **Dr. Maria Bacchus** (FMC, Scheduling)



Assistant Program Directors: **Dr. Mike Walsh** and **Dr. Janeve Desy** (PO and Procedural Skills Leads); **Dr. Ghazwan Altabba** (Simulation Lead); **Dr. Ngan Lam** (Research Director & EDI); and **Dr. Darren Burbuck** (Competence by Design).



The Lead Medical Residents (LMR's) for 2022-23: **Dr. Veronica Hammer**, **Dr. Rina Huo**, **Dr. Tina Kim** and **Dr. Emma Spence** New LMR's will be selected and announced in October 2023 and will start on January 1, 2024.



In addition, there are numerous groups and committees that help with the day-to-day support of the program including: the Curriculum Committee, the MTU Committee, the Assessment Committee, the Research Committee and the Wellness Committee. There has also been strong administrative support with Stacey Dickinson (Team Lead), Trudi Jersak, Lynette Lipinski, Edita Skoric and Arshpreet Hansra

PROGRAM HIGHLIGHTS



Simulation Program: There is a strong simulation program for our trainees at RGH, developed and led by Dr. Ghazwan Altabba, and an evolving simulation program at SHC led by Dr. Alejandra Boscan. Activities include a Transition to Senior curriculum, weekly simulation scenarios for trainees at RGH, a Simulation OSCE, as well as a Safety Curriculum.



Point of Care Ultrasound (POCUS): Dr. Michael Walsh is the leader of POCUS/ Procedural Skills for the IMRP. Our residents are very fortunate to have opportunities for POCUS and procedural skills training at an internationally-recognized level including selectives on the FMC-based POCUS Consult Service and the RGH-based POCUS Team. Dr. Walsh led the revamping of the IMRP Resident Procedures Policy, aiming to ensure the safety of trainees and patients while promoting opportunities to master these techniques. Individual department members are encouraged to supervise/teach medical procedures to IM residents. We are also fortunate to have received Infrastructure Funding for several new procedural Task Trainer devices, which will be situated at the RGH this year.



Equity & Diversity: Over recent years the IMRP - in conjunction with the Department of Medicine - has developed a very active Equity and Diversity group that has touched on aspects of bystander interventions, implicit bias training workshops, and inclusive language and imagery guidelines for presenters within the Cumming School of Medicine.



Wellness Initiatives: The IMRP has had an ongoing focus on Resident Wellness - which has continued beyond the start of the COVID pandemic. Most initiatives have resumed in person - with an ongoing focus on the the importance of mental health awareness and personal health. Activities have included hiking, social nights and Ice-Cream Rounds, as well as a much anticipated in-person Resident Retreat (Banff in May 2022). The group welcomed the new leadership of Dr. Janeve Desy during this time.





Dr. John Conly presenting the Dr. John Conly Innovation Award to Dr. Sofia Ahmed



Dr. Lenka Stafli (Chief Resident) presenting the Golden Bull IMRP Teaching Award to Dr. Ghazwan Altabbaa



Dr. Jayna Holroyd-Leduc presenting the Dr. Howard McEwen Award for Clinical Excellence to Dr. Hanan Bassyouni



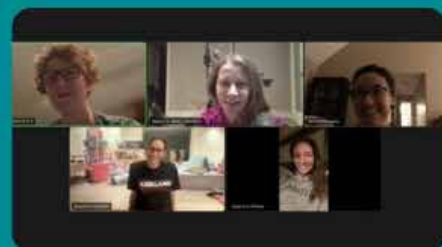
Dr. Jane Lemaire presenting the Dr. Jane Lemaire Physician Wellness Award to the Endocrinology and Metabolism Wellness Committee - Dr. Shelly Bhayana, Dr. Laura Hinz, Dr. Amita Mahajan, Dr. Nathalie Saad



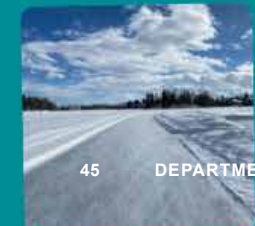
Dr. Zahra Goodarzi awarded the Team Builder of the Year Award



Dr. Alejandra Boscan awarded South Health Campus Award for Clinical Excellence



HEALTHY
HEARTS
CHALLENGE





Dr. Abdel Aziz Shaheen receives the Research Preceptor IMRP Teaching Award



Dr. Jayna Holroyd-Leduc presenting the Quality Improvement & Patient Safety Award to Dr. Kristen Brown



Dr. Shane Devlin presenting the Dr. Tom Enta Award for Clinical Excellence in the Community to Dr. Martin Cole



Dr. Kerri Johansson presents the Early Career Award for Clinical Excellence to Dr. Meghan Vlasschaert



Dr. Shannon Ruzycki presents the Equity, Diversity & Inclusion Award to Dr. Alejandra Ugarte-Torres



Dr. Joseph Kim receiving the Dr. Terry Groves Award for Clinical Excellence

Annual Awards Celebration at the Hyatt

In November we were able to host our first back-in-person Annual Awards celebration post pandemic. After having virtual ceremonies for the last two years it was fantastic to be able to see everyone's faces, have some live laughter and interactive games and celebrate everyone's awards and accomplishments over the past year.

AWARD WINNERS

INTERNAL MEDICINE CLERKSHIP:

UNSUNG HERO'S AWARDS

Dr. Drew Brotherston

IMRP FACULTY AWARDS

Rookie of the Year Award:

Dr. Barbora Sprinova

Silver Tongue Award:

Dr. Jolene Haws

Silver Finger Award:

Dr. Paul LeBlanc

Golden Bull Award:

Dr. Ghazwan Altabbaa

Repeat Offenders Award:

Dr. Maria Bacchus

Work Life Balance Award:

Dr. Amber Fripp

Research Preceptor Award:

Dr. Abdel Aziz Shaheen

Ectopic Award:

Dr. Philippe Couillard

Rural Teaching Experience Award:

Dr. Allison MacKay

Allied Health Award

Dr. Cheryl Borody (MTU Pharmacist FMC)

IMRP RESIDENT AWARDS

Benevolent Heart Award:

Dr. Emily Goudie

Resident Professionalism Award:

Dr. Kaity Lalonde

Resident Medical Education Award:

Dr. Lenka Stafil

Resident Wellness Award:

Dr. Breanna McSweeney

Resident Research Award:

Dr. Daniel Meyers

Resident Leadership Award:

Dr. Leigha Rowbottom & Dr. Angela Sneider

DEPARTMENT OF MEDICINE: SITE SPECIFIC CLINICAL EXCELLENCE AWARDS

Dr. John Dawson Award for Clinical Excellence at FMC:

Dr. Michelle Geddes

Dr. Howard McEwen Award for Clinical Excellence at PLC:

Dr. Hanan Bassyouni

Dr. Terry Groves Award for Clinical Excellence at RGH:

Dr. Joseph Kim

Award for Clinical Excellence at SHC:

Dr. Alejandra Boscan

Dr. Martin Atkinson Award for Clinical Excellence at RRDC:

Dr. Laurie Parsons

Dr. Tom Enta Award for Clinical Excellence in the Community:

Dr. Martin Cole

DEPARTMENT OF MEDICINE: SPECIAL DEPARTMENTAL AWARDS

Dr. Brenda Hemmelgarn

Professionalism Award:

Dr. Kristin Fraser

Team Builder of the Year Award:

Dr. Zahra Goodarzi

Patient Safety and Quality

Improvement Award:

Dr. Kristen Brown

Dr. John Conly Innovation Award:

Dr. Sophia Ahmed

Equity, Diversity and Inclusion Award:

Dr. Christina Moran-Toro & Dr. Alejandra Ugarte-Torres

Early Career Award:

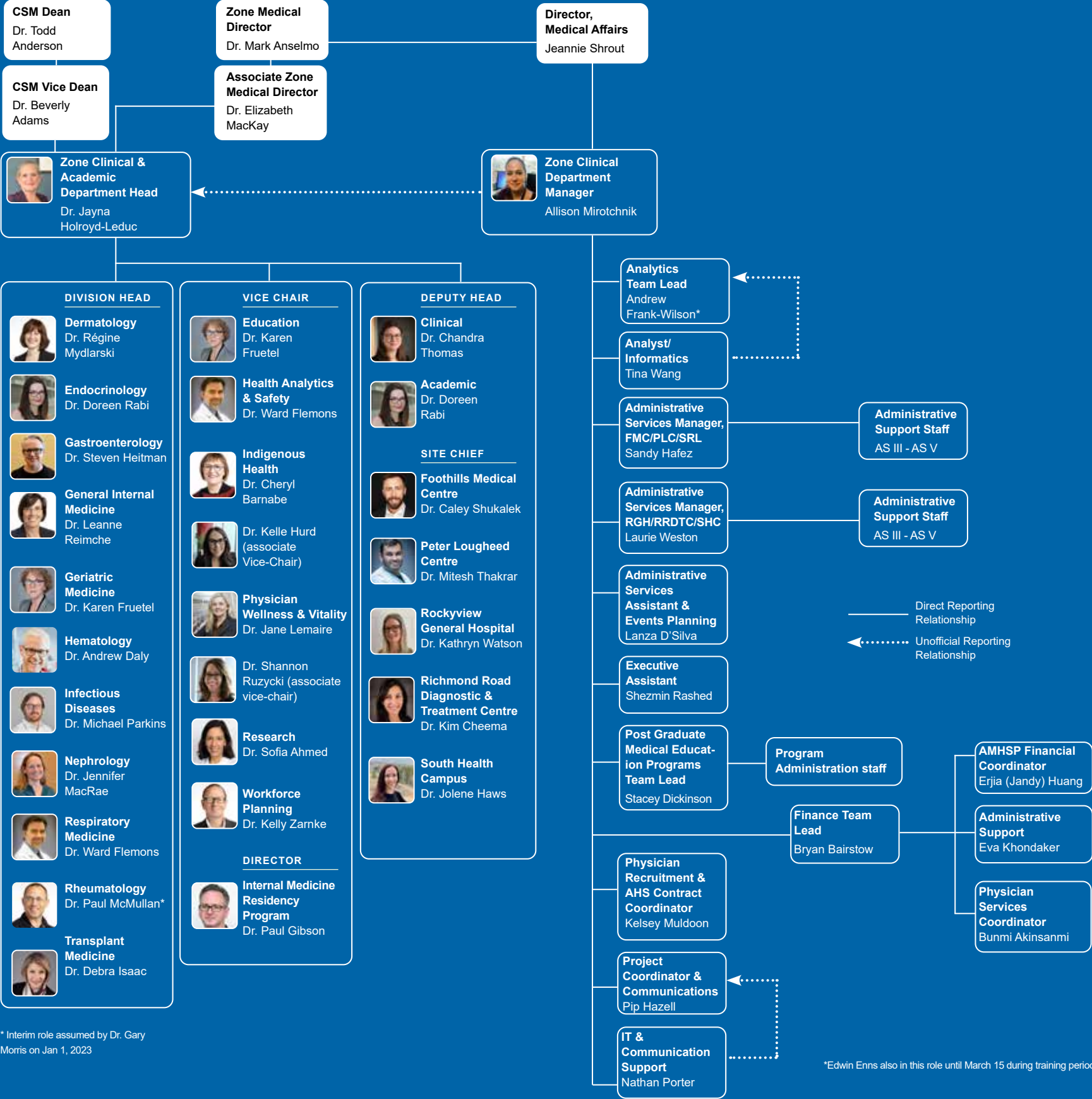
Dr. Meghan Vlasschaert

Dr. Jane Lemaire Award for Physician Wellness:

Endo Wellness Committee (Dr. Shelly Bhayana, Dr. Laura Hinz, Dr. Amita Mahajan, Dr. Nathalie Saad)

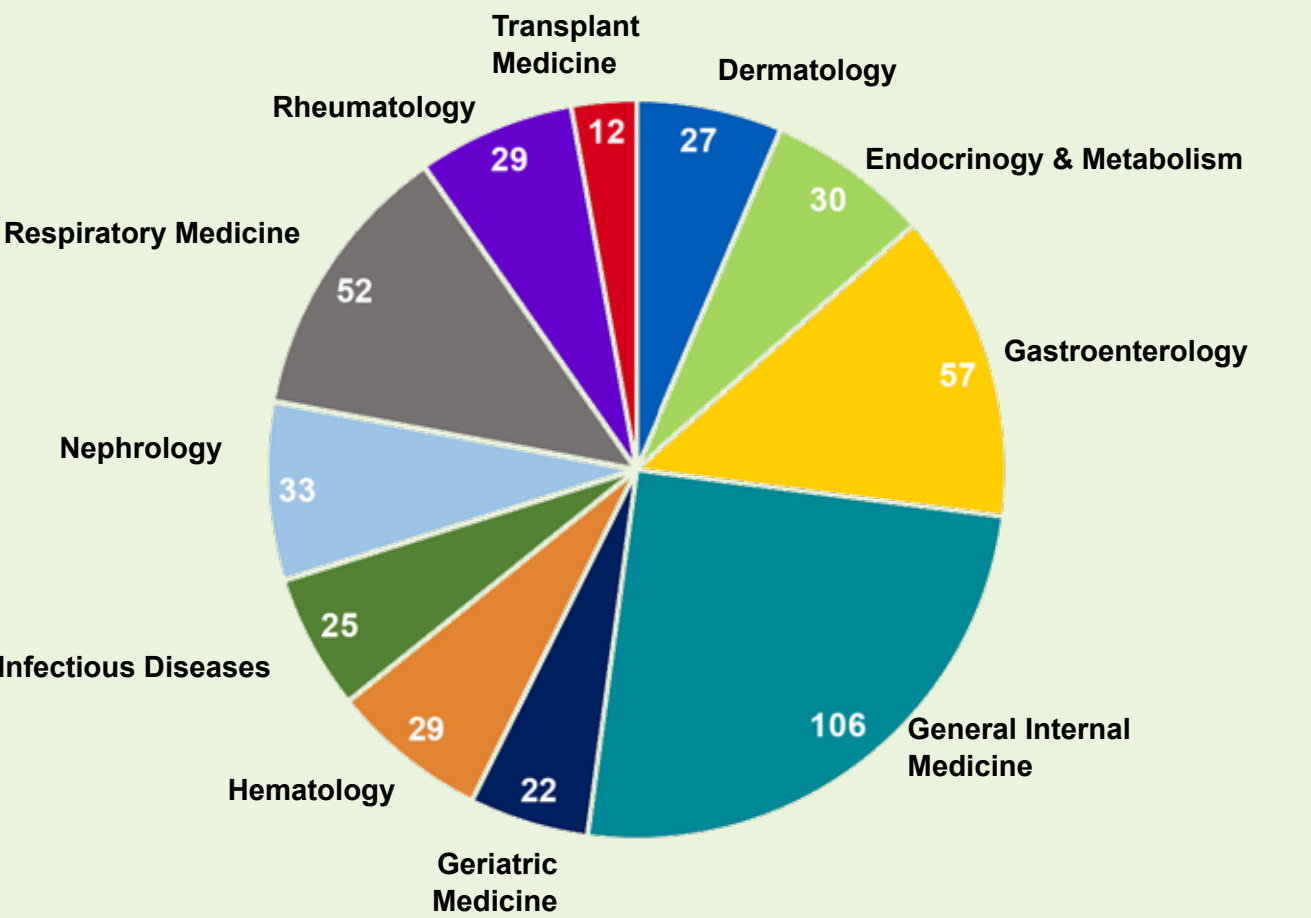
Organization chart

AS OF MARCH 31, 2023 UNLESS OTHERWISE NOTED



Membership Data

DEPARTMENT OF MEDICINE SUBSPECIALTIES PRIMARY APPOINTMENTS

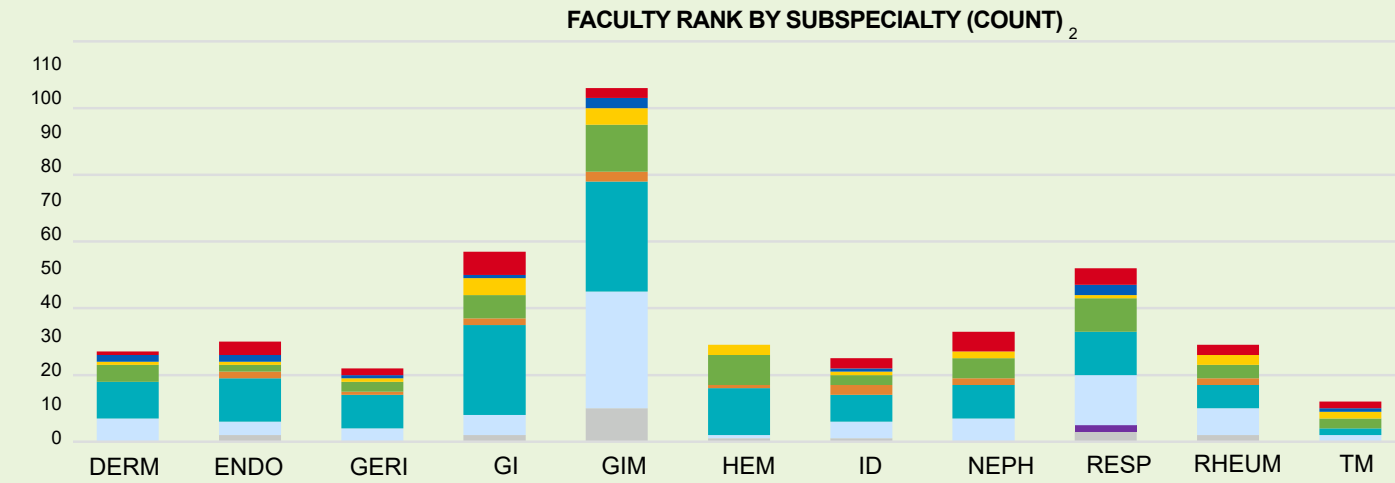
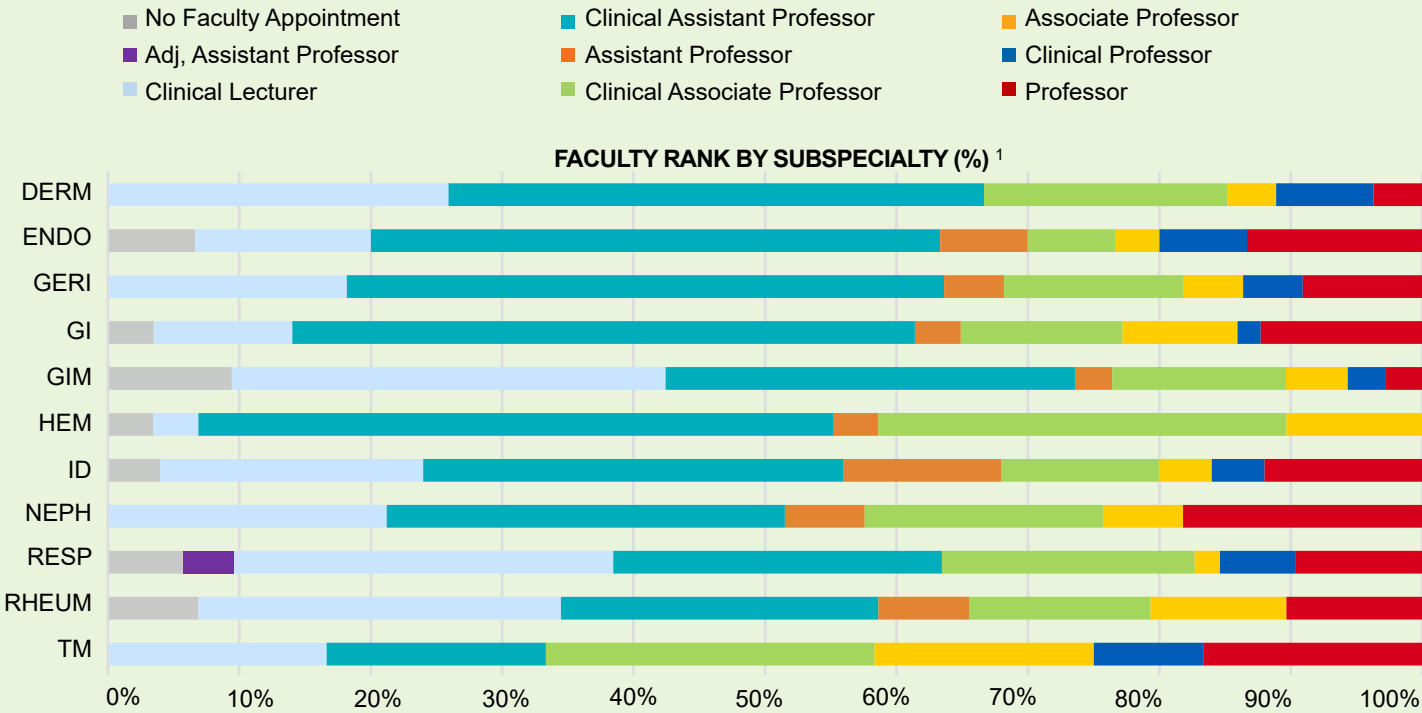


DEPARTMENT MEMBERS WITH A PRIMARY APPOINTMENT

DERM	ENDO	GI	GIM	GERI	HEM	ID	NEPH	RESP	RHEUM	TM	Grand Total
27	30	57	106	22	29	25	33	52	29	12	422

Source: Department of Medicine Gizmo
NOTE: This is primary appointments only, those who have a secondary appointment in the DOM and a primary appointment external to the DOM are not included here

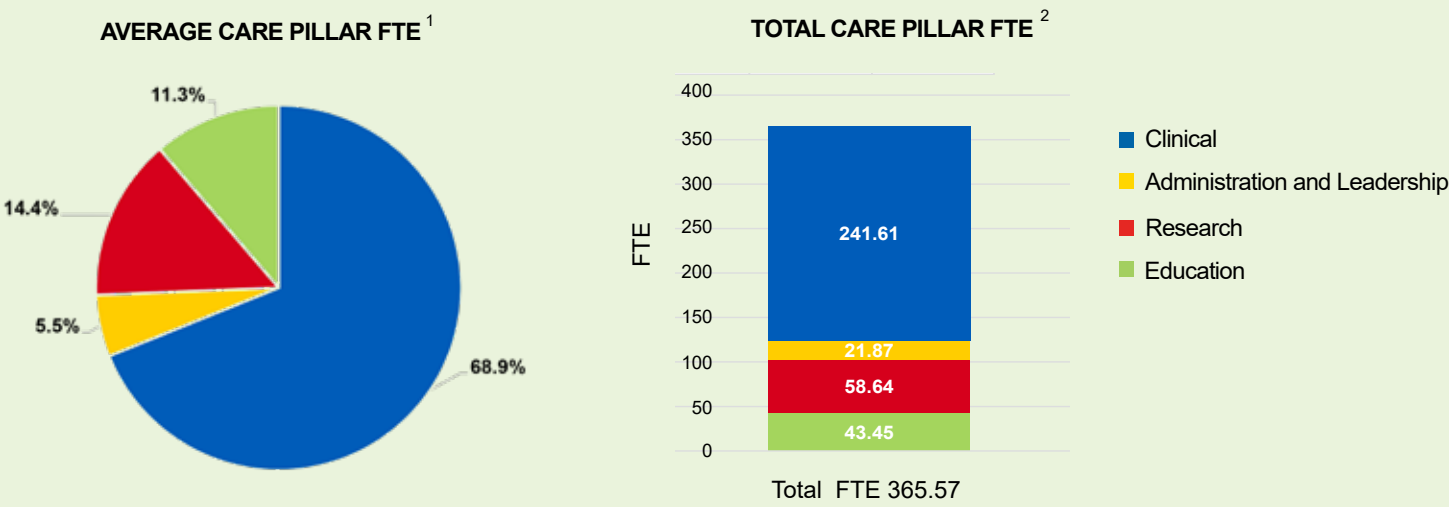
Faculty Appointment Data



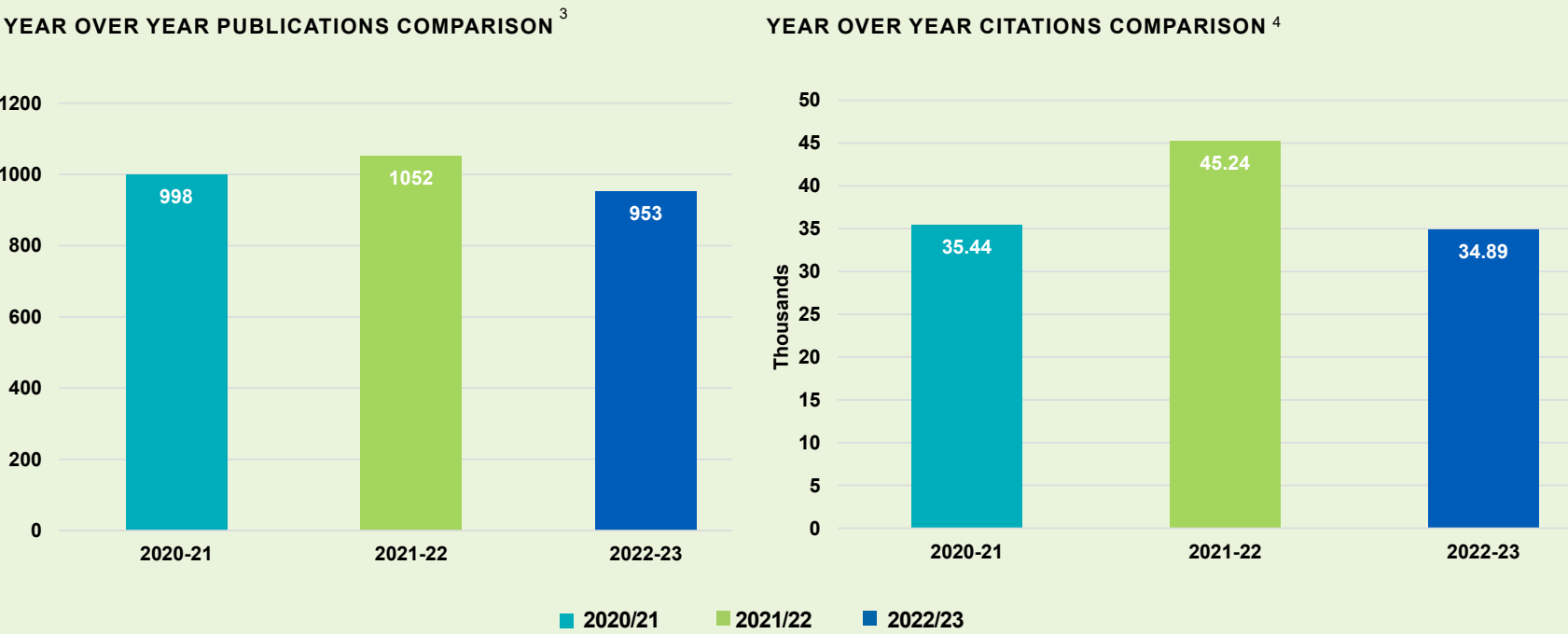
Faculty Rank	DERM	ENDO	GERI	GI	GIM	HEM	ID	NEPH	RESP	RHEUM	TM	Grand Total
No Faculty Appointment		2		2	10	1	1		3	2		22
Adj. Assistant Professor									2			2
Clinical Lecturer	7	4	4	6	35	1	5	7	15	8	2	94
Clinical Assistant Professor	11	13	10	27	33	14	8	10	13	7	2	148
Assistant Professor		2	1	2	3	1	3	2		2		16
Clinical Associate Professor	5	2	3	7	14	9	3	6	10	4	3	66
Associate Professor	1	1	1	5	5	3	1	2	1	3	2	25
Clinical Professor	2	2	1	1	3		1		3		1	14
Professor	1	4	2	7	3		3	6	5	3	2	36
Grand Total	27	30	22	57	106	29	25	33	52	29	12	422

1. Source: Department of Medicine Gizmo
2. Source: Department of Medicine Gizmo

ISA & FTA Data



Publication Data

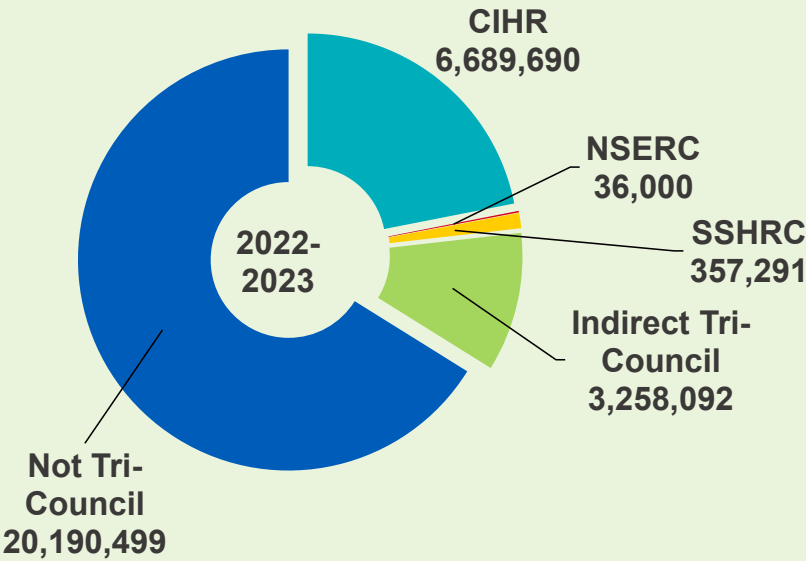


1. Source: Department of Medicine Gizmo
2. Source: Department of Medicine Gizmo
3. Publications provided by UCalgary Analytics extracted from Scopus and Scival API for the DOM accessed as of Sept 12, 2023. The methodology for retrieving these stats has changed, therefore a year over year comparison is provided all using this new methodology.
4. Actual Citations made during the year of all publications. These are any publications linked to the current DOM members published in all years 2021-2023. For example: amount of citations in 2023 from papers from the last 3 years.

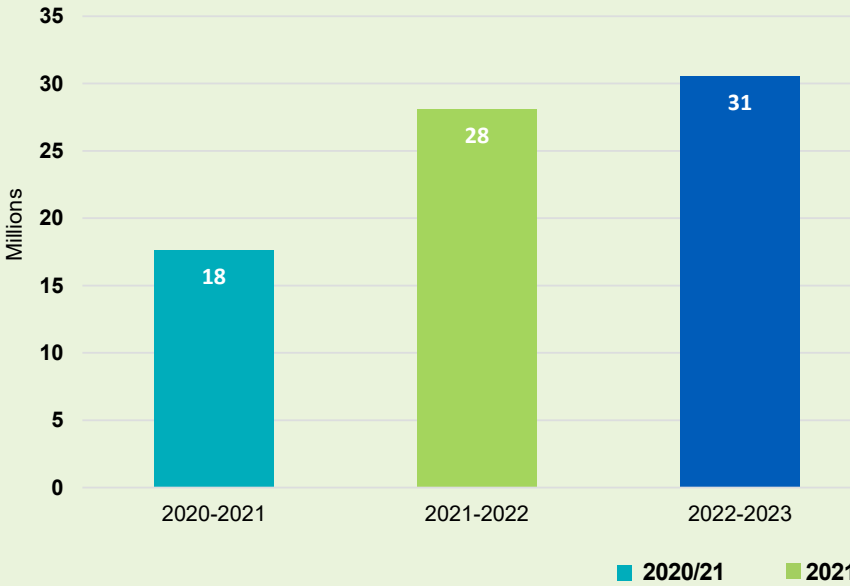
Research Revenue Data ¹

RESEARCH REVENUE BREAKDOWN COMPARISON YEAR OVER YEAR

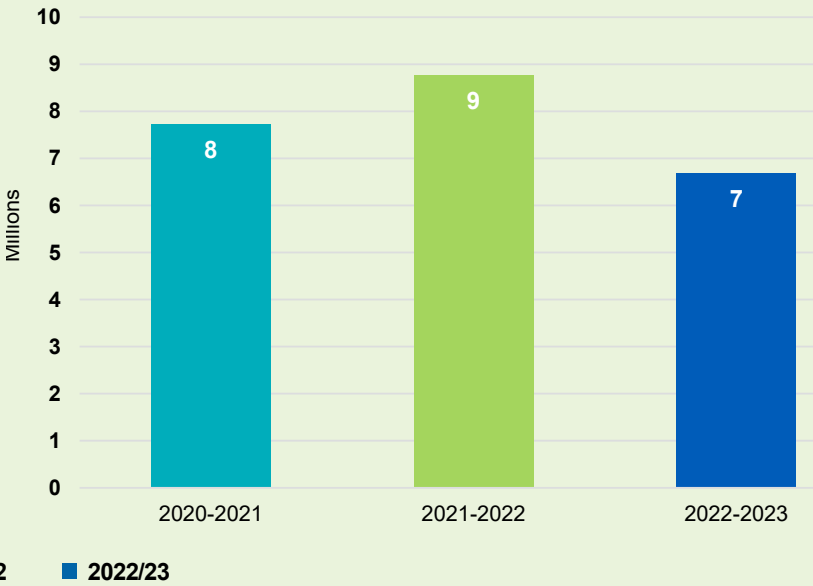
Revenue Type	2020-2021	2021-2022	2022-2023
CIHR	7,721,253	8,772,913	6,689,690
NSERC	36,000	36,000	36,000
SSHRC		158,056	357,291
Indirect/Tri-Council ²	1,402,003	2,003,512	3,258,092
Not Tri-Council	8,508,230	17,109,999	20,190,499
Grand Total	17,667,486	28,080,481	30,531,573



TOTAL RESEARCH REVENUE COMPARISON YEAR OVER YEAR



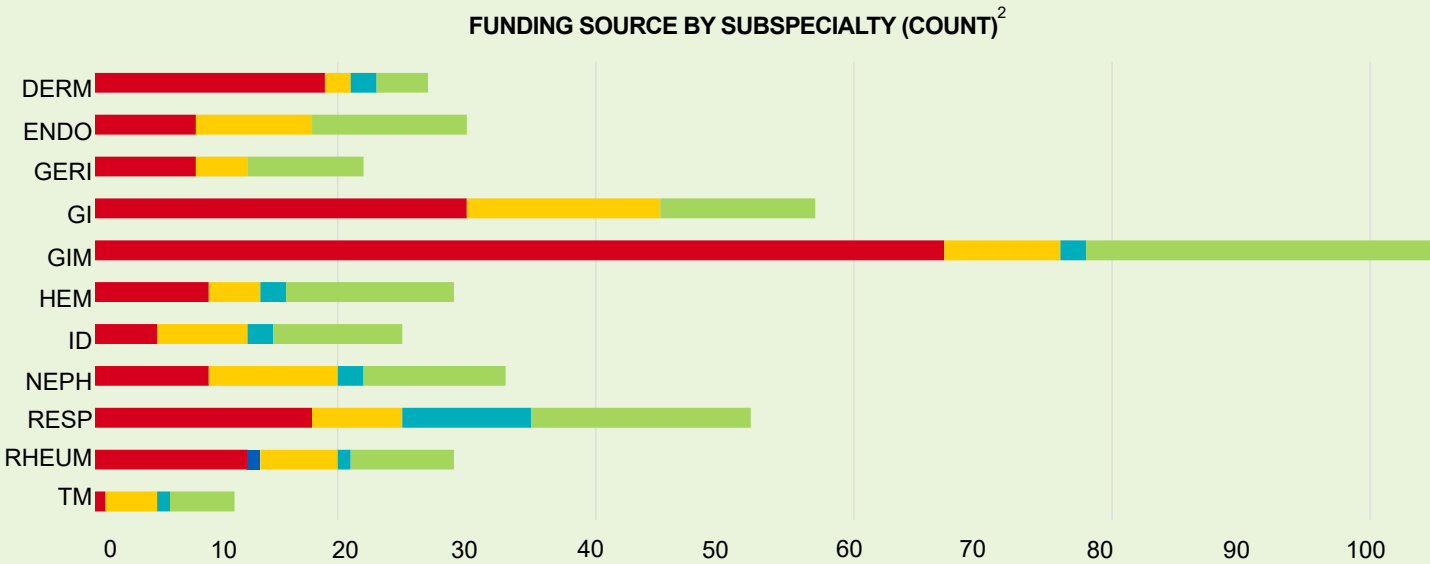
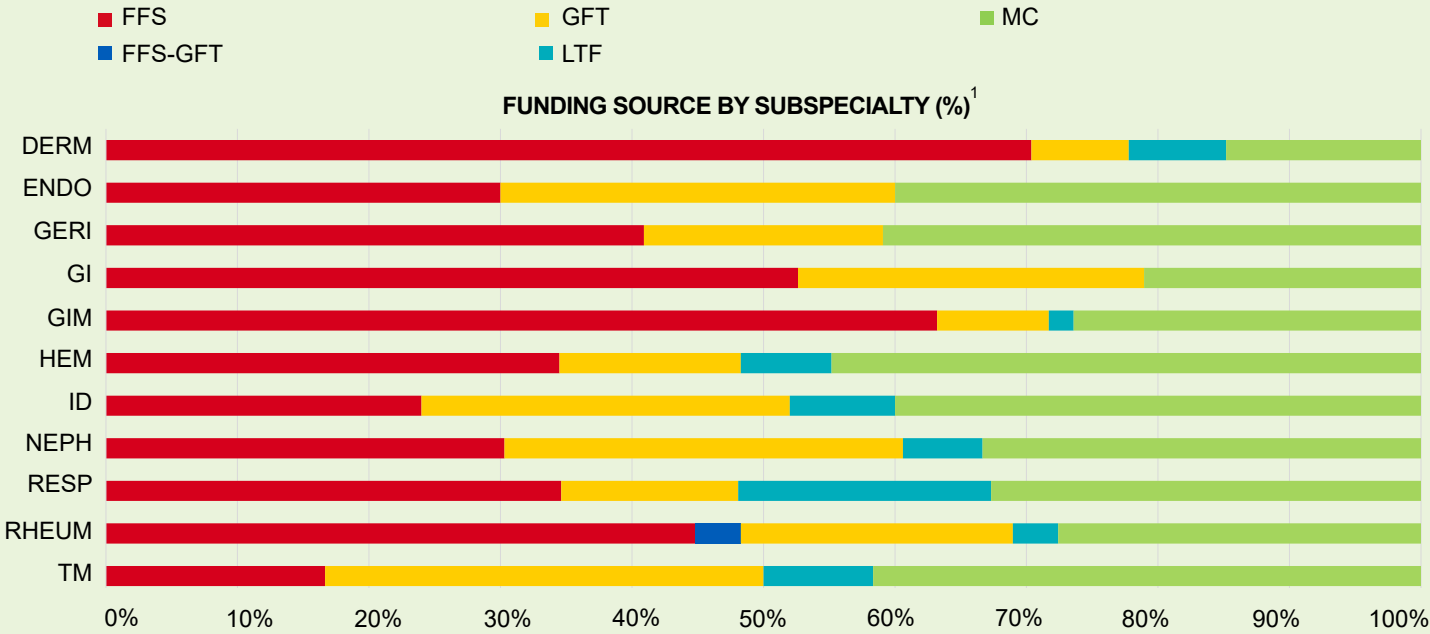
TOTAL CIHR REVENUE COMPARISON YEAR OVER YEAR



1. Data provided by UCalgary Analytics extracted from PS Research and Trust on Date for the fiscal year - accessed as of Sept 12, 2023. The methodology has has changed recently. Therefore a comparison year over year with the same methodology is included for the two previous years also.

2. Indirect/other tri-council: External sponsors that use tri-agency funds (original source) sponsoring Ucalgary projects.

Physician Funding Data



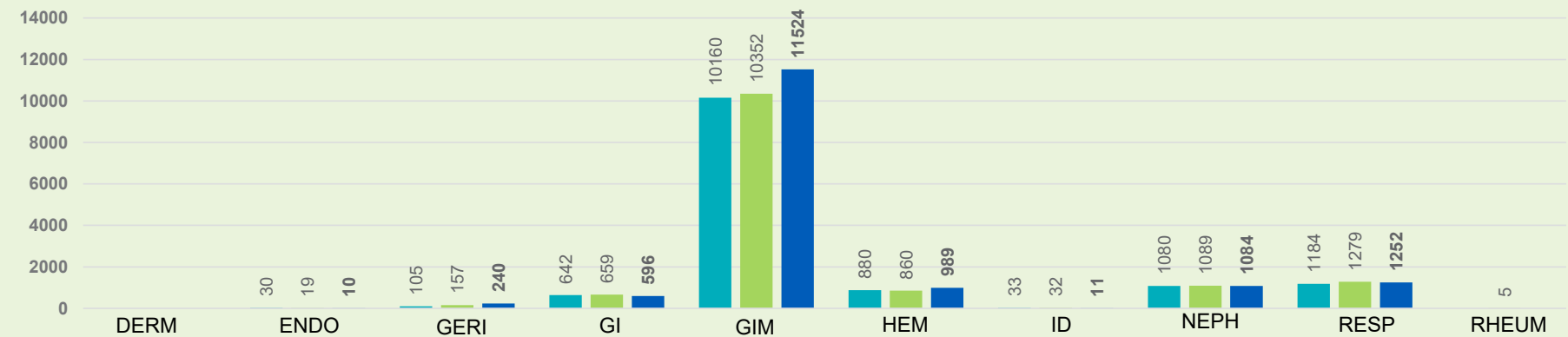
Faculty Rank	DERM	ENDO	GERI	GI	GIM	HEM	ID	NEPH	RESP	RHEUM	TM	Grand Total
FFS	19	9	9	30	67	10	6	10	18	13	2	193
FFS-GFT										1		1
GFT	2	9	4	15	9	4	7	10	7	6	4	77
LTF	2				2	2	2	2	10	1	1	22
MC	4	12	9	12	28	13	10	11	17	8	5	129
Grand Total	27	30	22	57	106	29	25	33	52	29	12	422

1. Source: Department of Medicine Gizmo
2. Source: Department of Medicine Gizmo

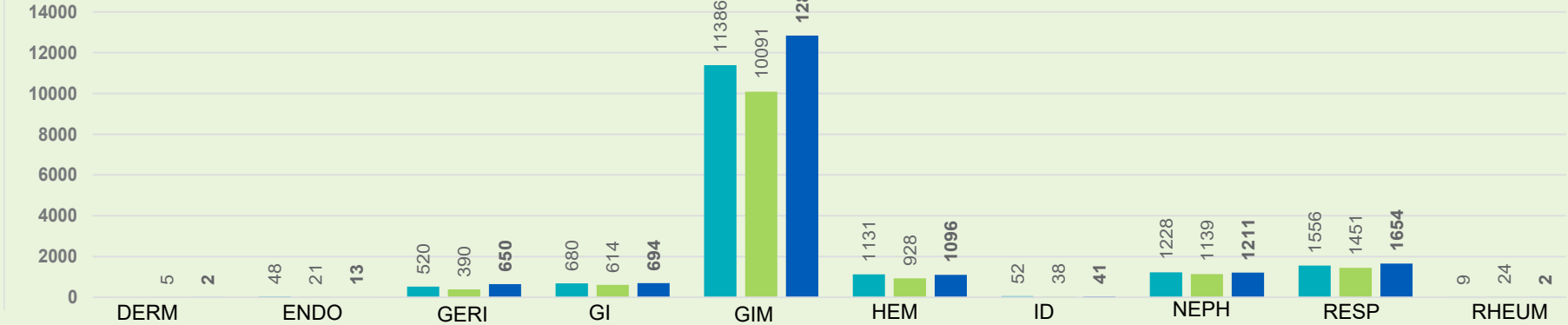
Inpatient Data

2020/21 2021/22 2022/23

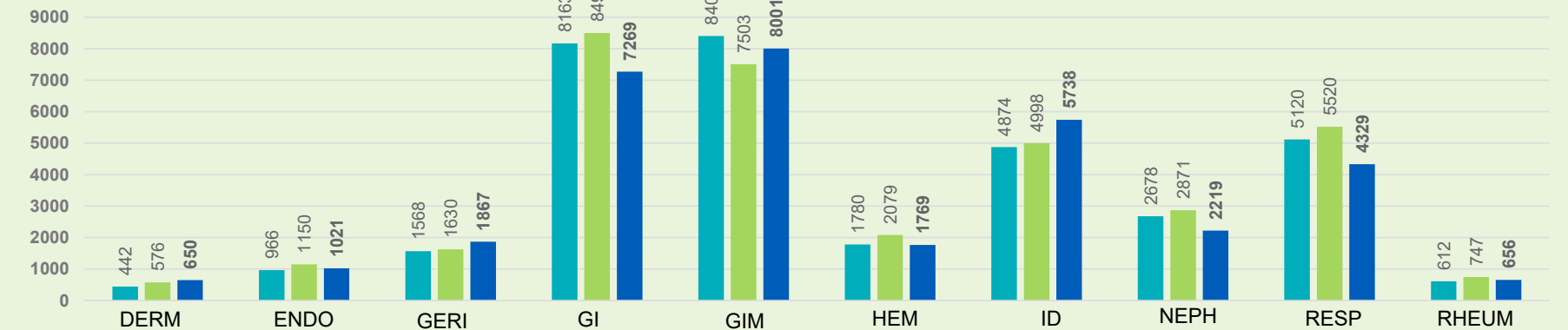
INPATIENTS ADMITTED ¹



INPATIENTS ATTENDED ²



INPATIENT CONSULTS ³



1. Source: Sunrise Clinical Manager and Connect Care

2. Source: Sunrise Clinical Manager (SCM) and Connect Care. Inpatients will have consecutive attending physicians during their hospital stay. The "attending" is the physician responsible for the patient during the attending period. This table captures all the patients for which any Internal Medicine subspecialty physician was an attending physician during the patients' stay.

3. Source: Sunrise Clinical Manager (SCM) and Connect Care. Consults ordered for inpatients are as per SCM data. Usually, the consult is ordered with a physician's name attached. However, sometimes the order includes only a group name (e.g. SHC GIM Medical Teaching Unit). Either are accepted but restricted so that there is no double counting. Consults do not reflect how many patient encounters occurred. The rate table is based on Physician Billing data and shows for each consult ordered and how many face to face encounters are likely to occur. .

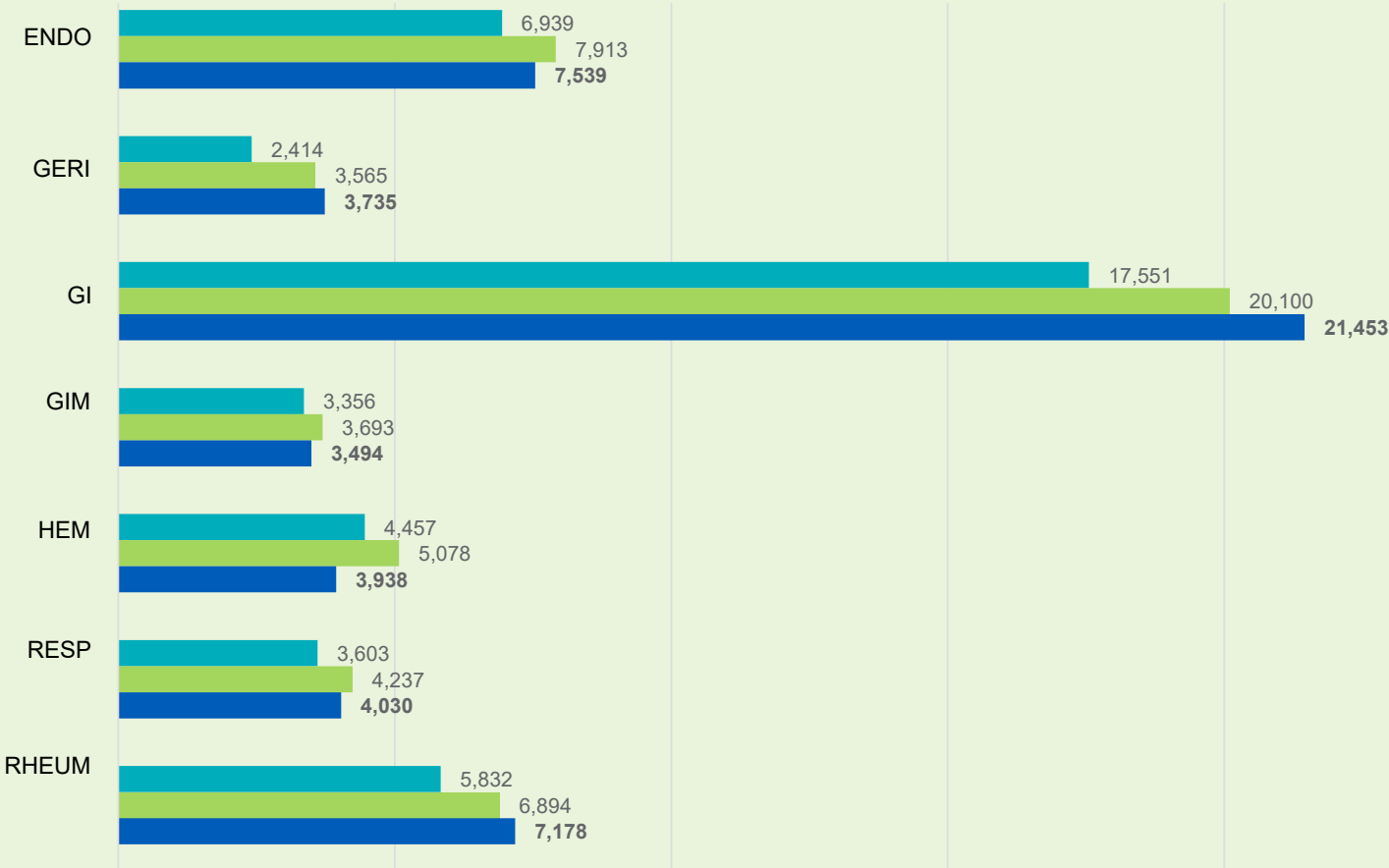
Inpatient Data (Continued)

RATE OF FACE TO FACE PATIENT ENCOUNTERS PER SCM INPATIENT CONSULT 2022/23²

Subspecialty	FMC	PLC	RGH	SHC
DERM	1.5	2.3	2	1.4
ENDO	4.5	1.9	1.4	1.4
GERI	3.3	2.7	3.6	2.9
GI	2.9	1.5	1.7	2.4
GIM	3.8	4	2.4	2.9
HEM	3.6	2.2	1.7	1.7
ID	3.7	3.3	3	3.9
NEPH	6.4	8.2	5.9	5.6
RESP	2.3	3.3	4.3	3.1
RHEUM	2.3	2.1	2.5	2.2

OUTPATIENT DATA

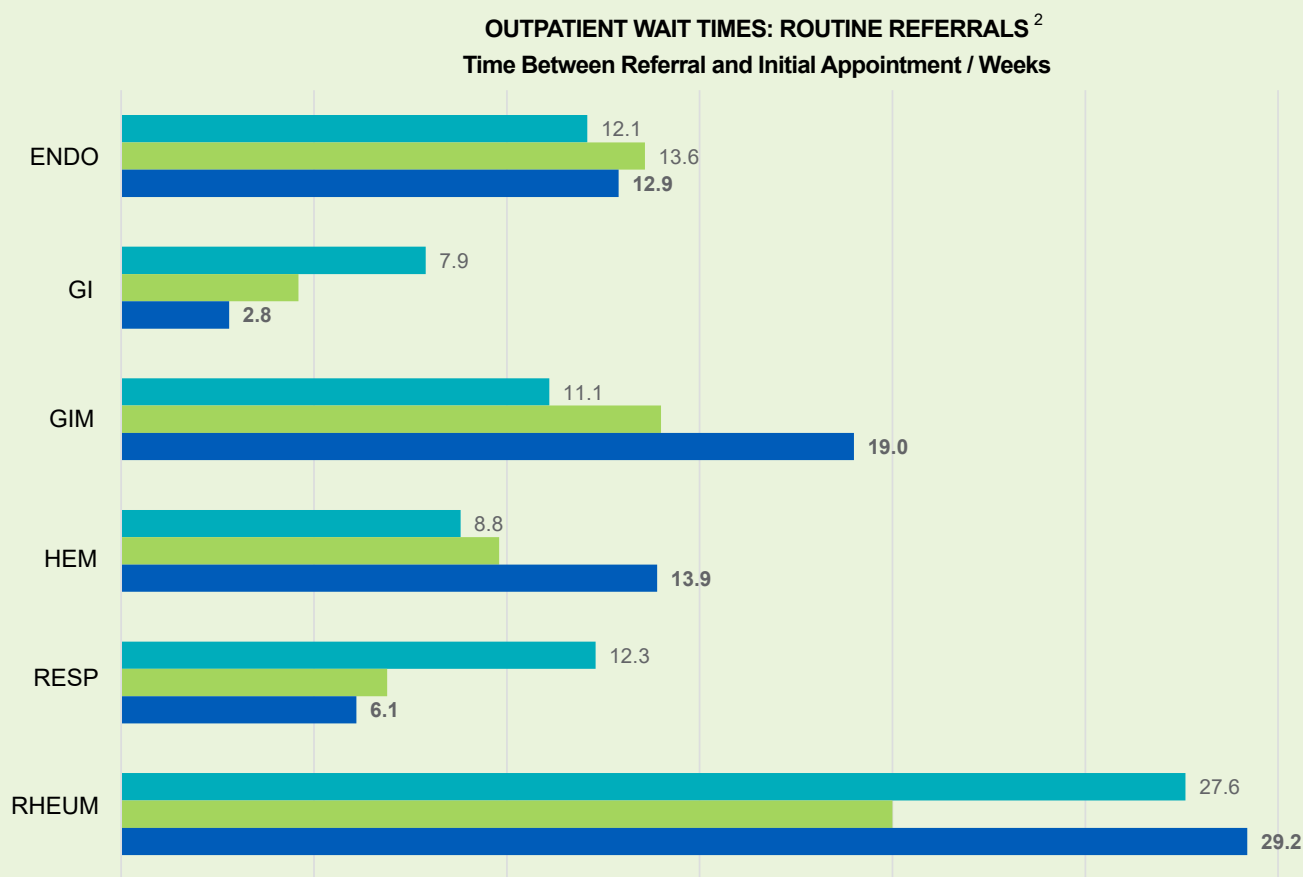
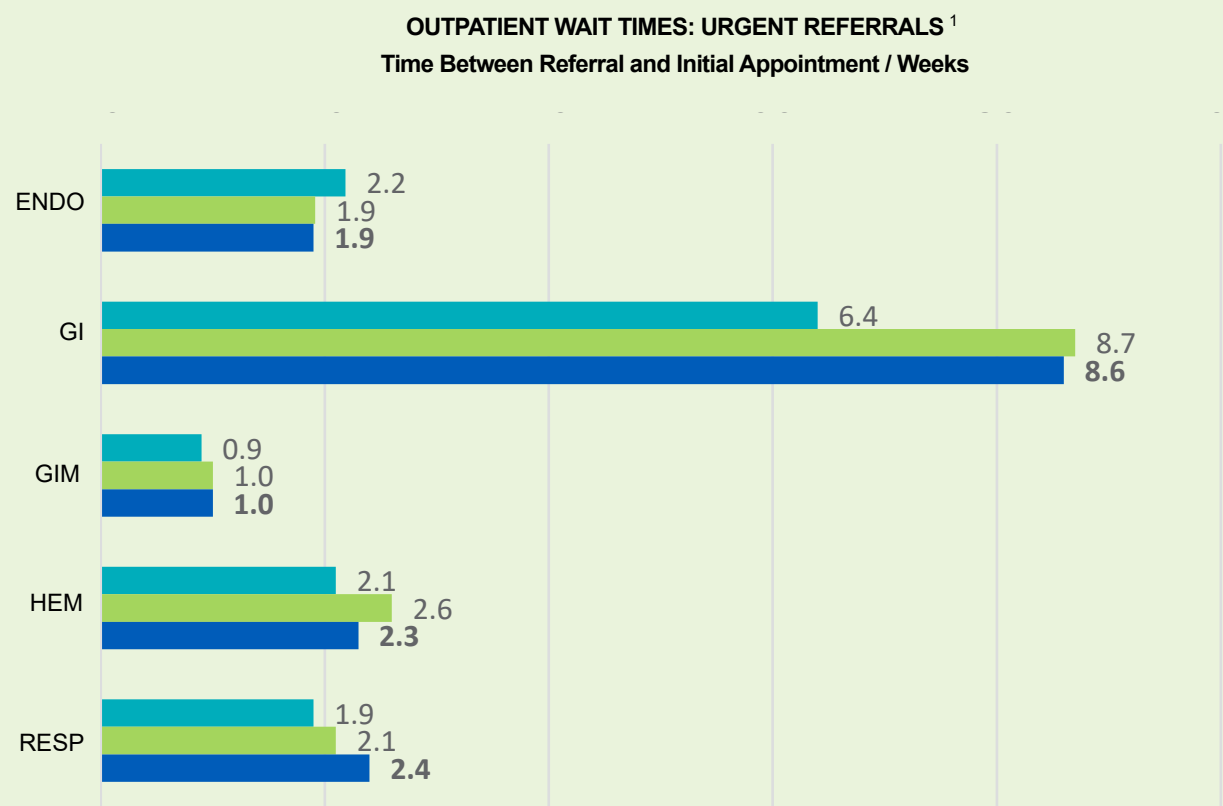
2020/21 2021/22 2022/23
CENTRAL ACCESS & TRIAGE (CAT) OUTPATIENT CLINIC REFERRALS²



1. Source: Physician Billing. Consults ordered do not reflect how many patient encounters occurred. The rate table is based on Physician Billing data and shows for each consult ordered how many face to face encounters are likely to occur.

2. Source: Central Access & Triage and Seniors Health One-line (Geriatric Medicine data only). Outpatient departmental services that do not participate in the Central Access & Triage or Seniors Health One-line are not captured.

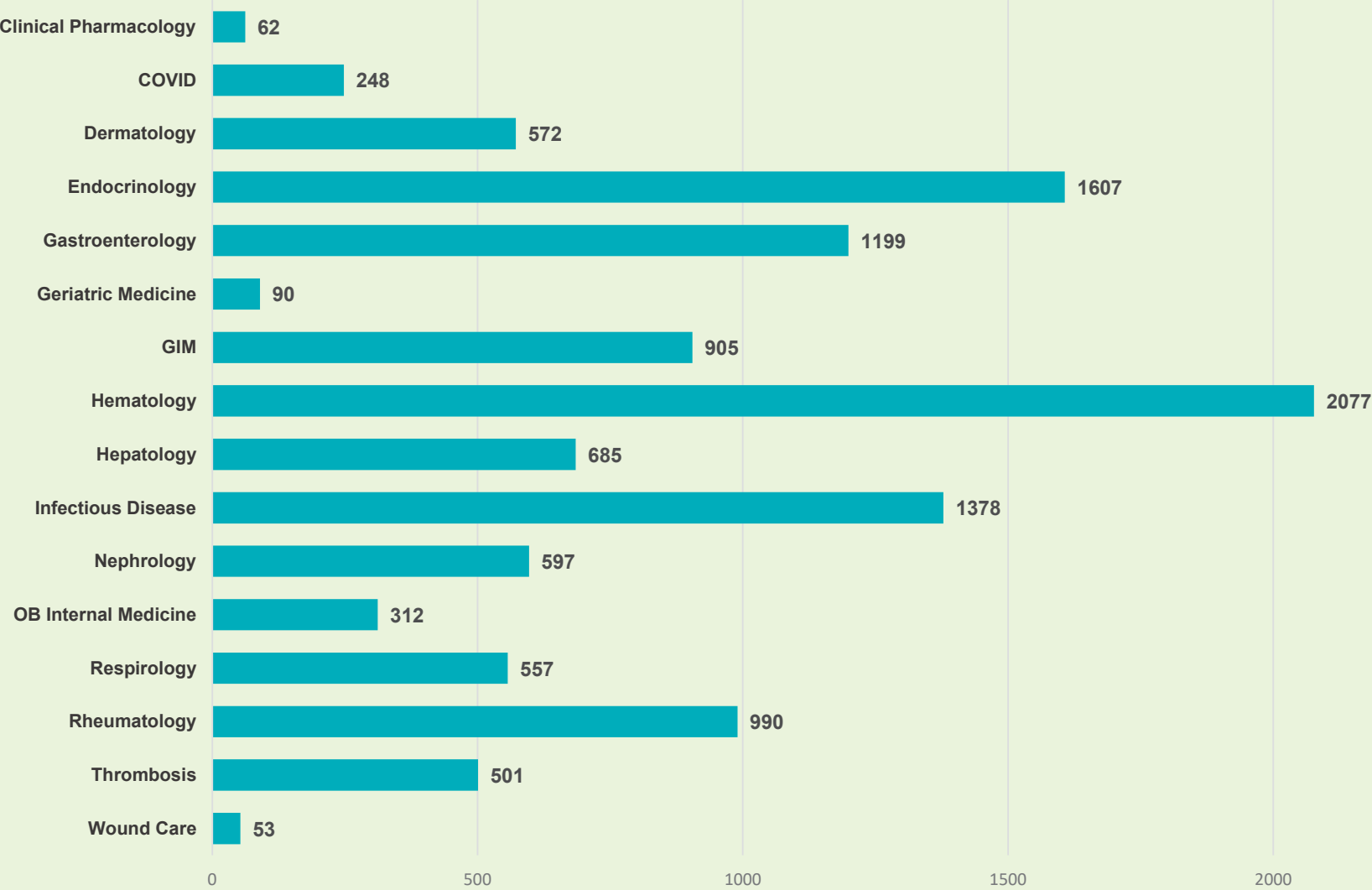
Outpatient Data (Continued)



1. Source: Central Access & Triage. Outpatient departmental services that do not participate in the Central Access & Triage are not captured.
2. Source: Central Access & Triage. Outpatient departmental services that do not participate in the Central Access & Triage are not captured.
NOTE: GI Routine Wait Times may not be accurate due to data entry issues. Data is not available for all divisions.

Specialist Link

SPECIALIST LINK CALLS BY SECTION OR CLINICAL SERVICE ¹



1. Source: Provided from Specialist Link Calgary Foothills Primary Care Network

Promotions

Promotion to Professor

Dr. Matthew James

Promotion to Associate Professor

Dr. David Campbell
Dr. May Choi
Dr. Nauzer Forbes
Dr. Christopher Ma
Dr. Zahra Goodarzi
Dr. Ranjani Somayaji

Promotion to Clinical Professor

Dr. Chandra Thomas

Promotion to Clinical Associate Professor

Dr. Marcus Povitz
Dr. Jeffery Ma
Dr. Michael Ma
Dr. Shane Devlin
Dr. Mohamed Rachid Mounir
Dr. Naushad Hirani
Dr. Jennifer Ngo
Dr. Susan Poelman
Dr. Sylvia McCulloch
Dr. Edwin Cheng
Dr. Stacey Hall

Promotion to Clinical Assistant Professor

Dr. James Ramsahai
Dr. Michael Walsh
Dr. Melissa Chan
Dr. Alejandra Ugarte-Torres
Dr. Nicholas Li
Dr. Taylor Wong
Dr. Eric Leung

Dr. Danya Traboulsi
Dr. Brett Edwards
Dr. Matthew Cooper
Dr. Uzman Erum
Dr. Erin Carter
Dr. Caroline O'Shaughnessy
Dr. Matthew Muzarek

Awards

The Awards listed is limited to those the department was informed of. Awards received by members may have been missed. Please email dom.announcements@ahs.ca and we will update the digital/online version.

Dr. Sofia Ahmed

- 2022 DOM Dr. John Conly Innovation Award
- American Physiological Society Select Award
- Hypertension Canada Senior Investigator Award

Dr. Ghazwan Altabbaa

- 2022 IMRP Faculty Golden Bull Award

Dr. Anshula Ambasta

- 2022 Honor Roll UME Clerkship Award

Dr. Maria Bacchus

- 2022 IMRP Faculty Repeat Offender Award

Dr. Claire Barber

- 2022 AMA Section of Rheumatology Research Paper of the Year

Dr. Adam Bass

- 2022 UME Pre-Clerkship Gold Star Award Course 4
- UME Associates Deans Letter of Excellence

Dr. Hanan Bassyouni

- 2022 UME Pre-Clerkship Gold Star Award Course 4
- 2022 DOM Dr. Howard McEwen Clinical Excellence Award (PLC)
- Dr. Michael Tarrant Award for Excellence in Medical Education

Dr. Kristen Brown

- 2022 DOM Quality Improvement and Patient Safety Award

Dr. Aleem Bharwani

- 2022 UME Pre-Clerkship Gold Star Award – Population Health

Dr. Shelly Bhayana

- 2022 UME Pre-Clerkship Gold Star Award Course 4
- 2022 DOM Dr. Jane Lemaire Physician Wellness Award

Dr. Alejandra Boscan

- 2022 DOM South Health Campus Clinical Excellence Award

Dr. Michael Bosch

- 2022 Gold Star UME Clerkship Award

Dr. Kelly Burack

- 2022 UME Pre-Clerkship Gold Star Award Course 1

Dr. Darren Burback

- UME Platinum Service Award
- Associate Deans Letter of Excellence for UME Teaching

Dr. Sonia Butalia

- 2022 CIHR/Diabetes Canada Young Scientist Award

Dr. David Campbell

- Avenue Magazine Top 40 under 40
- CIHR/CASPHR Top 10 Finalist – Research Article of the Year

Dr. Edwin J Cheng

- 2023 Canadian

Association of Medical Education (CAME) Merit Award

- 2023 Canadian Association of Gastroenterology Young Educator Award
- UME Pre-Clerkship Gold Star Award Course 1

Dr. Kim Cheema

- Associate Deans Letter of Excellence for Lecturing

Dr. Diedre Church

- 2023 Division Infectious Diseases Osler Award for Best Seminar Summerizing a Clinical Research Area

Dr. May Choi

- Association of Medical Laboratory Immunologists Young Investigator Award
- Association of Medical laboratory Immunologists Future Leaders in Medical Laboratory Immunology Award.

Dr. Adrienne Cohen

- UME Platinum Service Award

Dr. Martin Cole

- 2022 DOM Dr. TOM Enta Clinical Excellence Award Community

Dr. John Conly

- 2022 CMA F.N.G. Starr Award for Lifetime Achievement
- Honorary Doctor of Science – University of Saskatchewan

Dr. Laura Cooke

- 2022 Honor Roll UME Clerkship Award

Dr. Philippe Couillard

- 2022 IMRP Faculty Ectopic Award

Dr. Erika Dempsey

- 2022 UME Pre-Clerkship Gold Star Award Course 5

Dr. Janeve Desy

- 2023 Canadian Association of Medical Education (CAME) Meridith Marks New Educator Award

Dr. Mannat Dhillon

- 2022 UME Pre-Clerkship Gold Star Award – Integrative Course

Dr. Dan Doyle

- 2023 Division of Infectious Diseases Apprentice Award for the best seminar by a trainee

Dr. Sandi Dumanski

- 2023 Canadian Women's Heart, Brain and Vascular Health Early-Career Investigator Award
- 2022 PGME Faculty Resident Mentorship Award

Dr. Brett Edwards

- 2023 Division of Infectious Diseases Entertainer Award for most engaging and educational seminar

Dr. Gabriel Fabreau

- Queen Elizabeth II Platinum Jubilee Medal

Dr. John Fralick

- 2022 Gold Star UME Clerkship Award

Dr. Kristin Fraser

- 2022 DOM Dr. Brenda Hemmelgarn Professionalism Award

Dr. Amber Fripp

- 2022 IMRP Faculty Work-Life Balance Award

Dr. Karen Fruetel

- UME Platinum Service Award
- Associate Deans Letter of Excellence for UME Teaching

Dr. Nauzer Forbes

- 2022 O'Brien Institute Emerging Research Leader Award

Dr. Michelle Grinman

- Health Quality Council of Alberta Patient Experience Award
- Canadian Women in Medicine Women of the Week

Dr. Michelle Geddes

- 2022 DOM Dr. John Dawson Clinical Excellence Award (FMC)

Dr. Mark Gillrie

- 2023 Division of Infectious Diseases Beaker Award for Best Original Research Seminar

Awards

Dr. Louis Girard

- CSM Honor Roll Award for Outstanding Teaching
- Bronze Contribution Course IV
- CSM Associate Deans Letter of Excellence for Lecturing

Dr. Zahra Goodarzi

- 2022 DOM Team Builder of the Year Award
- Off-Service Preceptor Award for Clinical Pharmacology and Toxicology Residency Program
- Geriatric Medicine Residency Program Excellence in Teaching Faculty Award

Dr. Richard Haber

- 2022 Canadian Dermatology Association Resident and Fellow Society, Clinical Teaching Award

Dr. Stacey Hall

- UME Platinum Service Award

Dr. Patrick Hanly

- Division of Respiratory Medicine Clarence Guenter Award for Outstanding Lifetime Achievements

Dr. Jori Hardin

- 2022 UME Pre-Clerkship Gold Star Award Course 2

Dr. Jolene Haws

- 2022 IMRP Faculty Silver Tongue Award

Dr. Steven Heitman

- Alberta Society of Gastroenterology Distinguished Researcher Award

Dr. Daniel Heng

- 2022 Honor Roll UME Clerkship Award

Dr. Laura Hinz

- 2022 UME Pre-Clerkship Gold Star Award Course 4
- 2022 DOM Dr. Jane Lemaire Physician Wellness Award

Dr. David Hogan

- Elected to Sigma Xi – American Scientific Honor Society
- Letter of recognition from the COVID-19 Scientific Advisory Group, AHS

Dr. Jayna Holroyd-Leduc

- 2023 AFMC May Cohen Equity, Diversity and Gender Award
- Fellow, Canadian Academy of Health Sciences

Dr. Ryan Iwasiw

- 2022 Gold Star UME Clerkship Award

Dr. Karim Jamani

- 2022 UME Pre-Clerkship Gold Star Award Course 1

Dr. Dierdre Jenkins

- 2022 UME Pre-Clerkship Gold Star Award – Course 1

Dr. Kerri Johannson

- American Journal of Respiratory and Critical Care Medicine Top Reviewer Award

Dr. Rahim Kachra

- Canadian Association of Medical Education (CAME) Merit Award
- Jones Family Leadership Award
- 2023 CSM Alumni of Distinction Award – Education
- 2021 FMC Medical Staff Association Early Career Physician of the Year

Dr. Joseph Kim

- 2022 DOM Dr. Terry Groves Clinical Excellence Award (RGH)
- ID Resident Awards – Clinical Preceptor

Dr. Susan Kinnear

- IM Clerkship Award Unsung Hero

Dr. Habib Kurwa

- 2022 PARA Clinical Teaching Award

Dr. Emily Kwan

- UME Pre-Clerkship Gold Star Award – Communications
- UME Platinum Service Award
- Associate Deans Letter of Excellence for UME Teaching

Dr. Parabhdeep Lail

- 2022 Honor Roll UME Clerkship Award

Dr. Raynell Lang

- 2022 CIHR Travel Award (to AIDS 2022)

Dr. Paul Leblanc

- 2022 Honor Roll UME Clerkship Award
- 2022 IMRP Faculty Silver Finger Award

Dr. Sam Lee

- Runner Up Medical Post Awards Innovative Practice

Dr. Richard Leigh

- Inducted as a Fellow of the Canadian Academy of Health Sciences

Dr. Ryan Lenz

- 2022 UME Pre-Clerkship Gold Star Award

Dr. Jane Lemaire

- 2022 CMA Dr. Leo-Paul Landry Medal of Service

Dr. Alex Leung

- Queen Elizabeth II Platinum Jubilee Medal
- Petro Canada Young Innovator Award

Dr. Pin Li

- IM Clerkship Award Unsung Hero

Dr. Cathy Lu

- Crohn's & Colitis Canada Women in IBD Emerging Research Award

Dr. LeeAnne Luft

- ID Residents Awards - Wellness

Dr. Tara Lohman

- 2022 UME Pre-Clerkship Gold Star Award Course 3

Dr. Chris Ma

- 2022 UME Pre-Clerkship Gold Star Award – Course 1

Dr. Irene Ma

- 2022 FMC Medical Staff Association Established Physician of the Year Award
- 2022 UCalgary Clinical Investigator Program Telemachus Award
- 2022 O'Brien Institute Research Excellence Award
- American College of Physicians Laureate Award

Dr. Alison MacKay

- 2022 IMRP Faculty Rural Teaching Excellence Award

Dr. Amita Mahajan

- 2022 DOM Dr. Jane Lemaire Physician Wellness Award

Dr. David Megran

- 2023 Division of Infectious Diseases Contribution Award for most engaging and thoughtful contributions to events

Dr. Kevin McLaughlin

- UME Pre-Clerkship Gold Star Award Course 4

Dr. Christina Moran-Toro

- UME Pre-Clerkship Gold Star Award – Course 2
- 2022 DOM Equity, Diversity and Inclusion Award

Dr. Regine Mydlarski

- 2023 Canadian Dermatology Association's Award of Merit

Dr. Yasmin Nasser

- 2023 ROME Foundation Research Award
- TRIANGLE Canada Early Career Researcher

Dr. Kerry Novak

- Clinical Research Award University of Calgary

Dr. Michael Parkins

- 2022 ASTech Award from Technology Alberta. (Awarded to COVID-19 Monitoring Team)

Dr. Lori Parsons

- UME Pre-Clerkship Gold Star Award for Course 2
- 2022 DOM Dr. Martin Atkinson Clinical Excellence Award (RRDTC)

Dr. Paula Pearce

- UME Pre-Clerkship Award – Medical Skills
- UCalgary PGME Award for Clinical, Adjunct and Research Faculty
- UME Platinum Service Award

Dr. Susan Poelman

- 2023 Canadian Dermatology Public Education Award

Dr. Elena Qirjazi

- UME Pre-Clerkship Gold Star Award – Course 4

Dr. Rob Quinn

- Graduate Student Supervision School of Graduate Studies

Dr. Doreen Rabi

- Immigrant Champions of Canada Inclusive Leadership Award

Dr. Maitreyi Raman

- Kursheed Jeejeebhoy Award for Best Application of Clinical Nutrition Research Findings to Clinical Practice

Dr. Pietro Ravani

- Kidney Foundation of Canada, Chair Roy and Vi Baay in Kidney Research

Dr. Elissa Rennert-May

- ID Residents Awards – Research Preceptor

Dr. Jacques Rizkallah

- UME Pre-Clerkship Gold Star Award Course 3

Dr. Shannon Ruzicky

- 2022 CMA Early Career Young Leader Award

Awards

Dr. Nathalie Saad

- 2022 DOM Dr. Jane Lemaire Physician Wellness Award
 - Ucalgary CME Award for Clinical, Adjunct and Research Faculty
- Dr. Abdel Aziz Shaheen**
- 2022 IMRP Faculty Research Preceptor Award

Dr. Ronald Sigal

- Lynn McIntyre Outstanding Service Award

Dr. Jim Silvius

- Queen Elizabeth II Platinum Jubilee Medal

Dr. Ranjani Somayaji

- 2022 Cystic Fibrosis Foundation Clinical Research Scholars Program Award

Dr. Barbora Sporinova

- 2022 IMRP Faculty Rookie of the Year Award

Dr. Steven Thomson

- 2022 AMA Section of Rheumatology Educator of the Year
- 2023 Canadian Rheumatology Association Emerging Teacher-Educator Award

Dr. Marcello Tonelli

- 2023 Killam Annual Professor
- Clarivate Analytics Highly Cited Researcher

Dr. Alejandra Ugarte-Torres

- 2022 DOM Equity, Diversity and Inclusion Award

Dr. Stephen Vaughan

- ID Residents Awards – Mentorship

Dr. Meghan Vlasschaert

- 2022 DOM Early Career Clinical Excellence Award

Dr. Brandie Walker

- Division of Respiratory Medicine Bob Cowie Award – mid career

Dr. John Walsh

- 2022 Gold Star UME Clerkship Award

Dr. Norman Wong

- Queen Elizabeth II Platinum Jubilee Medal

Dr. Taylor Wong

- Associate Deans Letter of Excellence for UME Teaching

Dr. Kelly Zarnke

- 2022 Honor Roll UME Clerkship Award

Clinic

Diabetes In Pregnancy Clinic (FMC Program) distinguished as a top center internationally by Newsweek Magazine (Drs. Donaban, Bassyouni, Mahajan, Benham)

Report awards here:

<https://cumming.ucalgary.ca/departments/medicine/physician-resources/communications-resources/celebrate-award>

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LEGEND

Cardiac	Cardiac Sciences
Cell Bio & Anat	Cell Biology & Anatomy
Clin Neuro	Clinical Neurosciences
Comm Health	Community Health Sciences
Crit Care	Critical Care Medicine
Emerg Med	Emergency Medicine
MIID	Microbiology, Immunology & Infectious Diseases
Ob Gyn	Obstetrics & Gynaecology
Onc	Oncology
Paeds	Paediatrics
Lab Med	Pathology & Laboratory Medicine
Phys Pharm	Physiology & Pharmacology
Psych	Psychiatry
Rad	Radiology

FMC	Foothills Medical Centre
PLC	Peter Lougheed Centre
RGH	Rockyview General Hospital
SHC	South Health Campus
RRDTC	Richmond Road Diagnostic Treatment Centre

AMHSP	Academic Medicine Health Services Plan
ADJ	Adjunct Member
Adj. Asst. Prof	Adjunct Assistant Professor
Adj. Prof	Adjunct Professor
Asst. Prof	Assistant Professor
Assoc. Prof	Associate Professor
Prof	Professor
Clin. Lecturer	Clinical Lecturer
Clin. Asst. Prof	Clinical Assistant Professor
Clin. Assoc. Prof	Clinical Associate Professor
Clin. Prof	Clinical Professor
FFS	Fee-For-Service Member
GFT	Geographic Full-Time (Full-Time Academic Faculty)
LTA	Locum Tenens – AMHSP funded
LTF	Locum Tenens – FFS funded
MC	Major Clinical AMHSP Member
DERM	Dermatology
ENDO	Endocrinology
GERI	Geriatric Medicine
GI	Gastroenterology & Hepatology
GIM	General Internal Medicine
HEM	Hematology & Hematological Malignancies
ID	Infectious Diseases
NEPH	Nephrology
RESP	Respiratory Medicine
RHEUM	Rheumatology
TM	Transplant Medicine
RE	Research Equivalent

