



2025 Review

Department of Medicine

2024 - 2025 ANNUAL REPORT



**UNIVERSITY OF
CALGARY**

Cover Photography:
Top: DOM Day at the Zoo - Department of Medicine
Middle: Geriatrics Perioperative Clinic - Department of Medicine
Bottom: Thornton Lab - Department of Medicine

Department of Medicine

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.

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 area 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) and Sunridge Gallery, 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.

2025 Review
DEPARTMENT OF MEDICINE
UNIVERSITY OF CALGARY AND
ALBERTA HEALTH SERVICES
2024-25 REPORT

Calgary stands out for its involvement of general internists and geriatricians in anticipating, preventing, and managing medical complications before, during, and after surgery

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\$25.02

in total research revenue, including \$5.24 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 logos as well as colour palettes are featured throughout this Report.

Highlighting 5 DOM members whose research is not only advancing our understanding of women's health - it is reshaping how we move forward equitably in medicine.

Women's Health Research in the DOM: Reshaping medicine to ensure sex and gender equity in care

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70,889

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

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20,769

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Executive Summary

Dr. Jayna Holroyd-Leduc



It is my privilege, as department head, to present the Department of Medicine's 2024 - 2025 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 many of the department's important clinical, educational, research, and administrative activities and accomplishments in the 2024-25 Fiscal Year. I thank them for their contributions.

As a department, we continue to push the boundaries of innovation in delivering exceptional, patient-centered care. In 2024–25, our members provided outstanding clinical service as attending physicians for more than 20,700 inpatients and as consultant physicians for over 35,000 inpatients—both representing growth from the previous year. Through Central Access and Triage, we received over 70,000 outpatient referrals and handled close to 12,000 Specialist Link calls. In addition, many of our members continued to provide high-quality care through their community-based practices, extending our reach and impact.

Our commitment to education remains a cornerstone of our mission. We are proud to train the next generation of physicians through our core Internal Medicine Residency program, ten sub-specialty residency programs, and several nationally recognized Advanced Fellowship programs. Members of our department play integral roles in undergraduate and graduate education, mentorship, and continuing professional development. Many hold key educational leadership positions within the University, and their dedication has been recognized through numerous awards for teaching, mentorship, and educational excellence over the past year.

Research within the department continues to thrive, driving discovery and innovation across the Cumming School of Medicine research institutes. In 2024–25, our researchers secured \$25.02 million in research funding, supporting 344 active projects. Department members authored 1,023 publications, with 262 faculty contributing at least one publication this year—a testament to our broad and collaborative research culture.

Our faculty continue to provide influential leadership within the University of Calgary, Alberta Health Services (AHS), and through national and international collaborations, advancing knowledge and improving health outcomes.

We remain dedicated in our mission to equitably advance health and wellness by cultivating a community of diverse physicians who lead through care delivery, discovery, innovation, education, and knowledge translation. Guided by our Vice Chair for Indigenous Health, we continue to enhance care for Indigenous patients while building respectful and collaborative partnerships with communities. Our Office of Physician Wellness and EDIA champions a supportive, inclusive, and respectful work environment, while our Office of Education empowers our members to achieve excellence as teachers, educators and mentors. The department also continues to lead in quality improvement and patient safety and has expanded our focus to include planetary health and sustainability—reflecting our commitment to a healthier future for all.

The impactful work of our department is reflected throughout this report. We invite you to explore the achievements and innovations that define another remarkable year for the Department of Medicine.

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

Strategic Plan 2023 - 2028 Status Updates

AS OF TIME OF PUBLICATION NOVEMBER 2025

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CLINICAL PRIORITY #1
Expand shared care both within & outside the department

- Grew/expanded multidisciplinary clinical programs involving members across divisions/departments. Examples of newer or expanded multidisciplinary clinical programs included:
 - Microbial Therapeutics and FMT clinic
 - Geri-Oncology clinic
 - ILD clinic
 - Giant cell arteritis fast track clinic
 - Vulvar dermatoses clinic
 - Systemic amyloidosis program
 - Anaplastic Thyroid Cancer Rapid Access Team
 - Transplant Wellness Program
 - Transdisciplinary pituitary clinic
 - Oncodermatology clinic
 - Geriatric Pre-operative assessment
 - Indigenous Health clinics
 - Neuro-infectious Disease clinic
 - Glomerulonephritis clinic
 - Pleuroscopy program
- Held a DOM retreat exploring innovative ways to optimize ambulatory clinics with the goal to pilot/ implement innovations across the DOM
- Expanded inpatient services to meet increasing patient volumes
- Expanded the numbers of General Medical units to ensure optimal patient care, while maintaining a priority on medical education on the Medical Teaching units
- Worked to optimize non-physician supports, including a focus on all providers working to full scope of practice
- Nocturnist program expanded (PLC, FMC and RGH) to support safe care in the evenings/night, while preventing physician burn-out
- Working to optimize CAT across the DOM to better manage the increasing volumes of referrals and associated waitlists
- DOM Sections/Divisions continue to provide significant amount of direct support to primary care in the Calgary Zone through Specialist Link (5 of the 10 busiest specialist link services are within the DOM)

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CLINICAL 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

- Led by DOM Vice Chair for Indigenous Health (Dr. Kelle Hurd):
 - Continued to grow clinical (MD/NP) programs for First Nations (currently 6 divisions offer clinics across 5 First Nation communities)
 - Provided educational programing including Structural Safety and Trauma Informed Care sessions for trainees, Indigenous health content in sub-specialty training programs, IMRP Indigenous Health Spiral curriculum, and GIM longitudinal fellowship elective at Siksiika
- Offer clinics at the Mustard Seed, Calgary Drop-in and the Alex.

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ADMINISTRATION/LEADERSHIP PRIORITY #3
Promote an inclusive & empowering leadership culture

- EDI moments continued at Medical Services Executive Council and were added to IMRP Residency Program committee
- Provided funding for EDIA and Physician Wellness leadership training
- Created DOM Annual EDIA and Physician Wellness awards
- Expanded DOM Associate Vice Chair roles to create mentorship and development opportunities for emerging leaders

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RESEARCH & SCHOLARSHIP PRIORITY #4
Value, support, and promote the broad array of research and scholarship contributions of DOM members

- Updated DOM Research & Scholarship matrix
- Developed a DOM Research Start-up Guidance document for new clinician (GFT) researcher and clinician (MC) investigator hires, introducing standardization and equity across Sections/Divisions
- DOM newsletter, annual report and website highlight research impacts and successes, as well as research funding and grant development opportunities
- Recruited researchers across all 11 Divisions in the areas of basic science, translational research, clinical research, health services research, policy research and medical education
- Created annual DOM Graduate Stipend awards for students supervised/co-supervised by DOM clinician researchers/investigators
- Developed funding program that supports DOM residents to present their research at National and International meetings
- Hired a Research Associate to support biobanking for members

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RESEARCH & SCHOLARSHIP PRIORITY #5
Develop the infrastructure needed to support DOM members to pursue quality improvement (QI) and patient safety initiatives that strengthen our health system.

- Continued to develop infrastructure to support QI work within the department (including new Assoc Vice Chair of QI and Assoc Vice Chair of Planetary Health; hired QI consultant with UCMG funds)
- Developed online DOM Health Analytics & QI request intake form – available on the DOM website
- Launched an annual DOM Symposium on Health Care (started in 2024) and initiated a monthly Speaker Series on Health Analytics and QI
- Expanded the existing DOM Data Analytic grant to include QI projects (in 2025)

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EDUCATION & TRAINING PRIORITY #6
Ensure DOM members are trained and demonstrate effectiveness in areas critical to providing high quality teaching & learning

- DOM Office of Education and Education Executive committee led/leading:
 - Developed teaching expectations and standards members are expected to demonstrate - based on existing PGME and UME standards and factoring in the diversity and variety of teaching and supervision within the DOM
 - Developing an initiative to support physicians to up-skill their teaching
- Supporting (and funding) training in POCUS (point-of-care ultrasound)

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EDUCATION & TRAINING PRIORITY #7
Recognize and support all DOM members in their contributions to education

- DOM website lists opportunities for teaching within IMRP and clerkship (including sign up)
- DOM Office of Education held a small group session with FFS Educators to gain their insights, with findings to be operationalized over the coming years

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OUR PEOPLE PRIORITY #8
Promote a culture of active and universal citizenship within the DOM

- Added a Citizenship award to the DOM Annual Awards
- Recognizing Unsung Heroes at Medical Grand Rounds
- Held a DOM Leadership retreat focused on creating a culture of appreciation that is now being promoted across the department
- Launched the annual DOM Day at the Zoo in 2025

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OUR PEOPLE PRIORITY #9
Create an equitable, diverse, and inclusive DOM free from discrimination, racism, bias, and harassment

- Created a DOM Annual EDIA award
- Incorporated EDI micro-moments into Medical Grand Rounds
- Created a new Office of Physician Wellness & EDIA
- New DOM Equity & Anti-Racism Action Committee
- Developed a grant to fund medical students from equity-deserving groups to attend a medical conference where they are linked to a DOM mentor also attending the conference – as a way to encourage them to pursue careers in internal medicine

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PRIORITY #10
Expand career & life transition support with an associated focus on physician wellness

- Vice Chair of Physician Wellness & Vitality focuses have included:
 - Peer Support Team
 - Holding new Transition-in-Practice sessions for mid-career and late-career members
 - Supported opportunities for coaching and for mindfulness education
 - Continued DOM Promotion Mentorship Program
 - Hold a DOM New Faculty Orientation each fall

Women's Health Research in the DoM

Reshaping medicine to ensure sex and gender equity in care

For decades, women's health has been overshadowed by research and clinical care that is designed primarily around male physiology. The result? Higher rates of misdiagnosis, undertreatment, and preventable complications in women across the lifespan. Looking ahead, the future of women's health depends on addressing critical knowledge gaps through research, intentional inclusions, innovation and knowledge translation. The department of medicine is working closely with our colleagues in the department of obstetrics and gynecology to address these critical gaps in women's health. We are highlighting five department members whose research is not only advancing our understanding of women's health—it is reshaping how we move forward equitably in medicine.



DR. SANDI DUMANSKI

Dr. Sandi Dumanski, Assistant Professor in the division of Nephrology, is one of these researchers working towards change with a research program that investigates the complex interplay between reproductive health, reproductive hormones, and kidney & cardiovascular disease. This work is grounded in her belief that an improved understanding of how reproductive events or disease, or even the healthy stages of the female reproductive lifespan, intersect with kidney and vascular health will provide critical insight into improved diagnosis, treatment, and preventative care for women everywhere.

One of the most defining aspects of Dumanski's approach is her commitment to the community. Patient partners are invited to co-create relevant questions,

shape study design, guide interpretation, and direct her overall research agenda. As Dumanski states, "the most meaningful research begins with the voices of the people it's meant to serve."

This philosophy was vividly realized in The HeART of Women's Health: At the Intersection of Art and Science, a CIHR-funded Café Scientifique and art exhibition. The collaboration integrated science into artistic expression, thereby utilizing novel media to spark dialogue between women and the scientific community and encourage action around women's health. This project demonstrated how bridging science, creativity, and patient experiences can transform both understanding and care.



DR. LESLIE SKEITH

Dr. Leslie Skeith, Assistant Professor in the division of Hematology, is researching how best to prevent and treat venous thromboembolism (VTE: deep vein thrombosis and pulmonary embolism) in pregnancy and the postpartum period. VTE is a leading cause of maternal mortality and can cause significant morbidity postpartum. Dr. Skeith led a multi-national pilot PARTUM (Postpartum Aspirin to Reduce Thromboembolism Undue Morbidity) trial to assess the feasibility of low-dose aspirin versus placebo to prevent postpartum VTE for patients with added VTE risk factors. Published in the Lancet Haematology, the pilot trial enrolled 257 participants across 4 countries. This work has set the stage for Dr. Skeith to lead a very large, definitive international trial funded by the CIHR and other funders to determine the role of aspirin to prevent VTE postpartum. This collaborative effort includes members from the Department of Obstetrics and Gynecology, the Clinical Trials Stroke Group, patient partners, and researchers from 11 countries.

There are variable practices for anticoagulation management around delivery. Dr. Skeith is leading the PREP and GO (PRospective Evaluation of Peripartum Anticoagulation ManaGement for ThrOmboembolism) study, an observational cohort study across 7 countries to evaluate different anticoagulant management strategies around delivery and postpartum.

Patients with antiphospholipid syndrome have a high rate of placenta-mediated pregnancy complications. In another multicentre cohort study, her research team is testing complement activation serially in pregnant individuals with antiphospholipid syndrome, compared to a pregnant control population, to better understand pregnancy complications. Dr. Skeith is also a co-lead of HYPATIA, alongside Dr. Megan Barber, a randomized trial from Denmark of hydroxychloroquine versus placebo started pre-conception for pregnant individuals with positive antiphospholipid antibodies, with the goal to improve pregnancy outcomes.



DR. KARA NERENBERG

Dr. Kara Nerenberg is an Associate Professor in the division of General Internal Medicine & Obstetric Medicine. Her focus includes the IMPROVE (Identifying Methods for Postpartum Reduction of Vascular Events) research program, which incorporates an innovative learning health system approach (Evidence → Integrated Care → Data) to ensure that Alberta women who have experienced a Cardiometabolic Associated Reproductive Event (CARE) (i.e., hypertensive disorders of pregnancy, gestational diabetes, preterm delivery, etc.) receive evidence-based preventative care after pregnancy.

Using provincial administrative data, Dr. Nerenberg's team established the Alberta Pregnancy and Postpartum Longitudinal Evaluation Surveillance System (APPLES) to monitor the cardiometabolic health and health services utilization of Alberta women during and after pregnancy. Initial findings demonstrate a 25% increase in CARE events from 2010-2020; high rates of new onset

cardiovascular risk factors (i.e., hypertension, dysglycemia, dyslipidemia and obesity) within the first five years after delivery despite low rates of cardiovascular risk factor screening; and high health services utilization (readmissions, ED visits, primary care and specialty care visits) within the first year after delivery.

To address these key clinical research gaps, Dr. Nerenberg established the Canadian Postpregnancy Clinical Network (> 150 interdisciplinary clinicians, transdisciplinary researchers, patient partners, health organizations and learners) to establish a new guideline on best practices for cardiometabolic disease prevention after CARE events. Pathways for interdisciplinary implementation and evaluation metrics are under development. This research will serve as the foundations for a comprehensive, gender transformative cardiometabolic health promotion program for women After-CARE.



DR. JAMIE BENHAM

Dr. Jamie Benham, Endocrinologist and Assistant Professor, leads the Endocrine, Metabolic, and Reproductive Advancements (EMBRACE) Women's Health Research Lab. The primary focus of her research program in Women's Health is to enhance reproductive and cardiometabolic health outcomes across the life course in individuals affected by reproductive endocrine disorders, such as polycystic ovary syndrome (PCOS) and diabetes in pregnancy. These conditions have historically suffered from inadequate funding and research efforts.

The EMBRACE lab aims to deepen our understanding of the relationship between hormones and overall health, ultimately improving patient care and health outcomes. The World Health Organization reports that as many as 70% of people with PCOS worldwide have not received a diagnosis¹. This lab is working to understand the care gaps in diagnosis and management of PCOS using administrative health data. Funded by the CIHR National Women's

Health Research Initiative, Dr. Benham and colleagues are working to optimize PCOS care in Alberta by implementing evidence-based guidelines for PCOS locally. An integrated knowledge mobilization approach is being used to guide this work, with the involvement of experts from related clinical and research fields, enriched by the lived experience of people with PCOS. The EMBRACE lab established a PCOS Patient Advisory Council earlier this year with support from the Alberta Strategy for Patient-Oriented Research (SPOR) Patient Engagement Team.

The EMBRACE lab also places a strong emphasis on advocacy within the community and through social media platforms to share evidence-based information, counter misinformation, and raise awareness about Women's Health.

Reference: 1) <https://www.who.int/news-room/fact-sheets/detail/polycystic-ovary-syndrome>



DR. CYNTHIA SEOW

Dr. Cynthia Seow is Professor and Clinician Researcher in the division of Gastroenterology. Her research centres around the impact of the life cycle on the management of IBD, from pediatric to adult transition, sexual health, preconception, pregnancy, with a future goal to delve into the effects of menopause on IBD.

Highlights include being the North American lead for the 'Global Consensus Statement on the Management of Pregnancy in Inflammatory Bowel Disease' (Mahadevan U, Seow CH, Barnes EL et al; Clinical Gastroenterology and Hepatology – in press April 2025). She previously co-led the Canadian guidelines: The Toronto Consensus Statements for the Management of Inflammatory Bowel Disease in Pregnancy (Gastroenterology 2016) and was an international invited expert for the Australian Inflammatory Bowel Disease Consensus Statements for

Preconception, Pregnancy and Breast feeding (Gut 2023). Dr. Seow was the senior author for 'The Influence of Sex and Gender on Canadians Living with IBD' section of the '2023 Impact of IBD in Canada' report.

Dr. Seow's original research contributions into women's health in gastroenterology include optimising disease monitoring in pregnancy (specifically, use of intestinal ultrasound as a non-invasive technique), pharmacokinetics of advanced therapies in pregnant women with IBD, the immunologic impact of materno-fetal drug exposure and its implications for infant vaccinations, adherence to medications, and the impact of chronic disease on breastfeeding, urinary continence and health care utilisation in women with IBD.

Calgary stands out for its involvement of general internists and geriatricians in anticipating, preventing, and managing medical complications before, during, and after surgery – including risks specific to older adults like delirium and loss of independence.

- Department of Medicine

Supporting Patients Undergoing Surgery

GIM and Geriatric Medicine: Perioperative Care Clinics and Research Innovations

Perioperative medicine is a transdisciplinary field meant to care for patients throughout their surgical journey. Preoperative medical assessments help patients with complex medical histories understand their personal risk of surgery, which is critical for informed consent. After surgery, perioperative medical consults can help surgeons manage or avoid postoperative complications.

In most American and Canadian centres, cardiologists and anesthesiologists are responsible for most perioperative medical care. Because of this, the majority of perioperative guidelines and research focus on preventing, identifying, and treating cardiac complications of surgery, which account for about 50% of perioperative deaths. However, the increasing age and medical complexity of the surgical population calls for a more comprehensive approach to perioperative medical care.

Calgary stands out for its involvement of general internists and geriatricians in anticipating, preventing, and managing medical complications before, during, and after surgery – including risks specific to older adults like delirium and loss of independence. This approach allows patients to consider additional risks from their surgery

beyond mortality when deciding between surgery and conservative approaches.

Beyond the clinical advantages to have general internists and geriatricians involved in perioperative care, this holistic approach has expanded research in perioperative medicine. Perioperative research in the Department of Medicine now includes collaboration with other Canadian centers on international clinical trials, quality improvement work on perioperative glycemic management, and health systems research on managing surgical risk in older adults.

CLINICAL FOCUS

Patients may visit both the Preadmission Clinic and the Geriatric Medicine Preoperative clinic in varying timelines. For example, a family medicine physician, specialist or surgeon can refer to the Geriatric Medicine Preoperative clinic after seeing them in their office or in the Preadmission clinic. Patients can also be seen by the Geriatric Medicine Pre-Operative Clinic if they are contemplating having surgery and without a surgical date.

GIM PREADMISSION CLINIC (PAC)

In a preadmission clinic, general internists play a crucial role in preparing patients medically for surgery. Their primary focus is to optimize a patient's medical status, assess surgical risk, and ensure that all relevant medical issues are identified and managed beforehand. This will generally be accomplished by performing a thorough medical assessment including a functional assessment, medication review and review of the patient's comorbidities and management by other specialties.

Risk stratification is undertaken using several validated tools such as the revised cardiac index score (RCRI) or the NSQIP score. Medications are managed with instructions given to patients about the immediate preoperative changes required and advice given to the surgical teams about perioperative medication management. This includes complex medication management of medications such as insulin and anticoagulants in the perioperative period. Other activities include the ordering and review of needed perioperative investigations including bloodwork and when appropriate, cardiac investigations. Optimization of chronic health conditions

is required prior to surgery and may include treatment of anemia, improvement of glycemic control and assessment of chronic cardiac/respiratory diseases as needed prior to undergoing surgery.

General Internists work as a team with the preadmission clinic Nurses, Pharmacists, Anesthetists and Surgeons to prepare patients for surgery and ensure that there is a comprehensive perioperative medicine plan documented for patients with complex chronic disease.

GERIATRIC PERIOPERATIVE CLINIC

The Geriatric Medicine Preoperative Clinic supports older adults preparing for major elective surgery, with suspected or established geriatric syndromes, including frailty, cognitive impairment (e.g. mild cognitive impairment or dementia), polypharmacy, and functional decline.

Patients initially receive a pre-visit RN phone call and then are assessed by a geriatrician and nurse at the Seniors Health Clinic at Rockyview General Hospital in person or virtually. In-clinic evaluations include medical and functional assessments, frailty and cognitive screening and staging, deprescribing potentially high risk or inappropriate medications, and identification of nutritional deficits and postoperative discharge needs. The team then discusses surgical risks and benefits, focusing on cognitive and functional outcomes, in the context of the patient's overall health trajectory and values, supporting informed decision-making.

Counselling focuses on delirium prevention education and engaging families in early delirium identification and support. Advance care planning, including creation of personal directives, and goals of care designations are also reviewed.

This clinic functions independently but complementary to Anesthesiology or General Internal Medicine preoperative assessments. If surgery proceeds, the clinical nurse specialist in geriatrics at the acute care sit provides post-operative support such as implementation of delirium prevention interventions and coordination of further geriatric care as needed, aiming to improve surgical outcomes and support patient-centered care.

DR. KRISTA REICH SPOTLIGHT

Dr. Krista Reich is an early career researcher with a clinical and research focus on improving perioperative and acute care for older adults. She is committed to advancing the care for older adults, highlighting knowledge user values in research and bringing diverse interdisciplinary and cross-specialty relationships together to provide a holistic approach to older adult care.



Nearly **50% of major surgery** was performed on older adults (>65) in 2023-24. Up 14% since 2019.



An estimated **40% of older surgical patients live with frailty** - heightened risk of poor postoperative outcomes and functional decline

DR. SHANNON RUZYCKI SPOTLIGHT

The Perioperative Glycemic Management Project (PGMP) received a \$1.3 million PRIHS-6 grant from Alberta Innovates in 2021 to address gaps in measurement of blood sugars and treatment of hyperglycemia in the perioperative period.

This work demonstrated that 1 in 5 patients with diabetes does not have any glucose measurements on the day of their surgery and that most patients who have high blood sugars do not receive insulin. Interviews with surgeons, nurses, anesthesiologists and patients outlined the barriers to improved glucose management. The PRIHS research team worked with healthcare teams to steadily address these barriers.

In the past 4 years, the PGMP has been implemented in seven hospitals and one First Nations Health Department in Alberta. Mid-implementation evaluation has demonstrated improvements in glucose measurement and treatment of hyperglycemia, and early decreases in postoperative infections. Ongoing work includes a health economics evaluation and a full analysis of the effects of improved glucose management on patient outcomes.

DECISION TO UNDERGO SURGERY

- 1 SCREENING**
Patients who meet Diabetes Canada recommendations to screen for diabetes receive a perioperative HbA1c
- 2 PLANNING**
Patients with a HbA1c >6.0% are considered high risk for hyperglycemia. Patients on insulin, 3 or more medications for diabetes or HbA1c >8.5% see internist perioperatively.
- 3 MONITORING**
Patients at-risk of postoperative hyperglycemia receive POCT in perioperative holding, immediately postoperatively, and every 4-6 hours for the first 72-hours after surgery.
- 4 RECOGNIZING**
Surgical team members recognize a glucose measurement of >10.0 mmol/L as abnormal
- 5 TREATING**
Patients with hyperglycemia receive insulin, primarily in basal bolus regimens, in keeping with Diabetes Canada Recommendations,

DISCHARGE FROM HOSPITAL



Dr. Krista Reich (Left) at the Geriatric Perioperative Clinic

She is leading knowledge translation initiatives aimed at implementing and optimizing the Geriatric Medicine Pre-operative Clinic to improve surgical care for older adults. Supported by UCalgary and the MSI Foundation, her research is identifying and working to address key barriers to the integration of comprehensive geriatric assessments (CGAs) into preoperative workflows. This includes the co-development and application of evidence-based tools to enhance the feasibility, efficiency, and clinical utility of CGAs in surgical settings, including guideline recommended frailty screening.

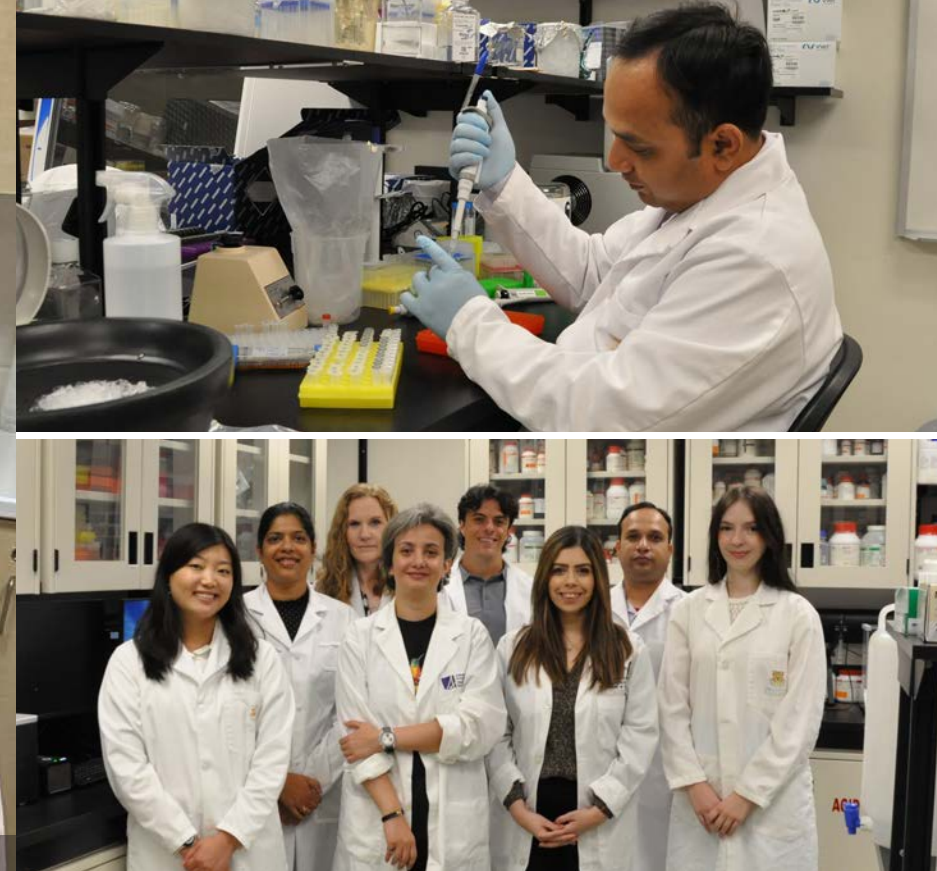
In parallel, Dr. Reich conducts health services research using administrative data to explore the impact of surgery on patient-centered outcomes, including the risk of incident dementia, and to understand utilization of

specialized geriatric inpatient services. These findings inform broader system-level improvements in geriatric perioperative care. She has also conducted prioritization work to identify outcomes that are meaningful to older adults, their care partners, and interdisciplinary surgical teams, ensuring that future evaluation efforts are grounded in patient-centered outcomes

She has a strong research interest in enhancing perioperative risk communication, particularly in the context of frailty. Her goal is to support clinicians in delivering individualized, value-sensitive discussions about surgical risk that align with the health goals and vulnerabilities of older adults living with frailty. Her work contributes to advancing person-centered, evidence-based perioperative care for aging populations.



Dr. Gregory Kline and Dr. Alexander Leung | Photographer: Kyle Marr/Cumming School of Medicine



The Endocrine Hypertension Clinic

From Patient to Population

The regional Endocrine Hypertension Clinic provides high-quality interdisciplinary clinical care with integrated research activities. This clinic is primarily dedicated to the detection and treatment of primary aldosteronism (PA), a common cause of hypertension. People with PA have overactive adrenal glands that produce too much aldosterone, a salt-retaining hormone, leading to high blood pressure. It is important to recognize because excellent treatments are available and it is potentially curable, but fewer than 1% of patients are diagnosed and treated due to challenges associated with the lengthy and complicated diagnostic pathway.

CLINICAL EXCELLENCE

This clinic and associated adrenal vein sampling program are well-recognized nationally for providing excellent patient care. For over two decades, it has been receiving referrals from all regions of Alberta, British Columbia, Saskatchewan, and even Ontario because of the clinical expertise offered here. Over 300 new assessments are seen in the clinic per year, making it one of highest volume PA practices in North America.

RESEARCH ADVANCES

Dr. Gregory Kline and Dr. Alexander Leung have setup a highly successful research program (UCalgary Adrenal

Research Group) that is integrated with clinical care delivery. Presently, Drs. Kline and Leung are conducting a phase II clinical trial to see whether nuclear imaging (with a PET scan) using a novel radiopharmaceutical tracer (CETO), can be used to locate the source of aldosterone production in the body; it emits a radioactive signal that can be photographed with a PET scanner and can be used to locate the source of aldosterone production in patients with PA. Excitingly, their team performed the first CETO scan in North America in June 2024. Following the CETO scan, the patient received surgery to remove his aldosterone-producing tumor with complete cure of his hypertension afterwards, providing evidence that CETO-guided surgery can lead to excellent, patient-important outcomes.

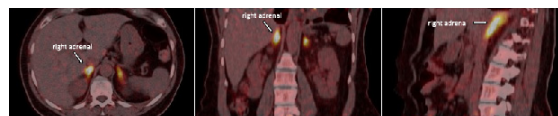


Photo caption: Images of a research participant's adrenal glands. A phase II clinical trial is underway to evaluate whether a CETO PET scan can accurately locate aldosterone-producing tumors.

They received Canadian Institute of Health Research (CIHR) funding to study 30 participants over the next 3 years, and recruitment is well underway. Based on the

preliminary results, their study findings are expected to provide a new scalable alternative to adrenal vein sampling that will enable many more patients with PA to access curative surgery.

In support of their program of work, Dr. Kline and Dr. Leung have received project grant funding from CIHR as principal applicants (Spring 2018; Fall 2024), co-principal applicants (Spring 2024) and co-investigators (Fall 2018; Fall 2020)—totalling \$2M from CIHR alone. In addition, they have received funding support from Hypertension Canada, the Heart and Stroke Foundation of Canada, and Suncor Energy.

THE FUTURE LOOKS BRIGHT FOR CURING ENDOCRINE HYPERTENSION

The Endocrine Hypertension Clinic is dedicated to training the next generation of hypertension specialists in Canada. Drs. Kline, Leung, and team have developed a 3-month Endocrine Hypertension training curriculum for PGY-5 residents to learn subspecialty endocrine hypertension. In the past several years, the program has welcomed trainees from Vancouver, Edmonton, and Winnipeg; recent graduates include general internists and endocrinologists now working in community and academic centers across Canada.

The Power of the Lung Microbiome

Transforming Respiratory Care

The lungs, with a surface area about 30 times that of skin, are in constant dialogue with the outside world. Until just over a decade ago, they were considered sterile. High-throughput sequencing overturned this theory in 2010, showing diverse lower airway microbial communities that shift with disease.

Research into the lung microbiome is still in its early stages compared to the more developed studies of other body microbiomes. Initially, scientists investigated how microbial colonization might impact pulmonary allergies. However, most research focused on the gut and fecal microbiomes. The sterile lung believe persisted until 2010, when researchers identified the composition of airway microbiota, revealing the presence of a respiratory microbiome. Technologies such as computed tomography (CT) scans, PCR, and 16S rRNA sequencing, have since allowed for deeper investigation. Since 2011, research has progressively explored the links between lung diseases and the microbiome, initially focusing on conditions like cystic fibrosis (CF), asthma, and chronic obstructive pulmonary disease (COPD). This research confirmed the microbiome exists even in healthy individuals, and that it changes in disease states. However, clinical applications still remains limited. Most clinical microbiome work has focused on CF, a condition that affects just over 4,500 Canadians. In contrast, non CF bronchiectasis is now recognised as the third most

common chronic lung disease (affecting >500 people per 100,000 in Europe and North America), and is far less studied, with virtually no Canadian adult data.

The Thornton lab, established in May 2023, explores how the lower respiratory tract microbiome informs diseases like bronchiectasis, drawing from lessons from CF. The lab established new technologies, including Oxford Nanopore Sequencing – a small platform collapsing weeks-long culture and resistance testing into a 24-hour window with real-time base calling, metagenomic classification, resistance screening and automated reporting. All this aims to enable clinicians to tailor personalized therapy faster. In collaboration with Dr. Braedon McDonald (critical care), this technology is being applied as a more rapid test to better understand the lung microbiome during periods of health compared to disease in patients. The overarching goal is to develop a rapid, user-friendly pipeline for microbiome analysis to personalize therapeutics as part of a clinical toolkit.

Building this infrastructure required broad support: the inaugural Snyder Institute Catalyst Grant (co-PIs Drs. Thornton and McDonald) provided proof of concept funds followed by a Canada Foundation for Innovation John R. Evans Leaders Fund award and Department of Medicine start up fund to install sequencers, high performance computing nodes and laboratory equipment, as

well as generous patient directed gifts from the Summit Foundation and the CF community.

The same platform drives the lab's satellite projects including:

- CIHR Team Grant research interrogating the microbiology of wildfire smoke: the sequencing of particulate matter across Western Canada to catalogue viable bacteria, fungi and phage capable of hitch hiking on smoke plumes.
- CF Canada and CF Foundation supported research: long-read sequencing studying other diseases, such as CF, to understand the role of fungi – in particular Candida species, along with the microbiome.

In combination with the wet lab research, the Thornton lab also founded and manages the Canadian Bronchiectasis and Non-tuberculous mycobacterium (NTM) registry (along with Dr. Julie Jarand) which is Canada's first clinical registry and in collaboration with the US and Europe, to better understand the prevalence and epidemiology of these diseases.

The ultimate goal is to make precision antimicrobial and anti-inflammatory strategies routine for the tens of thousands of Canadians living with bronchiectasis, effectively turning complex microbial ecology into an everyday clinical tool.

The office of Health Analytics, Safety & Quality Improvement (HAS&QI) supports a culture of continuous improvement and patient safety in the Department.



The Calgary IBD Group is recognized internationally as a leader in IBD research, education, and multi-disciplinary care. The group consistently ranks among the top three IBD research centres globally in terms of publication output.



Health Analytics, Safety & Quality Improvement

Promoting a culture of quality improvement & patient safety

Transforming IBD Care & Research

UCalgary Inflammatory Bowel Disease Group

The HAS&QI team is chaired by Dr. Ward Flemons and co-chaired by Dr. Mayur Brahmania. Dr. Andrew Frank-Wilson leads the team's analytics efforts, supported by QI consultant Arooj Nazir. Section-level representatives champion quality improvement across the department, fostering collaborative innovation and enhanced patient outcomes through the development of clinical structure, process, and outcome measurement tools, educational initiatives, and the implementation of QI projects.

PLANETARY HEALTH

Planetary Health is a newly added portfolio, led by Dr. Claire Barber, DOM Associate VC of Planetary Health. One of its key objectives is to provide a framework for identifying opportunities to advance sustainable health-care practices and planetary health. Efforts are also underway to embed planetary health and sustainability considerations into the DOM strategic plan. The initiative is currently collaborating across five DOM divisions to promote awareness of the Sustainable QI (susQI) framework. The portfolio is also sponsoring a Green Team Competition within the Calgary Zone.

PROJECTS

- This year, HAS&QI supported multidisciplinary projects across Endocrinology, GIM, Rheumatology, Hematology, Infectious Diseases, Respiriology, and Nephrology.

- A key deliverable was the DoM Hourly Census Capacity Planning Dashboard. This dashboard has enabled the department to monitor the inpatient census numbers across our admitting services and be proactive when census numbers start to reach high levels
- A major milestone this year was the successful provincial implementation of the Cardiac Implantable Electronic Devices project Data and Reporting with Provincial IP&C within Alberta Health Services. The project was the winner of the 6th Annual Clinical Analytics Grant. This initiative automated complex infection monitoring using administrative data and Tableau dashboards, shaping strategies for sustainable, system-wide surveillance.

PRESENT AND UPCOMING INITIATIVES

The **2nd HealthCare Quality Symposium in 2025** attracted strong interest, with 59 registrants prompting a hybrid format to accommodate all the interest. Faculty, residents, and staff engaged in discussions on clinical care improvement, with a focus on planetary health, sustainability, and practical QI tools. Feedback highlighted strong engagement and value.

The **HAQ Speaker Series** will continue the monthly sessions in 2025–26, running annually from September to June. This interactive series fosters learning, innovation, and collaboration in healthcare quality across the DOM. The monthly Speaker Series this past year was

a success featuring experts from Yale, London Health Sciences, The Ottawa Hospital, University of Alberta, AHS, and HQCA.

The **Annual Health Analytics and Quality (HAQ) Award** is awarded annually with funding up to \$50,000 to support QI initiatives in the Department of Medicine. Recipients of the 8th annual HAQ Award focused on i) improving airborne isolation in Respiriology and ii) improving symptom management in Conservative Kidney Care.

Led by Dr. Kristen Fraser, **INFO Debriefing** is a new initiative supporting rapid, structured team discussions after key clinical events. Piloted on medical units at RGH and FMC, early results showed strong staff engagement and a positive impact on team communication, wellness, and system improvement.

GET INVOLVED

HAQ encourages DOM members to take part in upcoming initiatives and support quality improvement efforts. To request project support, please contact your section's HAQ representative, listed on our website. (<https://cumming.ucalgary.ca/departments/medicine/physician-resources/health-analytics-quality-and-safety/members>).



Dr. Remo Panaccione (R) & Patient Partner Tammy Truman

Since its founding in 2000 by Dr. Remo Panaccione, the UCalgary Inflammatory Bowel Disease (IBD) Unit has grown into one of the most accomplished and respected IBD programs worldwide. Dr. Panaccione—Professor of Medicine, Director of the IBD Unit, and Assistant Dean of MD Admissions—embodies the unit's commitment to excellence. He was named Crohn's and Colitis Canada 2020 Physician of the Year, has received multiple mentorship and education awards from trainees, and was recently honoured with the Crohn's and Colitis Canada Research Leadership Award. As a Clarivate Highly Cited Researcher (2020–2024), he ranks among the top 1%

of researchers globally, reflecting his impact on both academic medicine and patient care.

Today, the Calgary IBD Group, consisting of 10 DoM clinical researchers, is recognized internationally as a leader in IBD research, education, and multidisciplinary care. The IBD Group consistently rank among the top three IBD research centres globally with over 600 peer-reviewed manuscripts in top-tier journals, the group continues to shape clinical practice and advance scientific understanding of Crohn's disease and ulcerative colitis.

The Calgary IBD Group undertakes a broad and integrated program of research spanning basic science, translational studies, clinical trials, and population health. They lead international trials of novel therapeutic agents and develop innovative approaches for managing complex Crohn's disease and ulcerative colitis, including stricturing disease. They are pioneers in implementing point-of-care intestinal ultrasound as a non-invasive monitoring tool in routine practice. Through the ASCEND program, they also examine the role of diet, stress reduction, and lifestyle interventions in disease management. On a global scale, members contribute to large epidemiologic consortia such as GIVES-21 to map incidence, prevalence, and forecast the burden of IBD worldwide. The group plays a leading role in national and international collaborations. It is a founding site in the Crohn's and Colitis Canada PACE network and the CIHR SPOR IMAGINE initiative—two of the largest IBD research

programs in Canada—focused on improving patient outcomes, advancing microbiome research, and applying precision medicine

The group manages one of the largest IBD patient populations in North America and serves as a national referral center for complex cases. Its multidisciplinary clinics bring together gastroenterologists, colorectal surgeons, dietitians, mental health specialists, and IBD nurse practitioners to deliver coordinated, patient-centered care. The IBD Clinical Trials Unit remains one of the most active worldwide, participating in the development of nearly every approved IBD therapeutic in the past two decades.

Education and training remain central to the group's mission. Calgary is home to Canada's first formal IBD Fellowship Program and is a lead site for national educational initiatives, including the Canadian GI Resident Course and Future in IBD—both co-founded by Dr. Panaccione. These programs ensure a pipeline of highly trained specialists dedicated to advancing the field and improving patient care.

As we reflect on the past year, the accomplishments of the Calgary IBD Group demonstrate the power of collaboration, vision, and patient-centered innovation. With continued investment in science, partnerships, and training, they remain committed to leading the way in transforming the future of IBD care—locally, nationally, and globally.



DOM New Faculty Orientation Breakout Mentorship Sessions

Fostering a Culture of Physician Wellness

Support across physician career stages and helping physicians thrive

The science of Physician Wellness explores the drivers and impacts of occupational distress on physicians and healthcare systems and includes the study of work-related phenomena such as burnout and moral distress. Emerging from the science are physician wellness frameworks to buffer occupational threats. One blueprint for organizational strategies to tackle these threats outlines 7 foundational programs needed to support physician wellness within healthcare organizations¹. One program outlines the need for “resources to address needs of specific groups – specific to stage of career”.

When faced with troubling issues, we seek, and hopefully receive, various types of support. These types of support can include emotional support (e.g., sharing our sadness about a poor patient outcome), informational support (e.g., sharing expertise around a challenging case), and instrumental support (e.g., covering workload for each other when needed).

As we continue to foster a culture of wellness in the Department of Medicine, it is important for us to provide opportunities for different types of support for our members across career stages.

Want to Learn More? Visit the Department of Medicine Website, under Physician Resources, choose Wellness Resources for important Department of Medicine documents, initiatives and helpful links.

[1] Shanafelt T, Stolz S, Springer J, Murphy D, Bohman B, Trockel M. A blueprint for organizational strategies to promote the well-being of health care professionals. NEJM Catalyst Innovations in Care Delivery. 2020 Oct 21;1(6).



Physician Wellness & EDIA Booth - DOM Day at the Zoo
Dr. Brandie Walker DOM VC Physician Wellness & Vitality (L)

NEW FACULTY ONBOARDING & NETWORKING ORIENTATION

As an example of informational support, the DoM holds a new faculty onboarding/orientation day in September. This session is an opportunity for physicians who are new to the Department of Medicine to meet peers and to hear practical talks on various subjects to help ease the transition to this new role as well as ease some anxiety around this major transition!

Last year this session was hosted off-site at the Calgary Zoo with topics including - Tips for Working with your Admin Support, Staying Organized, Maintenance of Certification, Physician Wellness and Education Opportunities with the Department. Department of Medicine Medical Grand Rounds was delivered from the Zoo by Dr Shannon Ruzycki on Addressing Equity Gaps, and participants also had a workshop on Imposter Syndrome. The day also included an opportunity for mentorship and networking, and was rounded out by a reception with some of the Department of Medicine leaders.

PHYSICIAN WELLNESS SUPPORT THROUGHOUT CAREER TRANSITIONS

As examples of emotional support, Well Doc Alberta, in collaboration with the DoM, has piloted sessions that target career stage transitions. They are based on research using a commensality group model that has shown the act of sharing a meal with colleagues and exploring the meaning, impact, and challenges of various aspects of physician life significantly improved overall physician wellness.

“The Career Transition sessions designed and hosted by Well Doc Alberta have been really well received. We know that each career stage, from transition into practice, to mid-career reflection, and eventual transitioning out of practice, presents its own challenge. There are generally lots of “how to” resources available, but few opportunities to spend dedicated time with other people having similar experiences. This program supports people to explore the emotional side of these important life progressions.”

Dr. Brandie Walker -
DOM VC Physician Wellness & Vitality

The Well Doc Alberta facilitated sessions focus on providing informal emotional peer support with opportunities to share stories, and listen to and empathize with colleague. Transition to Practice (T2P) targets early-career physicians with varied discussion topics including imposter phenomenon and clinical practice challenges. Transition In Practice (TIP) targets mid-career physicians with active reflection on the successes and challenges of mid-career and brainstorming ways the DoM might improve this career stage. Transition Out Of Practice (TOOP) targets physicians considering retirement with a focus on the impacts on professional identity and other emotional aspects.



The feedback from the sessions to support career transitions has been very positive. We recognize the value in offering these sessions at regular intervals, in order to support new physicians when they join the Department. Similarly, the mid-career and transition out of practice sessions will be hosted periodically so that we can all take advantage of these opportunities as they become relevant to us. In future, in collaboration with Well Doc Alberta, we hope to pilot sessions around other life transitions such as returning to work post parental leave or after significant illness.

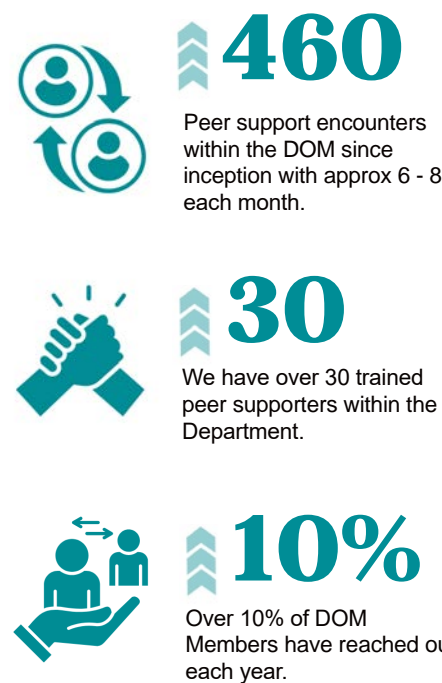
PEER SUPPORT IN THE DEPARTMENT OF MEDICINE

Another example of emotional support is our one-on-one, physician-to-physician DoM Peer Support Team. It was developed in collaboration with Well Doc Alberta and launched in 2018. There are almost 30 formally trained peer supporters within the department and Dr. Jane Lemaire is the Physician Coordinator. It's easy to access – physicians seeking support simply reach out to one of the trained peer supporters on the list.

We collect high-level metrics and have documented over 400 encounters, with types of concerns (per pre-determined categories) that include health and burnout, personal life issues, patient outcomes, work relationships, and career issues. About 10% of our members per year reach out for support, averaging 6-8 encounters per month.

A formal developmental and outcome evaluation of the Well Doc Alberta Peer Support Team model demonstrated additional impacts beyond the numbers – reduced stigma around help-seeking behaviour, stronger community, and increased physician wellness literacy.

<https://cumming.ucalgary.ca/departments/medicine/physician-resources/wellness-resources/peer-support-team>



PEER-TO-PEER SUPPORT: LEAGUE OF EXTRAORDINARY PROGRAM DIRECTORS

The value of peer-to-peer mentorship extends beyond training into staff roles. Hence, the League of Extraordinary Program Directors was created in 2023 as a way to bring various programs together. This group was started by Drs. Laura Hinz and Steven Thomson who realized the value of sharing resources, triumphs, and tribulations.

The League brings together PDs from each of the Department of Medicine subspecialty programs to collaborate, strengthen, and create. This group has met several times throughout the year and remains in regular email communication to share resources, streamline common processes, and offer peer support. Our goal is to bring the best practices from each program forward to strengthen the entirety of the training program across the Department of Medicine.

RESIDENT WELLNESS DAY

Medicine requires daily collaboration with colleagues, so the League developed a goal to develop inter-departmental relationships in training. We created the DOM Resident Wellness Day in 2023 to bring all subspecialty medicine residents together for a day of wellness teaching at the Calgary Zoo.

The biggest value that was realized was helping residents form relationships early, such as knowing a colleague in a different speciality and connecting with like minded colleagues, especially those from smaller programs. The first event was a resounding success, so it was repeated in 2024 with a focus on building systemic wellness structures. Residents had an opportunity to share experiences with their colleagues in other programs, be inspired by uplifting speakers, and explore the zoo to unwind.

Topics covered included Evidence Based Wellness Interventions (Dr. Shannon Ruzycki), Advocacy (Dr. Kate Colizza), Sustainable practice in the face of trauma and suffering (Dr. Estee Grant), and Flourishing in Medicine: Mindfulness (Dr. Ward Flemons).



Resident Wellness Day



"I enjoy helping to promote research opportunities and hope to develop a model for what patient partnerships look like to use as a foundation for training and resource development."

- Patient Partner - NRG-PCP

Dr. Elliott and the multidisciplinary team of clinicians, researchers, and patient partners involved in the Can-SOLVE CKD self-management project



Patient Partnerships in Kidney Research

Engaging the patient community in research development and capacity building

At the centre of this initiative is Dr. Meghan Elliott, Associate Professor in the Department of Medicine. She serves on the Nephrology Research Group's (NRG) Executive Committee and leads the patient engagement platform within the Interdisciplinary Chronic Disease Collaboration (ICDC). Dr. Elliott's research program focuses on understanding the experiences, needs, and priorities of health system users when applying best evidence and practices. A major part of her work involves engaging patient partners (people with lived experience of kidney disease) in all phases of the research process, from funding development to implementation of health innovations.

PATIENT AND COMMUNITY PARTNERSHIP (PCP)

The Nephrology Research Group's Patient and Community Partnership (NRG-PCP) was established in 2020 to strengthen the patient voice in kidney health research. Led by Dr. Elliott, the partnership brings together six individuals with lived experience of chronic kidney disease, either directly or as caregivers, who share a commitment to advancing patient involvement in research.

While some members also contribute to individual studies, the group's mandate is to foster patient engagement at the program level across projects. Meeting monthly, members review ongoing research initiatives, provide feedback on protocols and results, and connect with community-based advocacy organizations. They also support patient partners and research teams in adopting

patient-oriented research practices, as well as participating in research trainee led workshops to lend their pragmatic insights.

PATIENT ORIENTED ACTIVITIES

Patients are at the centre of many research initiatives within the NRG. Several investigators and patient partners are integrated within the *Canadians Seeking Solutions and Innovations to Overcome Chronic Kidney Disease (Can-SOLVE CKD) Network*, which is a pan-Canadian kidney health research network supported by the CIHR's Strategy for Patient-Oriented Research.

Even outside of this network, patients have partnered in NRG research in several ways, including but not limited to identifying research priorities, helping develop grants, recruiting research participants, and contributing to data collection and analysis. Patient partner involvement has contributed to the success of numerous projects over the past 8 years covering a broad range of topics and methodologies, such as:

- integrating shared decision-making about kidney failure treatment options into care,
- understanding acute care utilization and readmission risk,
- developing and implementing an eHealth tool for kidney disease self-management (<https://mykidneysmyhealth.com>),
- implementing patient-reported outcome measures in routine hemodialysis care

"Being on this committee means I am reading more [health information]... and now I am not afraid to ask questions."

- Patient partner - Can-SOLVE CKD

SCIENCE OF ENGAGING PATIENTS

Alongside the growth of patient and community involvement in research, emerging evidence supports its value and impact.

In a study of Can-SOLVE CKD Network members, led by Dr. Elliott, patient engagement was seen as a dynamic process that helped reinforce a shared purpose and align the priorities, goals, and needs of researchers with those of communities impacted by kidney disease. Patient engagement was also considered a "paradigm shift" from traditional research approaches to more participatory ones that would help to not only develop relevant, user-focused health innovations but sustain their use over time. Similarly, findings from internal audit of the NRG indicate a high perceived value of patient engagement in research but also a desire for clear guidance on how to do so meaningfully.

Based on an emerging body of science and recommendations from bodies such as SPOR, the NRG has developed best-practice guidance, reimbursement policies, and capacity-building resources for patient engagement in kidney health research.

Cellular Therapy Research

UCalgary is leading a revolution in cancer treatment.

Cellular therapy – the use of cells of the immune system to fight cancer – has long been only stuff of dreams. Building on the success of treatments like stem cell transplantation and immunotherapy, chimeric antigen receptor T-cell (CAR T-cell) therapy brings hope to people living with certain types of cancer that is unresponsive or relapsed after standard chemotherapy. In CAR T-cell therapy, cells from the patient's immune system are collected and genetically modified to improve their ability to fight cancer. They are transfused back into the patient, then multiply and attack cancer cells in the same way they would attack an infected cell.

Dr. Robert Puckrin, hematologist and Clinician-Investigator, at the Arthur Child Comprehensive Cancer Centre (ACCC), is undertaking two observational studies to advance our understanding of CAR T-cell therapy: investigating how the immune system rebuilds itself after CAR T-cell therapy, and evaluating the impact of the intestinal microbiome and tumor genomics on CAR T-cell outcomes. Dr. Puckrin is also working with the Canadian Cancer Trials Group (CCTG) to develop new immunotherapy clinical trials. Dr. Mona Shafey, hematologist and medical director of the Alberta Blood and Marrow Transplant Program, and a researcher within the Charbonneau Cancer Institute, is leading the clinical development of a novel CAR T-cell treatment for patients with rare types of sarcoma. Patients with relapsed or refractory non-Hodgkin lymphoma may also be approached to participate in a study of a

made-in-Canada CAR T-cell developed by another hematologist and clinician researcher in Calgary, Dr. Kevin Hay. Dr. Hay also directs the Stan and Marge Owerko Center for Biomanufacturing at the ACCC. This facility was made possible by the Alberta Cancer Foundation and the generosity of the Owerko family and supports research by enabling the manufacture of clinical-grade research cellular therapy products.

Drs. Nizar Bahlis (hematologist and clinician researcher) and Paola Neri have made significant strides to better understand the biology of multiple myeloma (MM), an incurable form of bone marrow cancer. While successful treatments for multiple myeloma exist the disease inevitably becomes resistant. They have established a Myeloma Genome Unit, which focuses on studying the genetic and molecular profiles of the tumor and immune cells to identify determinants of response/resistance to immune therapies and discover targetable means to restore sensitivity to these therapies in MM. As such they have demonstrated that T cell dysfunction and antigenic escape together with emergence of mutant clones have been associated with resistance to T-cell based therapies. In addition they have demonstrated in vitro and in vivo the enhanced anti-myeloma efficacy of a novel BCL-xL armored anti-BCMA CAR T cells, and are launching a novel Phase I clinical trial in 2025. This trial will investigate the feasibility, safety, and effectiveness of this innovative CAR-T therapy for patients with relapsed or refractory multiple myeloma, addressing the

urgent need for accessible and cutting-edge treatments in Alberta.

Dr. Holly Lee, a hematologist who has recently completed a PhD in Cancer Immunology under the supervision of Dr Bahlis, focuses her research on understanding ways in which immunotherapies fail in MM patients and defines the optimal sequencing of these therapies to enhance the efficacy and durability. Dr. Lee has accepted a post-doctoral fellowship at Memorial-Sloan Kettering Cancer Center to study computational biology. When she returns to Calgary in 2026 she will lead her own research program in MM, which will lead to further refinements in CAR T-cell therapy.

Research like this never occurs in a vacuum. At UCalgary, the Riddell Center for Cancer Immunotherapy has helped researchers from diverse fields with interest in this subject to flourish. The research goals of the Riddell Center, which is led by Dr. Doug Mahoney, include identifying safer and more effective targets for immunotherapy, optimizing the fitness and function of cell therapies, and developing innovative approaches for cell engineering. With over 100 members the center is the largest cancer immunotherapy research group in Western Canada.



Total research revenue

2024-25: \$25,024,312
2023-24: \$28,596,508
2022-23: \$28,998,694

Total research revenue in Department of Medicine was \$25.02 Million in 2024-25.

25.02

Million

Supporting 344 projects across the Department of Medicine for 2024-25.

“Leading with purpose and innovation, our department is shaping the future of health through exceptional care, groundbreaking research, and transformative education. We are committed to improving health and wellness for every Albertan and beyond.”

Dr. Jayna Holroyd-Leduc

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.

PUBLICATIONS



1063
in 2022-23



970
in 2023-24



1023
in 2024-25

PUBLICATIONS

1023 publications

2024-25 ↑5.5%
2024-25 1023
2023-24 970
2022-23 1063

Department members produced a total of 1023 unique publications in 2024-25.

Publications numbers have used a new dashboard pulling from Scopus & Scival API for this year (data accessed Oct 8, 2025).

17.21 publications per RE

Primary department members produced 17.21 publications per Research Equivalent (RE) in 2024-25 based on a 59.44 FTE in Research.

262 members published in 2024-25

17k citations

Citations made in 2024 of all publications linked to the current DOM members, data captured on Oct 8, 2025.

496

MEMBERS

2024-25	496
2023-24	478
2022-23	422

The Department of Medicine consisted of 496 primary members in 2024-25

83

FULL-TIME ACADEMIC (GFT) MEMBERS

2024-25	83
2023-24	83
2022-23	77

The department had 83 primary members with Full-Time Academic (GFT) appointments.

223

AMHSP MEMBERS (INCLUDING CARDIOLOGY)

2024-25	223
2023-24	236
2022-23	233

223 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.

107

ALBERTA HEALTH SERVICES LEADERSHIP ROLES¹

13 AHS Strategic Clinical Network (SCN) Leadership Roles

11 AHS Provincial Leadership Roles (Non-SCN)

83 AHS Calgary Zone Leadership Roles

Outside of the Department of Medicine, department members held a total of 107 leadership roles within Alberta Health Services in 2024-25, including 2 SCN Senior Medical Directors an SCN Scientific Director.

¹Leadership data based on a snapshot in time in the 2024-2025 year from the DOM Contracts Database (AMHSP Data Includes Cardiology leadership roles).

77

UNIVERSITY OF CALGARY LEADERSHIP ROLES¹

8 CSM Leadership Roles in the Office of the Dean

58 CSM UME/PGME/CME&PD Leadership Roles (outside the Dean's Office)

7 Leadership Roles in CSM Research Institutes or other Departments

4 University of Calgary Leadership Roles (outside the CSM)

Outside of the Department of Medicine, department members held a total of 77 Leadership roles (16.91 FTE) within the Cumming School of Medicine and UCalgary 2024-25. ¹Leadership data based on a snapshot in time in the 2024-2025 year from the DOM Contracts Database.

RESEARCH REVENUE

\$421K per RE

2024-25
2024-25: \$421,001
2023-24: \$474,149
2022-23: \$520,661

The Total Research Revenue per Research Equivalent (RE) in the Department of Medicine was \$421,001 in 2024-25.

\$5.24million in CIHR revenue

2024-25	↓7.5%
2024-25: \$5,243,600	
2023-24: \$5,667,714	
2022-23: \$6,689,690	

*Data for the previous two years was pulled at the time of Annual Reporting last year.

\$16.92 million in Non-Tri Agency Revenue

2024-25

\$200k in NSERC and SSHRC Funding

2024-25

\$2.66 million Other Tri-Agency

2024-25

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

DOM AMHSP 30.60% Research Revenue within the South Sector AMHSP

Department of Medicine: \$24.45 Million
All South Sector Clinical AMHSP Departments: \$79.89 million.
Research Revenue from the Department of Medicine AMHSP members accounted for 30.60% of the revenue for all Clinical AMHSP Departments in the South Sector AMHSP.

AMHSP PHYSICIAN REVENUE

\$79.89 million

All Clinical departments within the South Sector AMHSP

\$24.45 million (AMHSP Physicians only)

Department of Medicine (no Cardio) AMHSP

CLINICAL STATS

8.52 days in hospital

2024-25	↓3.51%
2024-25	8.52
2023-24	8.83

The average hospital length of stay (LOS) in the Department of Medicine for 2024-25 was 8.52, a decrease of 3.51% from 2023-24. The 2024-25 and 2023-24 years are built from a new data method and have therefore both been updated in this report to allow for comparison.

18,078 inpatients admitted

2024-25	↑4.82%
2024-25	18,078
2023-24	17,246
2022-23	15,406

Department Members were the admitting physicians for 18,078 inpatients in the four Calgary Adult Hospitals in 2024-25, an increase of 4.82% from 2023-24.

35,370 inpatient consults

2024-25	↑10.49 %
2024-25	35,370
2023-24	32,012
2022-23	30,955

Department Members provided a total of 35,370 inpatient consults in Calgary hospitals in 2024-25, an increase of 10.49% from 2023-24.

70,889 CAT* outpatient clinic referrals

2024-25	↑13.77%
2024-25	70,889
2023-24	62,310

*Central Access & Triage (CAT) for Endo, GI, GIM, Hem, Resp, Rheum, Hep, Neph, Transplant Medicine plus Geriatrics data pulled from Seniors Health One-Line received a total of 70,889 outpatient referrals for 2024-25, an increase of 13.77 % from 2023-24.

20,769 inpatients attended

2024-25	↑1.58%
2024-25	20,769
2023-24	20,446
2022-23	17,770

Department Members were the attending physicians for 20,769 inpatients in the four Calgary Adult Hospitals in 2024-25, an increase of 1.58% from 2023-24.

11,800 Specialist Link Calls*

2024-25	↑0.68%
2024-25	11,800
2023-24	11,720
2022-23	11,833

The number of specialist link calls made to Department of Medicine divisions and programs in 2024-25.

^{*}Includes our 11 Divisions as well as Clinical Pharmacology, COVID, OB Internal Medicine, Thrombosis and Wound Care clinics.

EDUCATION

184 Residents

In 2024-25, 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 11 Subspecialty Training Programs (PGY4 – PGY6).

19DEPARTMENT OF MEDICINE

2024-25 ANNUAL REPORT20

Dermatology

The Section of Dermatology, a dedicated team of 38 dermatologists, delivers patient-centered care while being internationally recognized for clinical, educational, and research expertise in inflammatory skin diseases, skin cancer, and wound care. High-quality clinical services are provided across hospital and community settings, including rural and outreach clinics. The section is committed to training future leaders in dermatology through a comprehensive residency program that attracts learners from across Canada. Members are actively engaged in innovative basic, translational, and clinical research, with projects spanning disease prevention, early detection, treatment optimization, and health systems improvement. The program prioritizes clinical excellence and fosters a culture of equity, diversity, and inclusion, preparing graduates to deliver compassionate, culturally responsive care to all patients.



Dr. Régine Mydlarski
Division/Section Head

Dr. Régine Mydlarski is Associate Professor and Section Chief of Dermatology in the Department of Medicine, UCalgary. She completed dermatology training at the University of Toronto, followed by a CIHR-funded postdoctoral fellowship in medical genetics and immunodermatology. A leader in the field, Dr. Mydlarski founded Calgary's Dermatology Residency Program and chaired the Royal College Specialty Committee in Dermatology, overseeing the launch of the national Competence by Design curriculum. Dr. Mydlarski directs the UCalgary's precision medicine and translational research program in skin disease. She is recognized internationally for her work on autoimmune blistering disorders and has expertise in immunodermatology, transplant dermatology, and the skin microbiome.

CLINICAL

Specialized clinics provide comprehensive, multidisciplinary care for patients of all ages with immunobullous and connective tissue disease, contact dermatitis, organ transplants, wounds, vulvar disease, high-risk pigmented lesions, skin cancers, and cutaneous lymphomas. Outreach clinics at Siksika Nation, Stoney Community Health Centre, and the Alex Community Health Center, along with virtual care, enhance access for rural and equity-deserving populations. This year, the rapid access Oncodermatology service, under the direction of Dr. Jori Hardin, expanded to support timely oncology care. The joint Cutaneous Lymphoma Clinic, with Dr. Hardin and Dr. Lesley Street, and the Transplant Dermatology Clinic, overseen by Dr. Fatemeh Jafarian and Dr. Régine Mydlarski, grew to meet patient needs. Additionally, the UCalgary's Surgical Dermatology Clinic transitioned to Dr. Danny Guo at Rejuvenation North, ensuring continued excellence in surgical dermatology services.

ADMINISTRATIVE

The section remains an active and nationally engaged community, with faculty holding key leadership roles

across professional organizations. Dr. Michele Ramien completed her term as Immediate Past President of the Canadian Dermatology Association (CDA). Dr. Andrei Metelitsa served as President of the Alberta Society of Dermatologists, and Dr. Tetyana Khlabatyn began her term as Secretary of the CDA. Dr. Kirk Barber continued as Editor-in-Chief of the Journal of Cutaneous Medicine and Surgery and Vice-President of the Camp Liberté Society. Dr. Régine Mydlarski concluded her term as Chair of the Royal College Specialty Committee in Dermatology, transitioning this role to Dr. Laurie Parsons. Dr. Mydlarski also co-chaired the 4th Women in Dermatology Leadership Conference.

RESEARCH

The section is a highly productive community of researchers at all career stages, advancing clinical and basic science research. In 2024–2025, our members led 55 clinical trials in Calgary, serving as the largest dermatology clinical trials hub in Western Canada. Trials focused on inflammatory skin diseases, including atopic dermatitis, psoriasis, vitiligo, chronic urticaria, bullous pemphigoid, and skin cancer. Research is conducted

across key sites: Beacon Dermatology, Calgary Dermatology, Northwest Dermatology and Laser Centre, Rejuvenation Dermatology, Richmond Road Diagnostic and Treatment Centre (RRDTC), and the Skin Health & Wellness Centre. Generous support from the Canadian Institutes of Health Research (CIHR), the Canadian Dermatology Foundation (CDF), the Bill Andrew Research Fund, the Office of Health and Medical Education, and industry partners has enabled our faculty and trainees to conduct high-impact research, fostering advances in dermatologic care, education, and patient outcomes.

EDUCATION

After serving as Competence by Design (CBD) Chair, Dr. Jori Hardin assumed the role of Program Director, bringing fresh vision and innovation to the Dermatology Residency Program. She follows the exemplary leadership of Dr. Lynne Robertson, whose dedication set a high standard for this sought-after five-year program. Dr. Hardin also co-chaired the Dermatology Residents Innovation & Vision in Education (DRIVE) program, supporting residents' success at the Royal College examinations. Dr. Kirk Barber enriched the

field's educational resources through the JCMS: Author Interviews & Editor's Choice podcast series. Dr. Michele Ramien completed a highly successful term as Immediate Past President and Chair for the 2025 CDA Annual Conference in Halifax. Drs. Régine Mydlarski and Laurie Parsons contributed to the CDA Education Committee, and Dr. Mydlarski launched an artificial intelligence in Dermatology webinar series.

KEY CHALLENGES

Like many areas of healthcare, the division has faced several challenges this year. Ongoing shortages of primary care physicians and limited nursing support continue to challenge the care of patients with complex dermatologic conditions. Access to medications prescribed for "off-label" indications also continues to create barriers for patients and providers. The section experienced the loss of dermatologic surgery services at RRDTC following Dr. Kurwa's retirement, impacting access for patients requiring skin cancer surgery. Additionally, uncertainty around the future of specialized ambulatory services within system reorganization has limited planning efforts. Despite these challenges, the section remains committed to innovation and collaboration to ensure patients continue to receive high-quality dermatologic care.

KEY SUCCESSES

Specialized programs were successfully expanded including the rapid access Oncodermatology, Cutaneous Lymphoma, Transplant Dermatology, and Scleroderma and Fibrosing Disorders Clinics. Outreach to the Siksika Nation, Stoney Community Health Centre, and Alex Community Health Centre, along with virtual care, improved patient access across Alberta. The section advanced its Health and Wellness Initiative, promoting holistic care across clinical sites. This year also marked a transition in surgical dermatology, with Dr. Danny Guo at Rejuvenation North assuming leadership, ensuring continued excellence in surgical dermatology training within the Calgary Dermatology Residency Program.

The Dermatology Residency Program continued to thrive, providing comprehensive training for future dermatologists. Educational efforts remained strong with the successful 17th Annual Dermatology Day for Family Physicians and 6th Annual Skin Research Day. Faculty held national and international leadership roles while advancing research initiatives that strengthen Calgary's role as a centre for dermatologic innovation, guided by equity, diversity, and inclusion principles.

A HOLISTIC WELLNESS INITIATIVE IN DERMATOLOGY

Chronic skin diseases such as psoriasis, atopic dermatitis, and hidradenitis suppurativa affect both physical and mental health, often leading to anxiety, depression, and social isolation. The demands of caring for these patients can also impact the well-being of our faculty and residents. Recognizing these challenges, Dr. Fatemeh Jafarian, a dermatologist and certified Health and Wellness Coach, developed a holistic wellness initiative in dermatology to enhance patient care while supporting clinician wellness.

The initiative centers on one-on-one coaching for faculty and residents, offering a confidential space to address stress management, work-life integration, and sustainable wellness practices. Digital resources, including mindfulness exercises and wellness videos, supplement in-person coaching and encourage the daily integration of wellness practices.

To further support patient-centered care, Dr. Jafarian has developed evidence-based patient handouts on stress management, healthy lifestyle practices for skin health, and practical skincare routines. These materials empower patients to take an active role in managing their conditions.

Dr. Jafarian's scholarly work underscores her commitment to integrating safety, evidence, and cultural sensitivity into dermatologic care. Her analysis of benzoyl peroxide safety using FDA adverse event data, published in the Journal of Investigative Dermatology, provided insights into its potential association with malignancy, informing evidence-based acne management. She has also examined culturally sensitive approaches to pediatric skin care, published in the Journal of Cutaneous Medicine and Surgery, emphasizing practical strategies that respect family preferences and cultural practices while supporting effective treatment.

ADVANCING TRANSPLANT DERMATOLOGY THROUGH CARE, RESEARCH, AND EDUCATION

The Transplant Dermatology Clinic has been a cornerstone of specialized care for solid organ transplant recipients in Southern Alberta since 2007. Patients with heart, lung, liver, pancreas, and kidney transplants face a higher risk of aggressive skin cancers, particularly squamous cell carcinoma, with increased rates of recurrence and metastasis. Access to specialized dermatology care greatly improves outcomes for this high-risk population. Under the leadership of Drs. Fatemeh Jafarian and Régine Mydlarski, the clinic provides comprehensive dermatologic care, including pre-transplant evaluations and post-transplant surveillance, with a strong focus on skin cancer prevention and early detection. Their approach emphasizes lifestyle modification and education on skin cancer prevention, offering patients clear strategies to lower their risk and enhance their quality of life.

The clinic integrates novel technologies to advance non-invasive methods for detecting skin cancer and pre-cancerous lesions while providing field-based therapies and individualized treatment plans. Multidisciplinary collaboration with transplant, oncology, and surgical teams ensures patients receive timely, patient-centered care for both routine and complex dermatologic conditions.

Beyond clinical care, Drs. Jafarian and Mydlarski are advancing transplant dermatology research. They co-lead the Transplant Dermatology Collaborative Research Network, supported by SkIN Canada, creating a national platform for multicenter studies, knowledge sharing, and capacity building in this evolving field. They also serve as co-investigators on a top-ranked \$1.06M CIHR Project Grant evaluating nicotinamide as a chemopreventive strategy for keratinocyte carcinoma in transplant recipients, reflecting their commitment to evidence-based improvements in care.

Recognizing the need to build future expertise, the team is actively developing a Transplant Dermatology Fellowship to train dermatologists in the specialized care of transplant recipients. This program will combine advanced clinical training with research, education on lifestyle modification and skin cancer prevention, preparing the next generation of leaders in transplant dermatology.

Through these initiatives, Drs. Jafarian and Mydlarski are advancing safe, innovative, and holistic dermatologic care for transplant recipients while strengthening Calgary's leadership in transplant dermatology across Canada.

COMPREHENSIVE CARE IN ONCODERMATOLOGY AND CUTANEOUS LYMPHOMA

The Cutaneous Lymphoma and Oncodermatology Clinics continue to provide specialized, patient-centered care for individuals with skin conditions related to cancer and its treatments. Dr. Jori Hardin and Dr. Lesley Street (Hematology) co-lead the Calgary Cutaneous Lymphoma Program (CCLP), which now cares for over 400 patients with cutaneous B or T cell lymphoma. This multidisciplinary program unites dermatology, hematology, pathology, and radiation oncology to deliver coordinated care, particularly for patients requiring systemic therapies. Collaboration with transfusion medicine and hematopathology further supports the management of complex cases. The team is actively navigating the global interferon shortage, with anticipated improvements following Health Canada's approval of ropeg IFNalpha (Besremi). At each visit, patients receive detailed clinical assessments and complete quality-of-life measures, enhancing personalized care while contributing to research and quality improvement efforts.

The Oncodermatology Clinic, led by Dr. Hardin, continues to expand, having assessed over 200 patients with cutaneous reactions related to cancer therapies since its inception. The clinic accommodates 3 to 4 new urgent oncology referrals per week, ensuring timely care for patients living with cancer. Dr. Hardin has also partnered with the gynecologic oncology team to develop a patient care pathway, currently under review.

In addition to clinical care, Dr. Hardin actively contributes to research that advances the field. She is collaborating with the International Cutaneous Lymphoma Society to update the staging of mycosis fungoides and is leading a population-based study examining the incidence of cutaneous lymphoma in patients treated with dupilumab, contributing to a deeper understanding of treatment-related risks and outcomes.

Through these initiatives, Dr. Hardin and her colleagues ensure patients receive specialized, coordinated, compassionate, and timely care within the Calgary Zone.

15

SUBSPECIALTY TRAINING
PROGRAM RESIDENTS
five year program, 3 per year

72

APPLICATIONS FROM PROSPECTIVE
SUBSPECIALTY TRAINING
PROGRAM RESIDENTS

Endocrinology & Metabolism

Endocrinology and Metabolism is a medical subspecialty focused on disease that arises from hormonal dysregulation and/or disease of glandular tissue. We hold deep expertise in conditions like diabetes, thyroid functional disorders, thyroid cancer, pituitary disease, neuroendocrine tumors, adrenal disease, hypertension, lipid disorders, gender medicine, reproductive medicine and osteoporosis. Our Division is very active in advanced clinical care, research and medical education and is recognized internationally for our expertise.



Dr. Doreen Rabi
Division/Section Head

Dr. Doreen Rabi is an academic clinician with a clinical and research focus on social and structural determinants of health and illness. She is the Principal Investigator of the Canadian Collaboration for Complex Care (C4), a CIHR funded team that explores health service delivery and experience at the intersections of social and clinical complexity.

CLINICAL

Endocrinology works collaboratively to provide high-quality, interdisciplinary care to patients experiencing endocrine disease. Our team has distinguished itself as experts in leading integrative and innovative care programs. Our collaborations with surgery, obstetrics and gynecology, diagnostic imaging, laboratory medicine, and pathology has supported the development and expansion of programs including:

- Combined Pituitary Clinic and Combined Pituitary Case Rounds
- Anaplastic Thyroid Cancer Rapid Access Clinic
- Thyroid nodule assessment pathways that significantly reduce barriers to molecular diagnosis of early thyroid cancer
- Hereditary Lipid Disorders Clinic
- Endocrine Hypertension Clinic
- Gender Medicine Program
- Reproductive Endocrine Program
- Diabetes in Pregnancy Program.

These unique programs have been recognized internationally for their innovative practices and impact on patient outcomes.

ADMINISTRATIVE

Several Division members hold leadership positions that influence research, care, and medical education in Alberta. Dr. Julie McKeen is the lead of the provincial Insulin Pump Therapy Program and Chair of the Clinical Advisory Committee for the Insulin Pump Program. Dr. Doreen Rabi is the Co-Chair of the Provincial Diabetes Steering Committee. Dr. Karmon

Helmle is Associate Chief Medical Information Officer in the Calgary Zone, and Endocrinology and Diabetes Epic Specialty Steering Board. Dr. Vicky Parkins is Medical Informatics Site Lead at RRDTTC. Dr. Sana Ghaznavi is the Provincial Lead of the Endocrine Tumour Group and Chair of the Alberta Thyroid Oncology Group. Dr. Sonia Butalia is Medical Director of Implementation and Specialty Engagement for the Physician Learning Program at UCalgary. And Dr. Nathalie Saad is the Senior Medical Advisor for the Gender Health Medical Program in the Calgary Zone

RESEARCH

The Division has seven GFT Research Faculty along with five Major Clinical Investigators. These members published 87 peer-reviewed manuscripts and obtained \$2.7 million in new research funding in 2024. Our researchers have been regonized with Dr. Sonia Butalia awarded the inaugural Libin Researcher of the Year Award; Dr. David Campbell named as Innovator of the Week by Avenue Magazine, Dr. Sana Ghaznavi was awarded DOM Innovator of the Year and nationally Dr. Campbell was honored with the Early Career Leadership Award in Health Policy/Health Systems by the Royal College of Physicians and Surgeons of Canada. Our researchers have demonstrated innovation and ingenuity by publishing landmark studies that will fundamentally change practice in the areas of primary aldosteronism (Drs. Alex Leung and Gregory Kline) and type 1 diabetes in pregnancy (Dr. Lois Donovan).

Our team collaborates on knowledge mobilization projects that influence health policy. As a notable example, Dr. Campbell (in collaboration with Dr. Bassyouni) produced the film, *Low*, to highlight the complex barriers to safe care for persons experiencing diabetes and homelessness.

Our clinician researchers are also experts in innovating research methods with Drs. Leung, Rabi, Butalia, Campbell and Benham all doing novel work in the areas of knowledge synthesis, clinical guideline development and community engagement. Finally, Dr. Ronald Sigal continues to lead a robust clinical trials unit that provides critical infrastructure for our research-intensive faculty and brings emerging innovations and interventions to patients in Southern Alberta.

EDUCATION

As a Division of dedicated medical educators we provide learners at all levels with safe, inclusive and strength-based education.

Dr. Hanan Bassyouni provides mentorship and support to UME trainees through her role on the Student Advising and Wellness committee. Dr. Laura Hinz was recognized as an outstanding RIME Tutorial Lead and Dr. Shelly Bhayana was selected as a new Director of Resident Support in PGME.

Drs. Hinz and Bhayana continue to lead a highly successful specialty training program that is very well positioned for a successful transition to Competency

by Design. The program has several innovative educational elements including the "Inappropriately Normal" series that includes staff- and trainee-developed video/podcast content on important endocrine topics; subspecialty focused case rounds, peer-led wellness and mentorship initiatives and the "Feedback Loop" commensal program to engage program leaders and learners in safe and inclusive dialogue on how to thrive in endocrinology. Drs. Hinz and Bhayana have also ensured the program's administration and communications are effective, timely and clear, ensuring that medical educational experiences are integrated with efficient clinical operations. Drs. Kline, Leung, Saad, Lau, Mahajan and Lithgow have all developed subspecialty learning experiences to help grow capacity in the areas of endocrine hypertension, reproductive medicine and advanced pituitary medicine. These experiences have been created in collaboration with the Endocrine Specialty Training Program Leadership. Advanced fellows in endocrine hypertension and reproductive medicine have been accepted for the coming year.

Dr. Erik Venos was appointed as Academic Advisor, and Drs. Mahajan, Sajid and Fineblit are clinical medicine leads that bring valuable community perspectives to our learners. Drs. Bassyouni and Symonds are applying their extensive expertise in medical education in the CBD transition, assuming the roles of competency committee member and Chair, respectively.

KEY CHALLENGES

The health care refocus continues to create challenges, particularly with respect to clinical operations and accessing the needed resources to provide the best care possible. Endocrinology has the capacity to play a powerful role in preventing the complications of diabetes (which include heart disease, stroke, kidney failure and amputation) and osteoporosis (a leading

risk factor for hip and other disabling fractures). High quality care for chronic ambulatory conditions optimizes the function of the acute care system by decreasing the number of preventable admissions. It remains unclear how the refocused health care system will work with academic institutions to support health system innovation and excellence in ambulatory care.

KEY SUCCESSES

Dr. Butalia launched "Let's Talk Cholesterol" to support shared decision-making in the management of dyslipidemia. Dr. Campbell continues to expand his Diabetes Mobile Clinic, providing outreach services to individuals with diabetes experiencing homelessness. Dr. Benham has established herself as an international expert on Polycystic Ovary Syndrome and plays a key role in the Women's Health Initiative within the O'Brien Institute for Public Health. The reproductive medicine program, led by Drs. Lau, Saad and Mahajan, continues to grow with collaborations with the Regional Fertility Program and a new longitudinal training program for advanced fellows

Calgary is recognized as a center for excellence in Diabetes in Pregnancy Research and Care under the leadership of Dr. Lois Donovan. Drs. Leung and Kline have established the CSM as a Center of Excellence in Primary Aldosteronism scholarship and clinical practice and are welcoming colleagues from around the world to do advanced training in endocrine hypertension.

Our Endocrine Central Access and Triage team (Dr. Shelly Bhayana, Medical Director) has worked closely with our quality improvement lead (Dr. Vicky Parkins) and key clinical leads (Drs. Julie McKeen, Sana Ghaznavi, Greg Kline, Chris Symonds and Nadia Moledina) to reduce wait times and optimize workflows for diabetes, thyroid cancer and osteoporosis, resulting in more patients receiving the care they need.

Calgary continues to be a practice leader in diabetes thanks to a thriving collaboration between clinical (Dr. McKeen) and operational (M. Illycky, S. DeRoo) leadership. This was also highlighted at the Diabetes Canada Urban Summit in 2025.

TRANSDISCIPLINARY PITUITARY CARE, RESEARCH AND TRAINING PROGRAM

Dr. Kirstie Lithgow (Clinical Lead, Combined Pituitary Clinic) has spearheaded the development of the combined pituitary clinic, a collaboration between endocrinology and neurosurgery that supports integrated assessment and care planning for patients with newly diagnosed pituitary tumours. Patients can be seen jointly by endocrinology and neurosurgery within the same patient visit at the RRDTTC Clinic. The clinic was established in 2020 but now has gained momentum and is running every 1-2 months (2 endocrinologists and 1 neurosurgeon currently involved), creating greater clinical capacity for urgent patients that are candidates for surgical intervention. This clinic has provided valuable learning opportunities for subspecialty trainees in endocrinology and neurosurgery, allowing them a high volume pituitary experience that encompasses different facets of pituitary care (medical and surgical).

Dr. Lithgow, working with Endocrine Specialty Training Program leadership, has developed a well-attended quarterly Pituitary Pathology Rounds where challenging cases of pituitary disease can be discussed between endocrinology, neurosurgery, neuropathology, and radiation oncology.

Current and future aims of this transdisciplinary program include developing our research program and scholarly impact. To that end, we have been selected as site for a clinical trial in acromegaly which will launch in the coming months.

In October 2024, Calgary hosted the inaugural Alberta Pituitary Society event at the Foothills Medical Centre with talks from endocrinology, ENT, genetics, and radiation oncology. The event was well attended by patients and providers which highlights the importance and impact of community engagement in our clinical and scholarly programs.

FORMALIZING QUALITY IMPROVEMENT AND PATIENT SAFETY

Recognizing the central importance of care quality and safety in our work, the Division has been intentional to ensure our physicians and learners are always cognizant and competent in quality improvement practices. Divisional members have been integral to the creation of pathways, processes and protocols that have helped standardize approaches to care for common endocrine disorders experienced by patients in the community and in hospital. Notable examples include the Glycemia Management Policy and the DKA in Pregnancy Prevention and Managment Pathway- both developed by interprofessional teams and implemented provincially but led by local leaders from our Division (including Drs. Karmon Helmle, Julie McKeen and Lois Donovan).

To further grow capacity and strength in quality improvement, Dr. Vicky Parkins was identified as the inaugural Divisional Lead for Quality Improvement and Patient Safety. Dr. Parkins comes to this role with advanced

training in quality and safety and years of experience from the Department of Medicine's Health Informatics and Quality Working Group and Clinical Safety Committee. Dr. Parkins has catalyzed numerous quality improvement projects through the following actions:

- Supporting all endocrine trainees in the completion of a quality improvement activity
- Developing academic half-days for trainees on the principles of quality improvement/patient safety
- Working with our Endocrine Central Access and Triage Team (Dr. Bhayana, Lead) and Diabetes Center Calgary education team and the Access Owl Team to standardize visit types and workflows in ConnectCare. This has been exemplary work and has been presented provincially. This work is foundational to understanding our referral management and paths to care.
- Development of Quality and Safety Case Rounds (co-developed with Dr. Umair Sajid)

ADVANCING DIABETES CARE THROUGH CONNECT CARE INNOVATION

Under the leadership of Dr. Karmon Helmle, the Diabetes and Endocrinology Provincial Specialty Working Group has made significant strides in enhancing diabetes care across Alberta through Connect Care. In close collaboration with the Diabetes Centre Calgary (DCC) and provincial partners, the team has developed and implemented diabetes-specific tools and workflows within Connect Care, designed to better serve patients and support providers in diabetes-related care spaces.

This work, grounded in a commitment to provincial scope and iterative feedback, has resulted in a suite of tools that are not only innovative but also uniquely tailored to the needs of Alberta Health Services (AHS). A key contributor to this success has been the partnership with AHS IT, particularly ambulatory analyst Jennifer Srail and physician builders such as Dr. Vince DiNinno, whose dedication enabled the creation of functionalities previously deemed unfeasible by Epic and other health organizations worldwide.

The DCC has fully integrated these tools into its workflows, setting a provincial benchmark for strategic alignment and consistency. Under the guidance of DCC leadership, including Dr. Julie McKeen, Maria Illycky, Sheri DeRoo, Dave Dyjur, Bev Madrick, Shelley Bender, and Hager Gargum, the DCC exemplifies how thoughtful implementation and collaborative co-development can elevate care delivery and serve as a model for other clinics.

The impact of this work has garnered international attention. Epic recently sent a team to Calgary to learn from the tools and workflows developed by the Diabetes Specialty Working Group at AHS, with several elements now influencing their future development roadmap. This recognition underscores the innovative nature of the work done locally and its potential to shape diabetes care globally. This initiative reflects a collaborative, forward-thinking approach to digital health transformation, and positions Alberta as a leader in diabetes care innovation.

Gastroenterology & Hepatology

The Section of Gastroenterology & Hepatology prioritizes high value innovative care, cutting edge basic, translational and clinical research in addition to excellence in education. Across our four adult hospitals our division functions as a cohesive group of 65 members. We are international leaders in the areas of inflammatory bowel diseases, hepatology, colorectal cancer screening, gastrointestinal motility disorders and advanced endoscopy. Our Section is also recognized as national leaders in innovative patient care models. Calgary's Adult Gastroenterology Residency Training Program remains one of the most sought after in the country and each year Canadian and international physicians select Calgary to acquire additional training in one of our highly acclaimed subspecialty fellowship programs. Finally, many of our members are renowned in their disciplines and are frequently invited to lecture around the world.



Dr. Steve Heitman
Division/Section Head

Dr. Heitman is Professor of Medicine in the Departments of Medicine and Community Health Sciences. Dr. Heitman's research interests are focussed in the areas of colorectal cancer screening, endoscopy quality and outcomes in advanced endoscopy. He enjoys teaching and regularly participates as faculty at colonoscopy upskilling courses across Canada.

CLINICAL

The Section of Gastroenterology and Hepatology provides a full complement of clinical services for patients within the Calgary Zone. We consistently register the highest demand for outpatient subspecialty care among all divisions within the Department of Medicine with annual referral volumes exceeding 50,000 across all our services. At the same time, demand for in-hospital gastrointestinal and liver related-care remains high among our aging and increasingly complex medical patients. Our greatest clinical challenge involves balancing inpatient and outpatient clinical demands in an environment where relatively fixed resources, particularly for endoscopy, limits our ability to hire and supply more physicians to match these rising clinical demands.

ADMINISTRATIVE

Many of our members are involved in administrative leadership. Dr. Carla Coffin is the Department of Medicine (DOM) Vice Chair for Research & Scholarship and Dr. Mayur Brahmanian is the DOM Associate Vice Chair for

Health Analytics, Quality and Safety. Dr. Melanie Stapleton is the DOM Associate Vice Chair of Education. Dr. Rachid Mohamed is the DOM Site Lead at the Peter Lougheed Centre.

Dr. Bob Hilsden is the Medical Director of the Forzani & MacPhail Colon Cancer Screening Centre (CCSC). Dr. Paul Belletrutti is the Therapeutics Lead at CCSC, the Medical Lead for Endoscopy in the Calgary Zone and is also the GI Site Lead at the Foothills Medical Centre. Dr. Nauzer Fobers, 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. Nauzer Forbes is also the Head for Therapeutic Endoscopy. Dr. Matthew Mazurek is the Medical Lead of Central Access and Triage (CAT). Dr. Edwin Cheng is Program Director for our Residency Training Program. Finally, Dr. Kerri Novak was recently appointed as a Physician Leader on the Acute Care Alberta (ACA) Physician Leadership Council.

RESEARCH

The Section of Gastroenterology and Hepatology continues to excel in research across its disciplines.

For the 2024-25 academic year over 100 unique manuscripts were published by one or more of our members including many in the top general medical and speciality journals. New Tri-Council research funding was also awarded in fiscal 2024-25.

Dr. Gil Kaplan received a CIHR project grant to support the research: "Managing the Burden of Inflammatory Bowel Disease over the Next Decade: A National Study of the Canadian Gastro-Intestinal Epidemiology Consortium (CanGIEC)" and Dr. Yasmin Nasser received a CIHR project grant to support research into: "The interaction of sex hormones and bacterial metabolites in inflammatory bowel disease-associated chronic visceral pain".

Dr. Carla Coffin received a CIHR Team grant to support reserach into "Pathways to Functional Cure in Chronic Hepatitis B".

EDUCATION

Many of our Section members remain heavily involved in teaching and educational leadership.

Dr. Remo Panaccione is the Assistant Dean, MD Admissions (UME) at the University of Calgary. Dr. Sylvain Coderre is the Director of Teacher Development for the Office of Faculty Development. Dr. Kelly Burak is Assistant Dean, Continuing Medical Education and Professional Development & Physician Learning Program. Dr. Edwin Cheng is the Director of the Gastroenterology Residency Training Program and an Associate Program Director for the Internal Medicine Residency Program.

The Section also offers highly sought-after subspecialty fellowship programs in IBD (Director – Dr. Remo Panaccione), Advanced Biliary Endoscopy (Dr. Suqing Li), Advanced Luminal Endoscopy (Dr. Paul Belletrutti), Hepatology (Dr. Meredith Borman) and Motility (Dr. Matthew Woo). We also offer training in intestinal ultrasound, led by Dr. Kerri Novak.

KEY CHALLENGES

The Section of Gastroenterology and Hepatology hired three outstanding physicians during the fiscal year (Dr. Joelle St. Pierre, Dr. Alexandra Frolkis and Dr. Jordan Iannuzzi). With these hires the Section has added 12 members over the past three years. While some of these have been replacements, approximately 3.5 clinical FTE has been added. These net gains were achieved by finding efficiencies in endoscopy and clinic utilization which have now been largely realized.

Future hiring in the Section will require additional endoscopy capacity which is beginning to come online. While hepatology is now in a far better position (see highlight below), gastroenterology with its greater dependence on endoscopy continues to have unacceptable wait times which will undoubtedly worsen as the city continues to grow. Expanded procedural capacity at the Rockyview

General Hospital (highlighted to the right) is an extremely positive and timely development, but additional capacity will be needed beyond this to bring the gastroenterology waitlist down to acceptable levels. Low hanging fruit exists within the Zone with an unused endoscopy suite at both the Arthur Child Comprehensive Cancer Centre and the Forzani & MacPhail Colon Cancer Screening Centre. Increased operational funding would permit these spaces to be utilized.

Insufficient resources for fluoroscopy-enabled pancreaticobiliary endoscopy has reached a tipping point. Procedures such as endoscopic retrograde cholangiopancreatography (ERCP) are used to treat life threatening conditions. All ERCPs in Calgary are performed in a single endoscopy suite at a single hospital (Peter Lougheed Centre), a setup that has not changed for over 20 years. We urgently require a solution to this problem.

COMPLETION OF FLORENCE AND LLOYD COOPER ENDOSCOPY UNIT AT THE ROCKYVIEW GENERAL HOSPITAL

Completion of the new state of the art Florence and Lloyd Cooper Endoscopy Unit along with the announcement of new operational funding to support additional endoscopic procedures was a major highlight this year. This capital project had been in the works for several years and was made possible thanks to \$10M in donations from our donor community and funding from Government. The project involved expanding the size

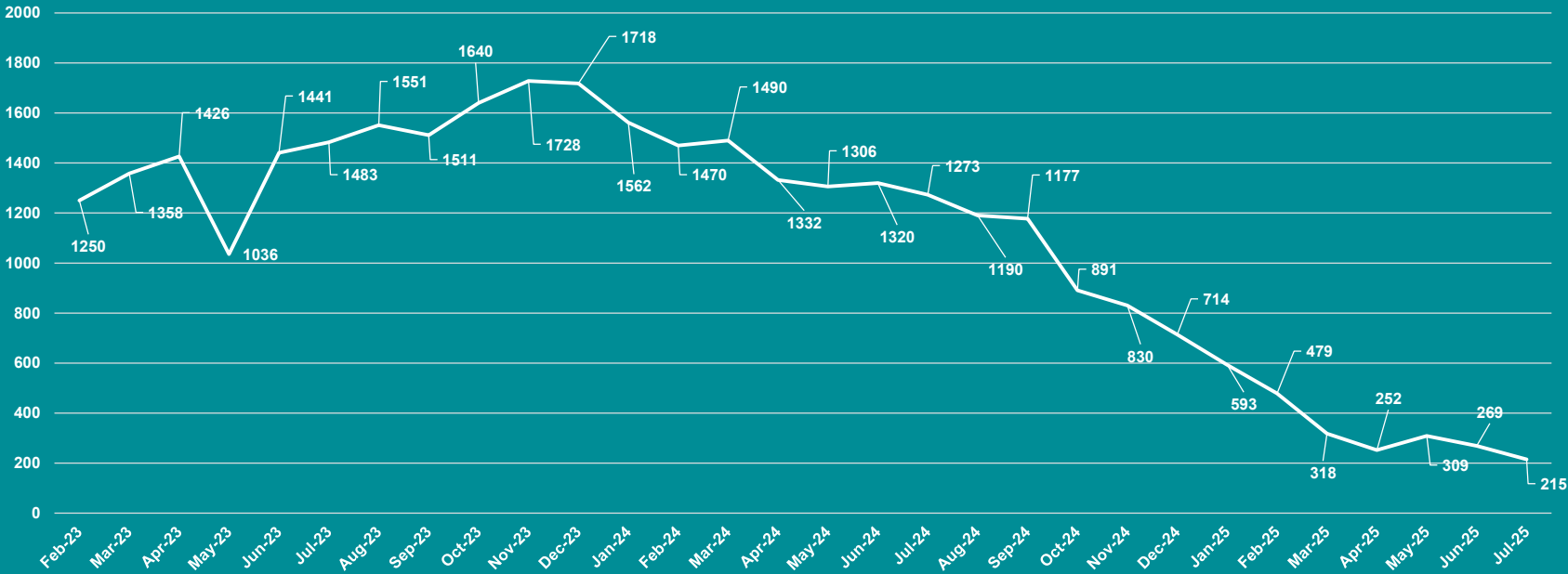
of the Rockyview General Hospital's existing endoscopy unit, increasing the unit's number of endoscopy suites from 4 to 5. This expansion coupled with the additional operational funding will allow us to complete over 3,000 additional endoscopies per year in Calgary. Ultimately this new unit will improve patient access to endoscopy resulting in reduced wait times for patients with gastrointestinal conditions.

REDUCTION OF THE WAIT LIST CRISIS IN HEPATOLOGY

A deep dive into the rapidly rising hepatology wait list led by Dr. Mayur Brahmaniea, along with several timely hires on top of hepatology's previous efforts to utilize clinical care pathways to support family practitioners, has resulted in a massive decline in the hepatology waitlist and wait times. Using the model for continuous improvement we were able to reduce the hepatology

waitlist from approximately 1600 in early 2024 to about 300 patients by the end of March 2025 and the numbers continue to decline. Wait times for routine consultation have similarly dropped from 78 to 8 weeks in response to the interventions performed. This work demonstrates the power of appropriate workforce planning combined with thorough waitlist management.

We continue to look for solutions to improve our gastroenterology wait list and wait times. Novel paradigms for enhancing outpatient clinic access are needed and are being explored. However, access to endoscopy remains a bottleneck.



5

SUBSPECIALTY TRAINING
PROGRAM RESIDENTS
PGY4: 2 | PGY5: 3

50

APPLICATIONS FROM PROSPECTIVE
SUBSPECIALTY TRAINING
PROGRAM RESIDENTS

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/Section 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). She also holds a Masters of Management in International Health Leadership (McGill) and MSc Epidemiology

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 clinical services continues to expand at all 4 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 covers inpatient consultation services, obstetrical medicine consultations, vascular medicine consultations, thrombosis consultations, addiction recovery and community health team care, vulnerable population clinics, and obesity medicine clinics. Outpatient general internal medicine clinics also included complex chronic disease management clinics, fellows clinic, urgent assessment clinic, and immunodeficiencies and hypertension clinics.

ADMINISTRATIVE

Many members in our section hold administrative positions within Calgary Zone, Cumming School of Medicine, University of Calgary and 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: Senior Medical Director of Medicine SCN, Dr. Anna Purdy; Scientific Director, Hospital Medicine Section SCN. Dr. Michelle Grinman; Medical Director Master of Physician Assistant UCalgary, Dr. Rahim Kachra; GIM Program Director, Dr. Mike Fisher; Associate Physician (AP) Physician Leader, Dr. Alejandra Boscan; AP Site leads Drs. Paul Davis, Jan Sporina and Dr. Rameez Kabani; Director of Physician Wellness Office of Professionalism, Equity and Diversity, CSM, and co-founder of the Well Doc Alberta & Well Doc Canada initiatives, Dr. Jane Lemaire; DOM Vice Chair EDIA and CSM Health Equity Systems Transformation Policy Director, Dr. Shannon Ruzycki; DOM Vice Chair Indigenous Health, Dr. Kelle Hurd; Executive Director of Alberta International Medical Graduates Program, and APASS-CPSA Dr. Maria Bacchus; CSM Assistant Dean, Evaluation and Research, Dr. Janeve Desy; Director, Public Policy and Strategic partnerships, CSM and O'Brien Institute, and Academic Director, UCalgary Pluralism Initiative, Dr. Aleem Bharwani; CSM VP of Research and WHO Quality and Safety Working Group, Dr. Bill Ghali;

Director, Virtual Home Hospital CZ, Dr. Paul Davis; Site Lead VHH, Dr. Ghazwan Altabba; Medical Director of QI - Physician Liason Alberta Physician Learning Program, Dr. Eliana Castillo; Research Chair Holder, John A Buchanan Chair GIM and Governor, Prairie Provinces Chapter, American College of Physicians, Dr. Irene Ma; DOM FMC Site-Lead and Connect Care Medical Informatics Lead, Dr. Caley Shukalek; Observational Health Data Science and Informatics Perioperative and Surgery Workgroup, Dr. Evan Minty; co-Director – Refugee Health YYC Research Program, UCalgary and Calgary Refugee Health Society, Dr. Gabe Fabreau; Medical Lead – Vascular Risk Reduction Initiative Alberta Health Services, Cardiovascular & Stroke SCN, and Chair of the Canadian Hypertension Coalition, Kara Nerenberg; Co-chair, Minister of Health's Diabetes Working Group, Dr. Peter Sargious; GIM Site Leads FMC, Drs. Lee Ann Hawkins and Simon Taylor; GIM Site Lead RGH, Brendan Kerr; GIM Site Lead SHC Drs. Julia Tiem and Darrel Cotton; GIM Site Lead PLC, Drs. Kate Colizza and Michaela Walter.

RESEARCH

There are currently 13 GFT researchers in the section of general internal medicine. There was 12.9 million dollars received from new grants awarded to principle, co-principal and co-investigators in our section and 94 publications in peer-reviewed journals (19 first authored and 20 last authored).

Topics of research include Obstetrical Internal Medicine epidemiology, remote delivery of medicine and supplies, clinical services, point of care ultrasound, thrombosis, refugee health/policy, cardiovascular prevention in high-risk post-partum population, medical leadership, equity, diversity and inclusion research and pleuralism and public policy.

EDUCATION

Involvement of general internists in medical education include many hours taught at the UME and PGME levels in addition to medical education research, innovation, ultrasound and simulation educational programs. General internists are involved in curriculum development and hold director level position of 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.

KEY CHALLENGES

The major clinical challenge remains 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.

KEY SUCCESSES

Division members have been recognized provincially and nationally including the CARES Innovation Award received by Dr. Ghazwan Altabba; the John Toker Evergreen Award from the American College of Physicians - Dr. Irene Ma; the Association of Faculties of Medicine of Canada Wellness Award - Dr. Jane Lemaire; Research Award - American College of Physicians - Dr. Karen Tang; Governors Recognition Chapter Service Award from American College of Physicians - Dr. Lee Ann Hawkins; Diabetes Canada, National Advocacy Award - Dr. Peter Sargious; IHSPR-CAHSPR Article of the Year Honorable Mention (Top Ten) CIHR and Medical Staff Association EDI Leader Award from the Alberta Medical Association Dr. Shannon Ruzycki; Avenue Calgary Top 40 under 40 and Globe and Mail Top 20 Changemakers - Dr. Kelle Hurd.

STRATEGIC PLAN

The section of GIM has been working on our strategic plan from a Calgary Zone Perspective.

Our mission is to deliver "Healthcare Beyond Expectations" This will start with transforming our ambulatory care services. A Quality Improvement project has been initiated through our central access and triage primarily with the objective to reduce wait-times for initial assessment and improve patient assessments with multiple unexplained symptoms.

We have started to expand clinics focused on urgent assessment and are involving novel models of care including group medical visits and group patient education sessions. And we are developing programs to work collaboratively with our allied health partners involving the provincial virtual rehabilitation group and the wellness teaching kitchen dietitians.

COMMUNITY BASED GENERAL INTERNAL MEDICINE AMBULATORY CARE (DELIVERED BY THE PLC GENERAL INTERNAL MEDICINE GROUP)

Historically the PLC site has targeted a clinical 50-50% split between inpatient and ambulatory care services. The outpatient portfolio aims to target services that support referrals from the community and the patients who we care for in hospital. Directly linked to hospital services, we run the complex chronic disease management clinic at the PLC, pre-op assessment at the PLC and through orthopaedic central intake, vascular risk reduction, and through 2 private offices urgent assessment and GIM clinics for hospital follow-up.

The PLC group continues to see GIM referrals through two private clinics, Internal Medicine Associates and Resolve Medicine which are home to 22 of our General Internists. These clinics support GIM referrals, VTE, bariatric medicine, clinical pharmacology, and metabolic disease.

There is a strong GIM presence in Calgary's primary cardiac rehabilitation program through Total Cardiology and weekly participation in VTE, Fellow's Clinic and Bariatrics at the RRDC.

PLC has a long tradition of rural outreach clinics that partner with local PCN's and hospitals to support care of their patients through visiting GIM clinics.

These rural clinics have been successful at reducing patient's travel time and optimizing access to care for patients in rural areas. These clinics are currently running in Brooks, Strathmore, High River, and Sundre.

Geriatric Medicine

The Section of Geriatric Medicine has 24 members who provide specialized geriatric care across the continuum. This includes providing clinical care in acute care and community settings via Specialized Geriatric Services and involvement with other programs, including Neurology, Cardiology, SAC, MAID and Homecare. The section is actively engaged in research and program development relevant to the population we serve, leadership at multiple levels within AHS & UCalgary, and medical education at all levels. We have had two members, Drs. Hogan and Fruetel retire in 2024-25. Their incalculable impact and many years of advocacy, mentorship, leadership and service have been instrumental to the development of Geriatric Medicine in Calgary. Without them we would not be where we are now, we are grateful to them for their service.



Dr. Karen Fruetel
Outgoing Division/Section Head



Dr. Zahra Goodarzi
Incoming Division/Section Head

Dr. Fruetel became the Division Head starting September 2021 through to 2025. Dr. Zahra Goodarzi took on the role as of April 1, 2025. Dr. Goodarzi, the new Division Head and Medical Director of Specialized Geriatric Services (SGS) and Transition Services, is a health services researcher specializing in mixed methods, knowledge synthesis, and translation. She founded the Geriatric Movement Disorders Clinic, co-leads the Geriatric ED task force, and heads the Restraints Reduction Special Interest Group (Canadian Geriatrics Society).

CLINICAL

The division supports the clinical services of the Specialized Geriatric Services which include: Acute Care Consulting Teams; The Seniors Health Clinic (Dr. Stacey Hall – Lead) which includes Pre-Operative Assessment (see feature on 7 – Dr. Stacey Hall/ Dr. Krista Reich), Pre-Tavi Assessment (Dr. Paula Pearce) and Onco-Geriatrics (Dr. Selynn Guo); The Rural Geriatric Clinic; Calgary Falls Prevention Clinic (Dr. Adrienne Cohen – Lead); Day Hospital (Dr. Laura Nino-Canon – Lead); Fracture Liaison Services; Home Care Teams (Dr. Emily Kwan – Lead); Seniors Health Outreach Program/Long Term Care Outreach and Specialist Link.

The Division also has a number of sub-specialty clinics including the Skiskika Clinic (Dr. Erika Dempsey); Southern Alberta Clinic (Dr. Jacqueline McMillan); Movement Disorders (Dr. Zahra Goodarzi and Dr. Leyla Samii); Alex Seniors Health Clinic (Dr. Caroline O’Shaughnessy); Wound Care (Dr. Emily Kwan).

ADMINISTRATIVE

We welcome Dr. Michelle Persaud as our new Deputy Division head, she is also Medical Director for the Acute Geriatric Unit. Several of our division members hold significant leadership positions. These positions include: previous Medical Director of the Seniors Health SCN held by Dr. James Silvius, Medical Lead AHS Provincial Fracture Liaison Service held by Dr. Taylor Wong; the Medical Director of Home Care and Seniors Home Based Primary Care Medical lead held by Dr. Emily Kwan; Medical Director of MAID held by Dr. Jilian Arnold; and the Academic Lead of the UCalgary Centre on Aging is held by Dr. Jayna Holroyd-Leduc. Dr. Holroyd Leduc is also the clinical and academic head of the Department of Medicine. Dr. Heidi Schmaltz returns from a sabbatical on Precision Health with a focus on Health Professions Education Leadership.

RESEARCH

Our team comprises four researchers: Drs. Holroyd-Leduc, Goodarzi, McMillan, and Reich. We boast 58 peer-reviewed publications, including contributions to several national guidelines. Our funding totals over \$1 million in principal investigator grants and over \$2 million in co-investigator grants. Dr. Reich secured her first provincial grant (MSI Foundation) and leads the Canadian Geriatrics Society’s Pre-operative Geriatric Medicine Special Interest Group. Dr. Holroyd-Leduc spearheaded UCalgary’s Age-Friendly University Initiative. She also holds the UCalgary Centre on Aging Chair in Geriatric Medicine and leads the Brenda Stafford Centre on Aging. Dr. Goodarzi received the Canadian Geriatrics Society’s Janet McElhaney Mid-Career Research Award. Finally, Dr. McMillan serves as the local principal investigator for the Canadian Longitudinal Study on Aging and co-chairs the CIHR Canadian HIV and Aging Research Development Team.

EDUCATION

In UME, members are involved as RIME educators. Several members hold educational leadership roles including Dr. Darren Burback – Chair, IMRP Competency Committee, Dr. Dempsey – Program Director of Geriatric Medicine, Dr. Wong – Associate Program Director for Geriatric Medicine and IM Clerkship Evaluation Coordinator, Dr. Goodarzi – program director for Leaders in Medicine, Dr. McMillan – Associate PD of CIP, Dr. Pearce – PGME Wellness lead and Chair of the PGME resident appeals committee, and Dr. Schmaltz – Divisional CME lead and DOM rep on CSM CME/CPD committee.

We have members who have won education awards including McMaster Outstanding Achievement Award (Dr. Pearce), Silver Star UME (Dr. Pearce), Gold Star UME (Dr. Burback), and PGME Excellence in Clinical Teaching (Dr. Nirō-Canon).

KEY CHALLENGES

There are ongoing challenges with the volume of older adults who need support across care settings, particularly at the transitions of care, and the mismatch between the number of geriatricians in the city. Although we have kept our faculty numbers stable with new recruits, we continue to see increasing numbers and complexity of consults in all areas. We aim to raise the profile of Geriatric Medicine locally and beyond. With every care interaction, we see an opportunity to advance our practice and that of those around us. We are excited to increase our engagement with other care teams, focusing on improving the delivery of evidence-informed care to older Albertans.

KEY SUCCESSES

The division has successfully recruited several new physicians over the last few years including: Dr. Cody Sider (2024), Dr. Joseph Abinader (Summer 2025) and Dr. Azadeh Motehayerarani (Summer 2025). Drs. Sider and Motehayerarani also work on General Internal Medicine Units (GMU). We have also recruited a geriatric Nurse Practitioner to join the FMC consult team, Reshma Timsina.

Drs. Reich and Hall have established and scaled up the pre-operative geriatric medicine clinic (see feature on page 7), this includes novel research aimed at improving operative outcomes for older adults across all sites. Dr. Hall along with many in the division and SGS are leading quality improvement initiatives to align clinical practices with best evidence.

The division is seeing increasing national leadership in research development and advocacy including Dr. Reich (CGS), Dr. McMillan (CIHR/CGS) and Dr. Goodarzi (CGS).

THE AGE-FRIENDLY UNIVERSITY INITIATIVE

The Centre on Aging (led by Dr. Jayna Holroyd-Leduc) is spearheading the Age-Friendly University initiative at UCalgary, which aims to foster more inclusive policies, programs, practices, and environments for older students, faculty, and staff in higher education.

This past year marked an important shift for the Centre—from assessment to action. After completing a comprehensive evaluation of the University’s age-friendliness, the Centre began translating findings into meaningful steps toward creating a more age-inclusive campus. A key development was the addition of an Educational Advisor to the Centre’s team. The Advisor is leading work to enhance

aging-related content in undergraduate education within the Cumming School of Medicine (CSM).

This pilot project seeks to identify both existing and potential opportunities for undergraduate students to engage with aging-related content throughout their academic programs. A central component of the project is the development of two distinct frameworks that outline core competencies and key concepts in aging—one designed for healthcare professions and the other for non-healthcare professions. Grounded in the current literature, these frameworks will serve as the foundation for mapping the curricula of the CSM’s three undergraduate programs (Undergraduate Medical

Education, Bachelor of Health Sciences, and Bachelor of Community Rehabilitation). This curriculum mapping process will assess how aging-related competencies and concepts are currently integrated into students’ learning experiences.

The ultimate goal of this pilot project is to inform strategies that will enhance aging-focused education across the CSM. This initiative will eventually be spread across the entire university.

By ensuring that future graduates are equipped with the knowledge and skills to effectively support older adults, this work will help prepare them to meet the needs of a growing older adult population.

CANADIAN LONGITUDINAL STUDY ON AGING (CLSA)

Dr. Jacqueline McMillan is the site Principal Investigator for the Canadian Longitudinal Study on Aging (CLSA) and is responsible for the day-to-day operations of the CLSA locally.

The CLSA is a large, national, long-term study that aims to understand how various factors influence health and aging in Canada. The CLSA has received funding from the CIHR, the Canadian Foundation for Innovation, the Alberta Government and the UCalgary BSF Chair in Geriatric Medicine, among others. It tracks approximately 51,338 Canadians aged 45-85 over at least 20 years, collecting data on their biological, medical, psychological, social, and economic aspects of aging. Locally, there are nearly 3000 participants who are followed every 3 years for 20 years or until death or withdrawal from the study.

The data collected is extensive and includes questionnaire data, medical diagnoses, medication use, biometric data, laboratory data, and imaging data. The CLSA has 11 data collection

sites across Canada and Calgary is the Alberta site for the CLSA. At UCalgary, there are 13 highly qualified personnel employed by the CLSA who complete in-home interviews and data collection site visits. The data collection site in Calgary is located in the Cal Wenzel Precision Health Building on the Foothills Campus of UCalgary.

CLSA research has contributed to the development of normative cognitive data in Canada, the World Health Organization Decade of Healthy Aging Report, and has informed public policy. There have been 600+ approved projects for data use, 400+ publications, 250+ trainee opportunities and 1500+ CLSA news stories.

Researchers may apply for the use of CLSA data through the CLSA website. Clinician researchers who are interested in using CLSA data or who have questions about whether their research question may be investigated using CLSA data can reach out to Dr. McMillan through email (mcmilljm@ucalgary.ca) or contact CLSA directly (https://www.clsa-elcv.ca).

ALBERTA CENTRE FOR HEALTHY AGING (ACHA)

Alberta Centre for Healthy Aging (ACHA) is a community geriatric clinic founded in 2023 by Calgary trained geriatricians Dr. Jillian Arnold and Dr. Leyla Samii with geriatric psychiatrist, Dr. Josh Benjamin and economist, Ariella Benjamin. The aim of this clinic is to add additional geriatric care support to the city of Calgary.

This is a multidisciplinary clinic and also provides community geriatric physiotherapy. They are located in south Calgary. <https://achamedical.ca/>

Hematology & Hematological Malignancies

The Section of Hematology consists of 36 physicians based out of one of three acute care sites in Calgary. Our physicians also operate clinics at the Arthur Child Comprehensive Cancer Center and the Richmond Road Diagnostic and Treatment 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.



Dr. Andrew Daly
Division/Section 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, 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.

CLINICAL

Clinical workload within the Section of Hematology remains substantial. The Section sees outpatients at five sites (Peter Lougheed Hospital, South Health Campus, Foothills Hospital, Arthur Child Comprehensive Cancer Center and Richmond Road Diagnostic and Treatment Center).

Our 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. The Hematology Inpatient Unit provides chemotherapy and/or immunotherapy

for patients living with leukemia, lymphoma and plasma cell disorders, supportive care for patients with non-malignant blood disorders (for example, Sickle Cell Anemia and Thrombotic Thrombocytopenic Purpura), and provides stem cell transplant or CAR T-cell therapy for patients meeting indications for these treatments.

In 2024 we saw 2770 new patients without a cancer diagnosis and 1100 new patients with hematological malignancies. We remain the most popular program on Specialist Link and in 2024 we answered over 2000 calls from other practitioners.

RESEARCH

The Section of Hematology has research strengths in multiple myeloma, thrombosis, bone marrow transplantation and clinical trials. There are currently 39 open clinical trials in malignant hematology, including three local investigator-initiated studies and

five cooperative group trials.

The Section also conducts research in Thrombosis, Thalassemia and Hereditary Angioedema and plans to open clinical trials in Sickle Cell Anemia.

Members of the Section of Hematology contributed to 125 unique publications (including 45 abstracts) and were first or senior author on 34. The Section of Hematology has research grants totaling \$5.5 million.

EDUCATION

The Section of Hematology provides medical education at the UME, PGME and CPD levels. Clinical Clerks and Internal Medicine trainees continue to rotate through Hematology inpatient service, outpatient clinics and consult service.

The Hematology Training Program at Ucalgary is one of the most sought-after programs in the country. This year the

Section of Hematology benefited from five core hematology residents. We also had a fellow in the Cellular Therapy Program.

Trainees in the core program are exposed to all aspects of our subspecialty, including Classical Hematology, Hematological Oncology, Cellular Therapy, Immunodeficiency, Laboratory Hematology, Rare Blood and Bleeding Disorders and Consultative Hematology. Trainees within the Hematology Training Program are expected to engage in academic pursuits and present their findings at national or international meetings.

KEY CHALLENGES

Clinical workload remains substantial. In the past year we have experienced a significant reduction in allied health support, especially for our cancer patients. This has led to a major shift in workload from nursing to medical staff and substantially reduced job satisfaction for malignant hematologists. Clinical work outside of clinic (seeing drop-in patients, answering queries from nursing or pharmacy, preparing applications for non-formulary medications, insurance forms) has increased, making it harder for us to meet our academic commitments.

KEY SUCCESSES

The Arthur Child Comprehensive Cancer Center was opened to service in November 2024. The ACCC is Canada's largest clinical and research cancer center, and offers major advantages to the cancer program, including the blood cancer program.

Several research programs, including the new Riddell Centre for Cancer Immunotherapy, hit major milestones with publications in high-impact journals, grant success and national recognition for the contributions of Calgary hematologists. New initiatives are expected to build on these successes and will continue to raise our profile.

PREPARING FOR GENE THERAPY.

Many of the diseases that hematologists treat are caused by mutations in single genes that are either inherited or that occur de novo early in embryo development. Examples include Hemophilia A and B (genetic variants of coagulation factor 8 or 9), Hemoglobinopathies (Sickle Cell Anemia and thalassemia) and certain inherited defects of immunity (severe combined immune deficiency among others).

Treatment for these diseases has largely been directed at prevention of complications, such as coagulation factor replacement for hemophilia or blood transfusions (exchange transfusions) for sickle cell anemia. Although these treatments are partially effective they still leave patients at risk of complications and reduced quality of life. More aggressive treatments like bone marrow transplantation can cure patients with

sickle cell anemia and inborn defects of immunity, but they are associated with severe complications and increased chances of dying, especially early after treatment.

Gene therapy has the potential to cure these diseases but is expensive, and it requires significant infrastructure to deliver effectively. Members of the Section of Hematology are preparing the groundwork to bring gene therapy for Sickle Cell Anemia and Hemophilia B to patients in Alberta.

The physicians involved with this initiative include: Dr. Mona Shafey (BMT Director), Dr. Kareem Jamani, Dr. Natalia Rydz (Head, Southern Alberta Rare Blood and Bleeding Disorders Program), Dr. Dawn Goodyear, Dr. Kelsey Uminski and Dr. Ellen Cusano

VENOUS THROMBOEMBOLISM IN PREGNANCY - PARTUM TRIAL

Dr. Leslie Skeith is a member of the hematology division and has a passion for preventing venous thromboembolism (VTE: deep vein thrombosis and pulmonary embolism) in pregnancy and the postpartum period.

Dr. Skeith is the lead Principal Investigator of the PARTUM (Postpartum Aspirin to Reduce Thromboembolism Undue Morbidity) trial, a large randomized controlled trial (RCT) to determine if 6 weeks of aspirin given after delivery is non-inferior to usual care of low-molecular-weight heparin (LMWH) injections for postpartum individuals at risk of VTE.

Patients eligible for the study include those with mild-moderate inherited thrombophilia, or combinations of common risk factors such as elevated pre-pregnancy BMI, smoking, pre-

eclampsia, unplanned cesarean delivery, postpartum hemorrhage, postpartum infection, and others. Patients at high risk of VTE, such as those with prior VTE, are excluded. If low-dose aspirin is shown to be non-inferior to usual care LMWH, then this easily accessible low-cost option could be practice changing around the world.

Dr. Skeith successfully completed the pilot PARTUM trial (a test run for feasibility of a larger trial), which was published in the Lancet Haematology journal earlier this year. Dr. Skeith and her PARTUM research team have recently been awarded ~5 million CAD in funding from CIHR and other sources to lead the PARTUM trial over 6 years, which will include 8,805 patients across 11 countries.

2 ADVANCED FELLOWS
Cellular Therapy Program
Lymphoma Fellowship Program

6 SUBSPECIALTY TRAINING
PROGRAM RESIDENTS
PGY4: 3 | PGY5: 2 | PGY6: 1

33 APPLICATIONS FROM PROSPECTIVE
SUBSPECIALTY TRAINING
PROGRAM RESIDENTS

Infectious Diseases

The Infectious Disease (ID) Division, comprised of 31 primary members, provides inpatient consultative services at each of Calgary’s four adult hospitals (with two services covering different portions of the Foothills Medical Centre). In addition, the division operates the home parenteral [antibiotic] therapy program (HPTP) at each site providing immediate consultation and follow-up for individuals with severe/complicated infections referred via emergency/or those discharged from hospital – saving healthcare resources.



Dr. Chris Lata
Section Head



Dr. Ranjani Somayaji
Division Head

Chris Lata and Ranjani Somayaji lead the Section/Division of Infectious Diseases as of November 2024. They also are the Wellness co-leads for the Division. They bring complimentary experiences in leadership, quality improvement, and research. Both are focused on optimizing the Division’s potential in clinical and academic pursuits, with an eye toward physician wellness, equity, positive change management.

KEY SUCCESSES

The ID Division successfully completed its 1st Annual Retreat. Held at Ghost River, the themes for this year were Infectious Disease and Respiratory Medicine, with additional presentations and group discussions for Division Quality Improvement and HPTP workflow, Mission statement and policy design. Additional positives have included successful hiring of several new staff, and optimization of service lines to remove complexity and lessen burden of service time on each Division member.

BRINGING POINT OF CARE ULTRASOUND INTO INFECTIOUS DISEASE PRACTICE

Point-of-care ultrasound (POCUS) offers real-time, bedside diagnostic insights that enhance clinical decision-making and is increasingly recommended for use in internal medicine. Its utility spans a wide range of applications in medicine and contributes to improved diagnostic accuracy, helps triage what and when consultative imaging might be needed, and may enhance patient safety. We are working with Dr. Ma to expand the POCUS program into the ID Division. Towards that, Dr. Kyle Kilby (R4) is the

first ID trainee to be accepted into the POCUS fellowship program and will be completing his training in 2026.

In parallel, we are currently completing a pilot program to evaluate the feasibility and applicability of POCUS within the HPTP setting. You may be asked to select suitable patients for a POCUS assessment during this pilot period. We look forward to continuing to build this program as part of a POCUS expansion initiative in the Department of Medicine.

CALGARY NEURO-INFECTIOUS DISEASE CLINIC LAUNCH

Quality improvement (QI) initiatives are essential as a cornerstone for enhancing patient outcomes, optimizing healthcare delivery, and promoting evidence-based practice.

Systematic QI approaches—such as iterative Plan-Do-Study-Act cycles—enable clinicians to identify gaps in care, implement targeted interventions, and measure outcomes over time. By fostering a culture of continuous improvement, QI in infectious disease contributes to reduced antimicrobial resistance, improved guideline adherence, and safer, more efficient care across diverse clinical settings.

Current initiatives include the development of:

1. a standardized discharge document template to improve our inpatient-HPTP transitions (Lata, Diaz),
2. checklists for specific ambulatory clinics – e.g., tropical ID – to ensure that appropriate initial screening tests are completed (Vaughan, Missaghi)
3. an initiative to improve uptake of language-assistance tools for inclusion of non-English speaking and racialized patients in HPTP services (Ugarte-Torres, Diaz).

We applaud the many other members that are also engaged in quality improvement related work and will continue to build towards an inclusive work environment to optimize patient outcomes

LARGE-SCALE INTERVENTIONAL CLINICAL TRIALS

Large-scale interventional clinical trials are critical to advancing the field of infectious diseases by providing high-quality evidence to inform clinical guidelines and best practice. These trials enable rigorous evaluation of novel therapeutics, vaccines, diagnostics, and prevention strategies across diverse populations and settings, particularly as we face emerging pathogens, antimicrobial resistance and global health threats.

Members of the ID Division are invested in leading and/or participating in a number of international multi-center trials to address important questions for clinical practice. Examples include but are not limited to evaluation of optimal therapies in blood stream infections such as the SNAP and BALANCE+ trials, improving practice in management of cardiac implantable electronic devices such as the RECTIFY trial, and preliminary work relating to use of phage in management of prosthetic infections to set up future trials. These trials involve more than 1/3 of the ID Division membership as well as members from the Departments of Critical Care, Surgery, and Cardiac Sciences, highlighting the importance of team science and collaboration. The division looks forward to forthcoming practice-changing publications in these areas!

CLINICAL

The ID service continues to carry a heavy consultative load with inpatient consult services at all four Calgary hospitals. Our services continue at each site for the Home Parenteral Therapy Program (HPTP), which operate to provide ID consultation to all cases referred from Urgent and Emergency Care within 24 hours. This critical ambulatory service reduces inpatient admissions (and associated acute care resource utilization) and increases access to care while also expedited hospital discharge to complete necessary IV antibiotics from home. Dr. Joanne Salmon has taken on leadership of the HPTP program and is the current Medical Director.

ID Division members provide further ambulatory sub-specialized care in multiple clinics, including Tropical Infectious Diseases, General ID Fellows’ clinic (RGH), Southern Alberta Clinic (HIV care), the STI clinic, Sheldon-Chumir Wound clinic and Calgary Tuberculosis Services.

ADMINISTRATIVE

The ID Division continues to contribute to a wide variety of leadership positions across the DOM and beyond, with Leadership and Medical Directorships in Infection Prevention and Control (City and Provincial leaders), HPTP/STI/HIV/Cystic Fibrosis clinics, as well as in Academic and Teaching spheres.

RESEARCH

Members in the Infectious Disease Division continue to demonstrate productivity in a wide spectrum of research activities ranging from foundational science to clinical trials and implementation.

Division members led or co-authored more than 110 publications in 2024/25 including in high-impact medical journals such as the Lancet journals, New England Journal of Medicine, Clinical Microbiology Reviews, Clinical Infectious Diseases, and others. Division members also led (as Principal or co-Principal investigator) research

grants representing more than \$12 million in funding from agencies including NSERC, CIHR, and CFF.

Dr. Somayaji was awarded the GSK Professorship in Inflammatory Lung Disease in July 2024 focused on building inclusive engagement in this field.

Furthermore, several of our Division members serve as study and/or site lead investigators for investigator initiated and industry trials which ultimately work towards improving patient care.

EDUCATION

The ID Division continues to train 2-3 fellows per year, and has hired from our recent graduates. Dr. Brandon Chistensen, Dr. Carolina Diaz-Pallares, and Dr. Teagan King are now in full time roles. The ID training program has been led by Dr. Stephen Vaughan since 2020.

KEY CHALLENGES

The Division continues to build capacity while balancing workload, equitable remuneration, and Physician Wellness in a system with ever-increasing clinical complexity and system demands.

The Division continues to strive towards efficient and effective service provision while continuing to make meaningful contribution to areas of Research, Leadership and Health Advocacy, and supporting the training of the new generation of Infectious Disease Specialists.

Nephrology

The Division of Nephrology is home to over 40 nephrologists who lead in kidney care, research, and education. Alongside 7 Fellows, 3 Locums, and 3 Clinical Associates, we deliver comprehensive care to patients across all stages of kidney disease—from early chronic kidney disease (CKD) to dialysis and transplant. Our catchment spans Calgary, Drumheller, Olds, and Southern Alberta, ensuring wide-reaching, person-centered kidney care. The Division of Nephrology is comprised of dedicated professionals committed to improving the lives of those with kidney disease. Many are clinician-scientists engaged in cutting-edge research—from patient-reported outcomes and self-management, to biomarker discovery and predictive modeling. Others focus on fundamental science to better understand kidney injury and develop novel therapies, driving innovation across the care continuum.

CLINICAL

Our care is anchored in a patient- and family-centered approach. A major focus continues to be expanding home dialysis modalities and improving access to kidney transplantation. We strive for innovation while maintaining compassionate care, tailored to the needs of individuals across the entire kidney disease spectrum.

ADMINISTRATIVE

Division members played integral roles in health system leadership across Alberta. Notable initiatives included the launch of the Klassen Bellusci Precision Kidney Clinic (Dr. Girard), expansion of the Transplant Wellness Program (Dr. Mustafa), and the implementation of a nocturnist program (Dr. Thomas).

Several faculty hold prestigious leadership roles nationally and internationally, including Dr. Manns

as VP Associate Research at UCalgary, Dr. Tonelli as President of the International Society of Nephrology, Dr. Harrison as Chair of the CSN Clinical Practice Guidelines Committee and Dr. Quinn as President of ISPD North America.

RESEARCH

The Division achieved a remarkable year in research with over 175 peer-reviewed publications, 10 PI-led grants (mostly CIHR), and 8 Co-PI grants, totaling \$13 million. Members also contributed as Co-Investigators on more than 45 additional grants.

This breadth of collaboration underscores our commitment to impactful, team-based science that advances kidney care locally and globally.

EDUCATION

The Section's education mandate was furthered through continued

excellence in undergraduate, post-graduate, and graduate supervision. Many faculty members actively mentored MSc and PhD trainees, medical students, residents, and post-doctoral fellows.

Drs. Hemmett, McLaughlin, Quinn, Ward and Chou provided key leadership in fellowship and undergraduate education, while Dr. Lam contributed extensively to curriculum development and national committee work in transplantation and nephrology.

Dr. Gill successfully led the accreditation of the Transplant Fellowship program with the American Society of Transplantation.

In addition, the Advanced Fellowship program graduated a Home Dialysis Fellow (June 2024) and will soon graduate a Transplant Fellow (June 2025).



Dr. Jennifer MacRae
Division/Section Head

Dr. Jennifer MacRae is the Section Chief of Nephrology and Medical Director for Alberta Kidney Care South and Co-Chair for the Renal Area Council. She is a Professor within the Department of Medicine and the Department of Cardiac Sciences and a member of the Libin Institute.

KEY CHALLENGES

Alberta's rapid population growth and increasing CKD prevalence have significantly raised demand for nephrology services.

Under the leadership of Dr. Li, Nephrology Central Triage processed over 1,500 referrals this year—15% urgent, 20% semi-urgent, and 65% routine. Despite increased clinic volumes, the waitlist continues to grow, signaling the need for expanded system capacity and sustainable resource planning.

KEY SUCCESSES

This year marked an exceptional period of achievement for the Division. Our clinical programs expanded, research productivity surged, and faculty assumed influential roles in national and global organizations.

We opened a state-of-the-art Glomerulonephritis (GN) Clinic, advanced precision medicine, and launched community outreach initiatives.

These accomplishments reflect our Division's shared commitment to innovation, collaboration, and excellence across all pillars of academic medicine.

KLASSEN BELLUSCI PRECISION MEDICINE CLINIC

The opening of the Glomerulonephritis (GN) Clinic at the Richmond Road Diagnostic and Treatment Centre (RRDTC) in June 2025 marks a major milestone for the Division of Nephrology and Alberta Kidney Care South.

This development was made possible through the generous support of Carlo Bellusci and the Calgary Health Foundation, this new multidisciplinary clinic will provide specialized care to over 240 complex patients living with glomerulonephritis. The clinic is staffed by an interdisciplinary team of nephrologists, nurse practitioners, and a pharmacist, and the clinic offers comprehensive, patient-centered care in a dedicated setting. This clinical advancement builds on many years of leadership by kidney

specialists and researchers at UCalgary, who have been at the forefront of both clinical care and discovery science.

The clinic is based in part at the Snyder Institute for Chronic Diseases, which houses world-class facilities for imaging, molecular studies, and human research, where both nephrology clinicians and researchers are uniquely positioned to improve the understanding and treatment of kidney disease.

Dr. Louis Girard, an internationally respected clinician, leads the GN Clinic for Alberta Kidney Care South. Dr. Daniel Muruve directs the Biobank for the Molecular Classification of Kidney Disease (BMCKD)—the largest biobank of its kind in North America and

among the largest globally—collecting biospecimens and clinical data from patients across Southern Alberta. In parallel, Dr. Justin Chun, Dr. Nathan Bracey, and their team are pioneering the use of patient-derived kidney and immune organoids, a capability unique in Canada and rare worldwide. The department recently funded a biobanking technician to support this biobank, along with the biobanking of other department members.

Together, these clinical and scientific innovations ensure that the GN Clinic is not only a hub for exceptional precision medicine but also a critical platform for research and discovery in kidney disease.

IMMUNE ORGANOID INNOVATIONS

Dr. Nathan Bracey is a computational biologist and nephrologist who recently joined the Division. His main research interests include adaptive immunity and systems wide interactions.

As a way to study chronic disease and autoimmunity in humans, Dr. Bracey has developed a fully human organoid model of the adaptive immune system and through the use of clinical cohorts he can profile human samples alongside clinical data. He utilizes his expertise in "omics" (proteomics, transcriptomics and epigenomics) in conjunction with big data to better understand the role of the immune system in kidney disease.

Dr. Bracey has established methods to cultivate immune organoids from human tonsil and spleen tissue. These preparations recapitulate several aspects of the adaptive immune response to immunization, including somatic hypermutation, isotype switching and high affinity antibody production. Using his human

immune organoid model, he has characterized the impact of genetic diversity on vaccine responses. Using combined single cell proteomics, transcriptomics and epigenomics, he has mapped transcription factor modules regulating the differentiation of immature B cells to plasmablasts.

Dr. Bracey has discovered enrichment of annotated common genetic variants within DNA regulatory regions (cis-regulatory elements) active in multiple immune cell types during an adaptive response, suggesting that the immune system has evolved to tolerate mutations given the benefits of immunological diversity on the collective population. He explores how genetic variation influences immune function and disease risk.

Dr. Bracey's work is advancing our understanding of autoimmunity and chronic disease biology, with promising applications in nephrology and beyond.

SSKSKA'TSI MOTOOKISTS

The Division of Nephrology and Alberta Kidney Care South have partnered with the Blood Tribe Authority on a Blackfoot-led initiative titled "Skska'tsi motookists" (Watch Your Kidneys).

This collaborative project has several key objectives:

- to develop comprehensive, community-based kidney care service models that bring care closer to home for patients living in Indigenous communities;
- to reduce barriers to dialysis access by providing equitable, high-quality dialysis services within on-reserve health centres; and
- to enhance the appropriateness and efficiency of health care delivery through the co-design of initiatives that meet the unique needs of Indigenous patients and families.

As part of the initial phase, Nurse Practitioner Ellen Novak, along with Drs. Bhavneet Kahlon (Medical Director, Kidney Care Clinic) and Jennifer MacRae (Medical Director, Kidney Care South), have established a monthly outreach Kidney Care Clinic at the Levern Clinic in Levern, Alberta. This interdisciplinary clinic is delivered in partnership with local family physicians and serves patients with early-stage kidney disease (e.g., diabetic nephropathy prevention) as well as those with advanced CKD.

The program also works closely with Blood Tribe Home Care to support assisted peritoneal dialysis (PD) for community members. Plans are underway to initiate PD on-site and, in the future, to provide supported hemodialysis within the community—minimizing the burden of travel and improving access to culturally safe, local care.

1 ADVANCED FELLOWSHIP
Kidney Transplant Fellowship, Dr. James Kiberd

7 SUBSPECIALTY TRAINING
PROGRAM RESIDENTS
PGY4: 3 | PGY5: 3 | PGY6: 1

19 APPLICATIONS FROM PROSPECTIVE
SUBSPECIALTY TRAINING
PROGRAM RESIDENTS

Respiratory Medicine

The Division of Respirology provides specialized inpatient and outpatient care for people with lung and breathing disorders across southern Alberta. With seven on-call services at four Calgary hospitals, patients are seen through a centralized referral system in both general and subspecialty clinics. Our 56 members are active in clinical care, research, education, and leadership, supporting a broad range of respiratory conditions including asthma, COPD, cough, and interstitial lung disease.

CLINICAL
The Division of Respiratory Medicine continues to provide innovative, patient-centered care across the full spectrum of respiratory diseases. In 2024–25, the Severe Asthma Clinic expanded to a third hospital site, now serving patients at the Peter Lougheed Centre.

A new initiative in non-malignant pleural disease diagnosis and management, led by Dr. Eric Vakil, was successfully launched. Dr. Julie Jurand was recognized with the Howard McEwen Clinical Excellence Award.

In addition, numerous ongoing initiatives have continued to enhance access, improve outcomes, and support high-quality care for patients with complex respiratory conditions across Calgary and southern Alberta.

ADMINISTRATIVE
The Division is well represented in leadership roles across the Department of Medicine and provincial programs. Dr. Richard Leigh continues as Senior Associate Dean, Faculty Affairs at the Cumming School of Medicine. Dr. Ward Flemons serves as DoM Vice Chair,

Health Analytics and Safety, and Dr. Brandie Walker was appointed DoM Vice Chair, Physician Wellness. Dr. Alain Tremblay is Co-Chair of the Alberta Thoracic Oncology Program and Medical Director of the Alberta Lung Cancer Screening Program. Dr. Alex Chee serves as the Provincial Medical Informatics Lead for Medicine. Current site leads for the Division are Dr. Chris Hergott (FMC), Dr. Kate Skolnik (RGH), Dr. Alex Chee (SHC), and Dr. Dina Fisher (PLC).

RESEARCH
In 2024–25, Division members contributed 42 peer-reviewed publications as first or senior authors and an additional 79 as middle authors. They served as principal investigators on multiple nationally or internationally funded peer-reviewed grants.

Members delivered several invited national and international presentations, along with numerous local and provincial talks. Dr. Kerri Johansson transitioned into the academic stream as Associate Professor and joined the Snyder Institute.

A major highlight was Dr. Richard Leigh receiving the King Charles III Coronation Medal for Outstanding Contributions to Lung Health in

Canada, recognizing the division's national leadership in respiratory research.

EDUCATION
Members of the Division of Respiratory Medicine play integral roles in medical education across all levels. Dr. Tara Lohman leads the Internal Medicine Clerkship Program, while Dr. Chris Hergott serves as Director of the Royal College–Accredited Core Respiratory Medicine Training Program, with Dr. Charlene Fell as Associate Program Director.

Dr. Sarah Hussaini directs the Interventional Pulmonary Medicine Fellowship, and Drs. Mike Ramsahai and Brandie Walker co-lead the Severe Asthma Fellowship Training Program. Dr. Marcus Povitz oversees the Sleep Medicine Fellowship Training Program.

Several faculty members are active educators in the undergraduate RIME (Reimagining Medical Education) curriculum, and many others supervise resident research and contribute extensively to teaching at both the residency and subspecialty fellowship levels.



Dr. Brandie Walker
Division/Section Head

Dr. Brandie Walker was appointed Section Head in January 2025, following a year as Deputy Section Head. She is a specialist in severe airway diseases and serves as Calgary's principal investigator for CanCOLD, a national COPD cohort study. A member of the Canadian Thoracic Society COPD Working Group, Dr. Walker's leadership approach emphasizes relationship-building, active listening, and supporting colleagues by recognizing and fostering individual strengths within a collaborative environment. Dr. Brandie Walker took on this role from Dr. Ward Flemons, after his successful tenure in this role.

KEY CHALLENGES
One key challenge was navigating structural changes within Alberta Health Services, which created uncertainty around some aspects of clinical operations. The annual respiratory virus season hit the Calgary hospitals hard and with an increasing and aging population but limited bed capacity, resources were stretched thin. Finally, the opening of the new Arthur Child Comprehensive Cancer Centre, while an exciting development, added to the complexity, as staff sought clarity on how respirology services would be integrated and supported.

KEY SUCCESSES
The Respirology Division celebrated several meaningful successes in 2024–25. A highlight was the Division Awards Night, which honoured both current and retired faculty who have launched transformative programs and contributed to the division's longstanding diversity and excellence. The event reinforced a strong sense of community and legacy.

The division continues to thrive as a hub for research excellence, with numerous investigators leading high-impact studies that advance clinical care and deepen our understanding of respiratory disease.

UCALGARY PLEUROSCOPY PROGRAM

UCalgary's pleuroscopy program, designed by Dr. Eric Vakil, represents a major advancement in the diagnostic and therapeutic management of pleural effusions.

Pleuroscopy is a minimally invasive procedure that allows for direct visualization and biopsy of the pleural space. It provides a safe, effective, and lower-cost alternative to traditional surgical approaches, particularly benefiting patients with limited surgical fitness. By offering this procedure outside of an operating room setting, the program enhances access to care while conserving hospital resources.

Following a successful pilot phase in collaboration with Thoracic Surgery, completed in April 2023, the pleuroscopy program formally launched in June 2023 within the bronchoscopy suite. This transition enabled seamless integration into the Division of Respirology's existing infrastructure and workflows. Since its launch, the program has performed over 50 procedures with excellent clinical outcomes, demonstrating its safety, feasibility, and value.

The initiative has expanded the division's clinical capacity by operating with two fully equipped pleuroscopy sets, allowing for increased procedural volume and flexibility. Equally significant is the program's contribution to workforce development: respiratory therapists and nursing staff have been trained and actively engaged in pleuroscopy delivery, broadening their skillsets and fostering interdisciplinary collaboration in a new procedural domain.

Looking forward, the pleuroscopy program will continue to play a vital role in the diagnostic workup of undifferentiated pleural effusions and will serve as a cornerstone of a broader pleural diseases program currently under development.

By embedding innovation into clinical practice, building procedural expertise, and promoting interprofessional collaboration, the pleuroscopy initiative stands as a model of how targeted programs can improve patient care, optimize resource use, and support the evolving role of Respirology in delivering advanced, patient-centered procedures.

THE RESPIRATORY CLINICAL TRIALS CENTER AT UCALGARY

The Respiratory Clinical Trials Center at the UCalgary plays a vital role in advancing research in respiratory medicine by providing infrastructure and expertise to support both pharmaceutical-sponsored and investigator-led clinical trials. Established to facilitate high-quality clinical research, and led by Dr. Richard Leigh, the center has historically focused on studies in asthma, chronic obstructive pulmonary disease (COPD), and chronic cough. These efforts have contributed significantly to the evidence base in respiratory therapeutics and disease management.

In recent years, the Center has expanded its scope to support clinical trials across a broader range of respiratory conditions. This includes an increasing number of studies in interstitial lung disease (ILD)

and bronchiectasis, reflecting the evolving research priorities of the Division of Respiratory Medicine. By partnering with multidisciplinary teams and supporting diverse study designs, the Center enables investigators to explore new therapies and approaches that directly impact patient care.

The Center also plays an important role in facilitating participation in national research initiatives. Notably, it continues to serve as a key site for the Canadian Cohort Obstructive Lung Disease (CanCOLD) study—a landmark longitudinal study that has been ongoing for over 15 years, and the Clinical Investigator Collaborative (CIC) that conducts proof-of-concept clinical trials in asthma. CanCOLD has yielded more than 80 peer-reviewed publications

THE WESTERN CANADA INTERVENTIONAL PULMONARY MEDICINE BOOTCAMP (IPM)

The Western Canada Interventional Pulmonary Medicine (IPM) Boot Camp is a flagship educational initiative of the Division of Respiratory Medicine that has been running successfully for over 15 years. Held annually in Calgary each summer, the Boot Camp is strategically scheduled to occur shortly after new pulmonary fellows begin their training, providing an ideal opportunity to establish core procedural competencies early in their fellowship. This program brings together new trainees from across Western Canada, fostering both regional collaboration and skill development in the field of pulmonary medicine.

The Boot Camp is designed to provide immersive, hands-on instruction in essential techniques, including thoracentesis, chest tube insertion, and bronchoscopy. A key strength of the program lies in its blended educational approach, combining high-fidelity simulation with wet lab experiences to reinforce technical proficiency and procedural confidence. This dual-modality format ensures that fellows receive a robust, safe, and high-quality training environment that replicates clinical scenarios as closely as possible.

Over the years, the Boot Camp has garnered consistently positive evaluations from participating fellows and program directors alike. Trainees report that the course is not only highly informative but also instrumental in preparing them for the clinical demands of their fellowship and future practice. The collegial atmosphere and small-group instruction enable personalized feedback, peer learning, and direct mentorship from experienced faculty.

The ongoing success of this initiative is a direct result of the leadership and vision of Dr. Chris Hergott, Director of the Core Respiratory Medicine Fellowship Program, and Dr. Sarah Hosseini, Director of the Interventional Pulmonary Medicine Fellowship Program. Together, they have created a dynamic and well-organized curriculum that reflects the evolving standards of procedural training in respiratory medicine. Their commitment ensures that the Boot Camp remains a cornerstone of early fellowship education in Western Canada and continues to set a high standard for pulmonary training nationwide.

2 ADVANCED FELLOW
Interventional Pulmonary Fellowship
Severe Asthma Fellowship

6 SUBSPECIALTY TRAINING
PROGRAM RESIDENTS
PGY4: 3 | PGY5: 3

35 APPLICATIONS FROM PROSPECTIVE
SUBSPECIALTY TRAINING
PROGRAM RESIDENTS

Rheumatology

Our membership consists of 14 AMHSP physicians and 25 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. With the new section head, Dr. Maggie Larché, our Mission is to improve efficiencies in rheumatological care to better serve our community, and to encourage research in optimizing care and in personalizing our approach to rheumatological diseases. Through clinical, educational and research excellence the Division of Rheumatology aims to provide patient-centred, personalized care for patients living with all types of rheumatic diseases.



Dr. Maggie Larché
Division/Section Head

The Section of Rheumatology was formed in 1975 and is the oldest within the Department of Medicine. Dr. Gary Morris took on the interim division head role until July 2024, when Dr. Maggie Larché joined us from McMaster University and assumed the role. Dr. Larché is a clinician leader and researcher who focuses in the areas of scleroderma and point-of-care MSK ultrasound. Following from the leadership of Drs. Kinsella, Fritzler, Atkinson, Martin, Mosher, MacMullan and Morris, Dr. Larché endeavours to lead the Division in unity to improve patient care through innovative care models, education and research.

CLINICAL

The Division of Rheumatology is working to address the 3,500-patient waiting list. To improve care efficiency the division is exploring different models of care in our clinics. An advertising campaign will be launched to solicit interest in new rheumatologists coming to practice in Calgary.

A change to the inpatient call schedule has been agreed on by the division to better serve the expanding population of Calgary, with two physicians now sharing coverage across the 4 adult hospitals. This initiative will allow for more dedicated time to focus on challenging clinical problems, along with teaching trainees.

Recent expansion of subspecialty clinics in lupus, scleroderma, myositis, vasculitis, spondyloarthritis, and early inflammatory arthritis will facilitate support for community colleagues with more complex patients, and will interlock with research initiatives.

ADMINISTRATIVE

The current division head is Dr. Maggie

Larché who began in July 2024.

Dr. Claire Barber has been newly appointed as the Grace Glaum Chair, and is the Associate Vice Chair of Planetary Health within the Department of Medicine. Dr. Cheryl Barnabe is the director of the McCaig Institute and Arthur Child Chair. Dr. May Choi is the Associate Director of Mitogen Advanced Diagnostic Laboratories. The division has a new divisional rounds coordinator Dr. Olga Ziouzina, and Dr. Faranak Esmailbeigi acted as Interim Clinical Clerk Coordinator. We are grateful for the ongoing work of Dr. Steven Thomson in the Rheumatology Program Director role.

RESEARCH

Dr. Barnabe's work with Indigenous populations focuses to address health disparities, promote culturally sensitive care, and improve communication and shared decision-making. Dr. Hazlewood is exploring patient preferences in reducing inflammatory arthritis medications, while Dr. C. Barber is developing improved care models to improve efficiencies. Drs. Clarke and M. Barber are enhancing lupus care

by increasing access to clinical trials. Through the Rheum4U platform led by Dr. Mosher, very robust clinical phenotypic data is being collected.

The division will advance cellular and precision medicine research in connective tissue diseases, especially systemic sclerosis, myositis, and lupus, through the development of a rheumatology biobank that will foster collaboration among researchers at the McCaig, Snyder, and Libin Institutes. Dr. Choi's focus on auto-antibodies aligns well with Dr. Larché's cellular biology research.

EDUCATION

Two Helios awardees have travelled internationally to broaden their perspective and training. Dr. Kobza is completing her extra fellowship training in Paris and Brussels, and Dr. Krustev is at Johns Hopkins, Baltimore.

The inaugural Alberta Rheumatology Education Symposium (ARES), a joint education event between UofA and UCalgary, was successfully launched by Dr. Thomson in spring 2024 and will

be held again in fall 2025, improving educational collaboration in Alberta Rheumatology.

Dr. Thomson won the Division of Physical Medicine & Rehabilitation Award in recognition of outstanding contributions. This highlights the robust clinical and educational collaborations Dr. Thomson has developed with the PM&R program.

Dr. Aurore Fifi-Mah and Dr. Stephanie Garner were both awarded the 2024 PGME Clinical Teaching Award

KEY CHALLENGES

The Division of Rheumatology continues to face significant challenges in meeting the growing demand for care. A central triage waitlist of over 3,500 patients underscores the urgent need for expanded clinical capacity and recruitment of new rheumatologists. Simultaneously, rising inpatient consult volumes have increased the strain on call coverage.

The demand for rheumatology education—from medical students, residents, and the MPAP program—continues to grow, yet preceptor resources remain limited. Additionally, proposed changes to the provincial Physician On-Call Program stipend threaten to reduce compensation despite rising call volumes and complexity.

Balancing clinical duties, teaching responsibilities, and research efforts with limited infrastructure and personnel remains a persistent barrier. Addressing these challenges is critical to maintaining high standards in patient care, education, and innovative research.

KEY SUCCESSES

The Division celebrated key milestones, including welcoming Dr. Maggie Larché as Division Head and establishing the Fritzler Endowment to support innovative research.

Improved efficiency in care delivery was achieved through piloting split inpatient call, expanding subspecialty clinics, and implementing patient-initiated follow-ups. Major research initiatives like the connective tissue disease biobank and Rheum4U platform support precision medicine. Educational excellence included the Alberta Rheumatology Education Symposium and global training opportunities.

Faculty were honoured with numerous awards: Dr. Dianne Mosher was named among WXN's Top 100 Women; Drs. Claire Barber, Aurore Fifi-Mah, and Stephanie Garner received CRA Practice Reflection Awards; Dr. Megan Barber earned prestigious international lupus research award; Drs. May Choi and Cheryl Barnabe were recognized for excellence by the CRA; Dr. Cristina Moran-Toro was honoured by the DOM for community clinical excellence; and Drs. Olga Ziouzina and Martha Decker received awards through the Alberta Rheumatology Association.

BIOBANK RHEUM4U PLATFORM

The Division is developing a robust biobank of serum, blood cells and tissue, and leveraging the Rheum4U platform to document clear clinical phenotypes. This initiative will begin with patients with various connective tissue diseases including systemic sclerosis, myositis and lupus. It will foster collaborations between the McCaig, Snyder and Libin Institutes, and will focus on precision medicine for our patients with the aim to define the appropriate treatment for each individual patient.

Division members behind this initiative include Dr. May Choi, Dr. Maggie Larché, Dr. Dianne Mosher and Dr. Deborah Marshall.

ADDRESSING INCREASING DEMANDS FOR RHEUMATOLOGY CARE

Dr. Clare Barber and Dr. Cristina Moran-Toro presented this research at the divisional Annual Retreat workshops (organized by Dr. Gary Morris).

Drs. Barber and Toro presented examples of implementation of **Patient Initiated followup, or Appointments By Choice**. These initiatives have demonstrated improved clinic efficiencies through facilitating "on-demand" clinic visits, rather than routine visits, for example: every 3-6 months irrespective of the current disease activity. Furthermore, it empowers patients to be more engaged in their medical

care. Dr. Alex Charlton demonstrated improved efficiencies with **Pharmacist-led prescribing**, which could be extended to nurse-led prescribing in the future.

During the workshops we came up with several referral procedure recommendations for optimizing Central Triage, such as:

- Create a specific referral document or checklist to clarify symptoms based on suspected disease, lab instructions, homunculus or a standardized referral scoring system

- Require lab confirmation prior to urgent/semi-urgent priority, e.g. Scl antibodies and anti-dsDNA

Over the past few years, the Division of Rheumatology has seen a rise in the number and complexity of on-call consults. To address the increasing demand for Rheumatology call services, Dr. Larché proposed **splitting inpatient call** between the FMC/RGH and SHC/PLC sites. Feedback from members who have trialled split call has been overwhelmingly positive and the division will implement city wide split inpatient call starting later in 2025.

ARTHRITIS CARE FOR INDIGENOUS POPULATIONS

Dr. Cheryl Barnabe's CIHR foundation Scheme grant entitled "Arthritis Care for Indigenous Populations" highlights significant disparities in the occurrence, burden, and management of IA (Inflammatory Arthritis) among Indigenous populations in Canada. Indigenous communities face higher rates of IA, leading to increased morbidity, disability, and reduced quality of life compared to non-Indigenous populations. Limited access to healthcare services, including rheumatology care was found among our research studies, contributing to delayed diagnosis and less than optimal management of IA among Indigenous individuals. These disparities were found to result in higher healthcare resource utilization, including hospitalizations and emergency department visits, and inflicted large societal costs related to productivity loss and disability support services.

Indigenous patients expressed preferences for holistic approaches to IA care that include both traditional healing practices and conventional pharmacologic treatments. They emphasized the importance of culturally sensitive care, patient-provider communication, and shared decision-making in treatment decisions. Indigenous patients revealed their personal values in having access to comprehensive care that addresses physical, mental, emotional, and spiritual aspects of health. Research was conducted on developing tools, such as patient decision aids, to facilitate shared decision-making. These tools aim to assist Indigenous patients in understanding their treatment options, weighing risks and benefits of these treatments, and aligning treatment choices with their preferences, expectations, and values.

Overall, the research findings underscore the importance of addressing health disparities, promoting culturally sensitive care, and enhancing patient-provider communication and shared decision-making to improve IA outcomes among Indigenous populations in Canada.

Division members involved include: Dr. Cheryl Barnabe – PI, Dr. Glen Hazlewood, Dr. Deborah Marshall and many co-investigators outside of UCalgary.

Transplant Medicine

The division of transplant medicine (DOTM) brings together physician experts who deliver comprehensive medical care for patients requiring organ transplant. This includes care prior to transplant while patients struggle with end stage organ failure, comprehensive pre-transplant assessment, and lifelong care after heart, lung, kidney, and liver transplant. The section comprises specialists in cardiology, pulmonology, hepatology, nephrology, endocrinology, infectious diseases, and dermatology. The DOTM consists of 11 primary appointed members and 27 secondary appointed members.



Dr. Mitesh Thakrar
Division/Section Head

Dr. Mitesh Thakrar took over as division head in July 2024 upon Dr. Deb Isaac's retirement. He is a Clinical Associate Professor with clinical expertise in lung transplantation and pulmonary hypertension. He is co-appointed as the medical director of the Southern Alberta Solid Organ Transplant Program (ALTRA).

CLINICAL

The Division of Transplant Medicine provides care primarily at the Foothills Medical Centre (FMC) and Peter Lougheed Centre (PLC), with a catchment of all of Southern Alberta. Outpatient care continues to be delivered in the North Tower of FMC, though a move to the Special Services Building is eagerly anticipated later in 2025.

As the acuity and complexity of Solid Organ Transplant (SOT) has increased, the program has innovated accordingly. The adolescent renal transplant transition clinic led by Drs. Emilie Chan and Lorraine Hamiwka has become an established program as patients move from care at ACH to FMC. A formal transplant dermatology clinic is expected to grow over the next few years in order to streamline access to appropriate skin cancer screening. The resurrection of the transplant bone health clinic is anticipated to start in late 2025.

ADMINISTRATIVE

The transplant program is divided into numerous clinical leads based on expertise. The clinical leaders in our group include Drs. Jeff Ma and Emilie Chan (Renal), Drs. Wenjie Wang and Ngan Lam (Living Donor), Dr. Matt Sadler (Liver), Dr. Doug Helmersen (Lung), and Dr. Jonathan Howlett (Heart). Dr. Fareed Kamar is the clinical lead for unit 37, which comprises both nephrology and renal transplant roles. Dr. Lian Szabo has taken the lead for EDI within our division. Dr. Mayur Brahmania has established a formal QI/QA committee for ALTRA for the first time.

Given the multidisciplinary care provided in our clinics, our division has a strong working relationship with AHS operations, which is headed by Mr. Scott Holland; he has been a huge advocate for SOT in Southern Alberta since taking on the role of executive director of ALTRA in 2024.

RESEARCH

The DOTM Research committee, chaired by Dr. Ngan Lam, is now well established and is working towards identifying cross-organ research priorities. Both primary and secondary appointees continue to work on research initiatives within the transplant space. Examples of this include funded, non-industry, research into areas as broad as non-ischemic cardiomyopathy (Dr. Kiamanesh), smoking recidivism after lung transplant (Dr. Harper), nicotinamide for preventing skin cancers (Drs. Jafarian and Mydlarski), and cell free DNA as a marker of rejection (Dr. Lam).

In the past year our primary members have been authors on more than 20 peer reviewed publications while also being collaborators on more than \$4 million of grants from both industry and non-industry partners.

EDUCATION

This was an exciting year for the DOTM's educational footprint. Through Dr. Sim Gill's hard work, the renal transplant fellowship received full accreditation by the American Society of Transplant. We look forward to graduating our first fellow under this accreditation – Dr. James Kiberd, and wish him success in his career.

Our members are heavily involved in all areas of medical education within the CSM, with Drs. Kelly Burak, Kevin McLaughlin, Lea Harper, and Jonathan Liu all holding formal positions within the CSM. Dr. Kristin Lyons also continues to be the program director of the advanced heart failure program.

Transplant rounds continue monthly here in Calgary, along with members of the DOTM presenting at provincial Alberta Transplant Institute rounds regularly.

KEY CHALLENGES

Given the record number of transplants done in the last few years, ALTRA and the DOTM are faced with increasing pressures to deliver timely and excellent patient care experiences for all of our patients. This has resulted in innovative methods of care delivery such as revised lung transplant clinic template.

We continue to recruit new members to the DOTM in areas of clinical need and growth. In particular, the DOTM looks to expand care in transplant ID, vascular health, and endocrinology. We are hopeful that a clinical ARP will help with recruitment and retention in these areas along with the organ transplant groups themselves.

KEY SUCCESSES

We have seen a tremendous increase in collaboration between DOTM physicians and operations in the ALTRA space. This has led to the embedding of the Quality Improvement Committee (led by Dr. Brahmania) into all of the organ groups' work along with AHS resourcing of data collection and analysis.

The integration of clinical research into the day to day activities in clinic continues to succeed with numerous clinical projects. This includes changing clinical practice standards in the lung clinic to include screening for smoking recidivism for instance.

Lastly, the collaboration between the UCalgary and UofA programs in areas such as standardized policies and procedure, research, and program development has visibly increased, with much work still to be done.

TRANSPLANT WELLNESS PROGRAM

The Transplant Wellness Program continues to deliver huge returns in both patient experience and research. Led by Dr. Kelly Burak (Research Lead) and Dr. Stefan Mustata (Medical Director) this program has expanded to offering pre- and post-transplant rehabilitation and comprehensive wellness care in a research environment. This includes offering this program to both renal and liver transplant patients. More recently, the program also added the availability to offer post-transplant wellness care to lung transplant recipients.

In total, since inception, the program has been able to offer this comprehensive

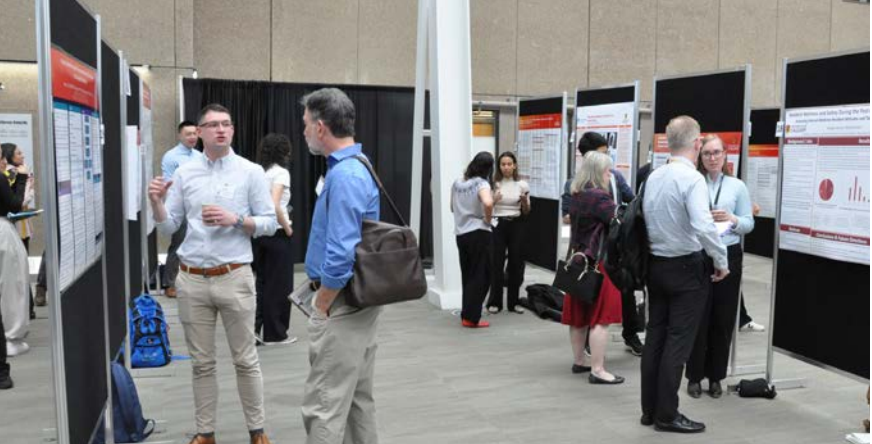
sive wellness care to over 85 individuals facing end stage disease.

Dr. Maneka Perinpanayagam continues to be the research project manager in this program. In addition, this program continues to support the PhD work of Jenna Sim under the supervision of Dr. Nicole Culos-Reed in the area of behaviour change.

This program has secured funding for at least two more years and we look forward to hopefully demonstrating important clinical improvements that lead to changes in the way clinical care is delivered before and after transplant.

2 ADVANCED FELLOW (2024 ONWARDS)

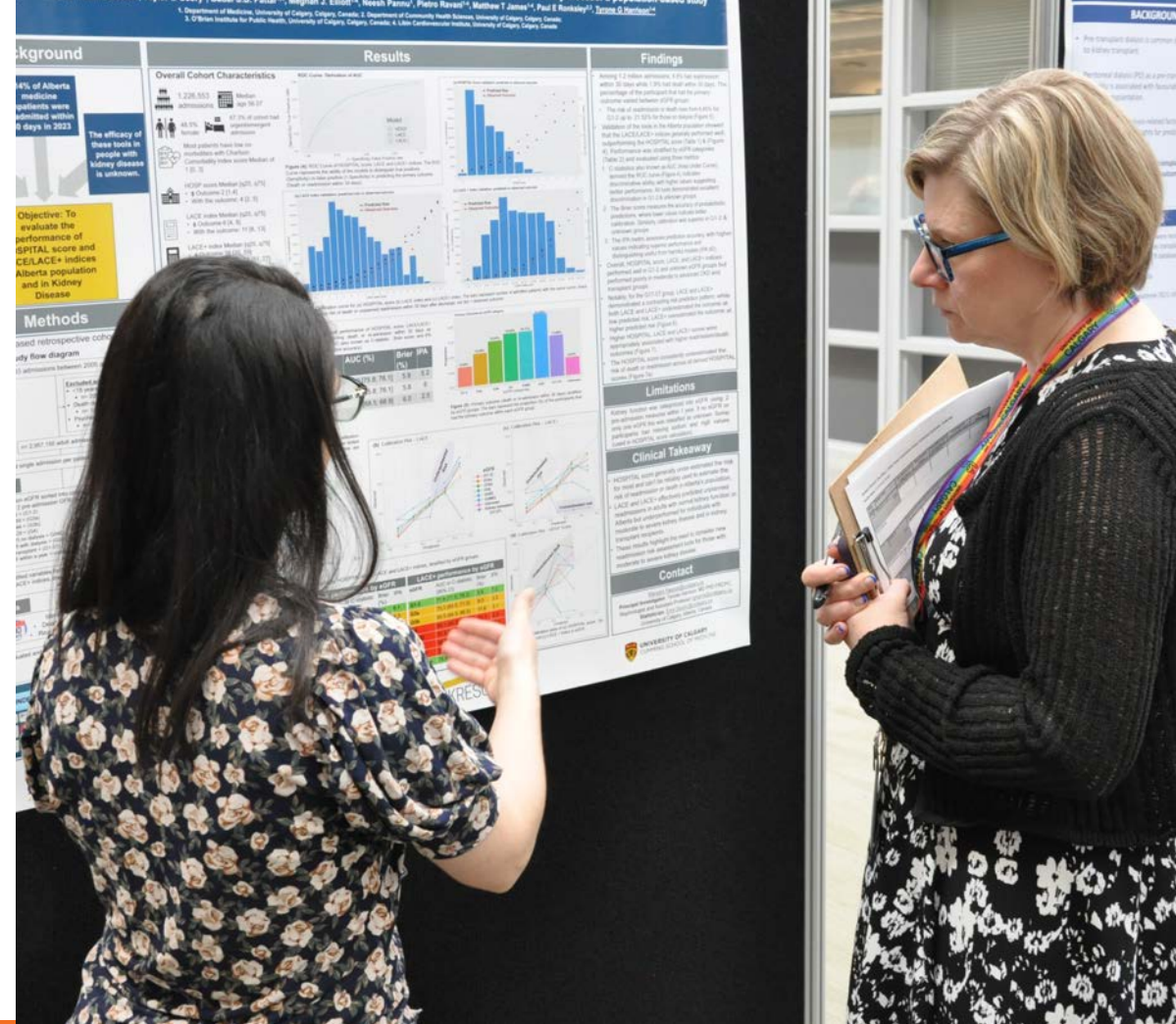
Transplant Nephrology Fellow - Dr. James Kiberd, commences July 1, 2024 - July 1, 2025
Advanced Heart Failure / Transplant Fellow, Dr. Michele Bertelli July 1, 2025



SUBSPECIALTY MATCH OUTCOMES

Of our 38 PGY-3 residents, **34 participated** in the 2024 **Fall Medical Subspecialty Residency Match (FSRM)**. Our residents matched to **11 different specialties** across **10 institutions nationwide**, with **44% choosing to remain in Calgary** to pursue their subspecialty training.

- Allergy & Immunology:** 1 (Western)
- Endocrinology:** 2 (Calgary, Queens)
- Gastroenterology:** 3 (Calgary, Manitoba)
- General Internal Medicine:** 5 (Calgary, Queens, UBC)
- Hematology:** 4 (Calgary, Manitoba, Queens, UBC)
- Infectious Diseases:** 1 (Calgary)
- Medical Oncology:** 2 (Calgary, UBC)
- Nephrology:** 3 (Calgary, McMaster, UBC)
- Palliative:** 1 (Edmonton)
- Respirology:** 4 (Calgary, McGill, McMaster, Toronto)
- Rheumatology:** 4 (Calgary, McMaster)



Internal Medicine Residency Program (IMRP)

The Core Internal Medicine Residency Program (IMRP) is proud to reflect on a year of significant achievements, growth, and continued excellence.

The 2024–2025 academic year was marked by numerous milestones that underscore our commitment to continuous quality improvement, resident education, and clinical excellence.

ROYAL COLLEGE ACCREDITATION SUCCESS

A major highlight of the year was our **successful Royal College (RC) Accreditation visit**; though we are still awaiting the final report from the Royal College. This is all thanks to the dedication and collaborative efforts of our residents, faculty, and working groups.

Key improvements contributing to this success include:

- The introduction of **daytime supervisors** to the MTU EL rotation and the addition of **nocturnists** at three hospitals, enhancing supervision and teaching quality.
- The **reorganization of the MTU structure**, with a focus on maintaining targeted census numbers that best support learning.

CURRICULUM INNOVATION &

EDUCATIONAL EXCELLENCE

Under the leadership of the **Lead Medical Residents** and **Dr. Alejandra Ugarte-Torres**, the program has made significant strides in curriculum development. Notable initiatives include:

- A comprehensive curriculum revision to **better align with Royal College standards**.
- The development of a **Flipped Classroom model** for Academic Half Day, launching in the 2025–2026 academic year. This model is designed to foster flexibility and increase resident engagement.

COMMUNITY, RECOGNITION, AND RESIDENT WELLNESS

IMRP continues to benefit from the strong support of the Department of Medicine and the University of Calgary's PGME Office, enabling us to host meaningful events that celebrate and support our community:

- The **Annual Awards Dinner**, recognizing outstanding contributions from both staff and residents.
- The **Annual Resident Retreat** held in Canmore at the Coast Plaza, promoting wellness and camaraderie.
- The **Annual Research Day**, showcasing and rewarding the scholarly achievements of our residents
- The development of a **DOM Resident Conference**

Travel fund to support residents to present their research at national/international meetings

- The Department invested in wellness by funding the **renovation of the FMC Resident Lounge** and providing new pillows for all IM Call Rooms, fostering comfortable and restorative spaces

RECRUITMENT & PROGRAM GROWTH

In 2024–2025, we welcomed 35 new PGY-1 residents, bringing our total to 113 residents across all training levels PGY-1: 35, PGY-2: 38, PGY-3: 37, PGY-4: 30.

Our program continues to attract top-tier candidates from across Canada and internationally. During the most recent R1 CaRMS cycle:

- We received over **470 applications** for 36 positions.
- We conducted **640 virtual interviews** with 320 candidates being interviewed over four days.
- Successfully **matched all 36 positions**.

This process would not be possible without the tireless efforts of our physician reviewers, IMRP residents, and administrative team. We extend our sincere gratitude for their contributions.

PROGRAM HIGHLIGHTS



Equity & Diversity: The IMRP is leading with innovation. With the leadership of Dr. Alejandra Ugarte-Torres and in collaboration with Dr. Kelle Hurd and the office of Indigenous Local and Global Health, we have developed and implemented the first longitudinal Indigenous Health curriculum in Canada as a response to the TRC calls to action for health. This curriculum covers also EDI topics, and trauma informed care to prepare our residents to provide compassionate, patient-centered care to Indigenous and other equity deserving groups. This curriculum will enhance the development of the advocacy role as professionals for our residents. It includes experiential activities, workshops, case studies, and soon we will incorporate simulation scenarios with the leadership of Dr. Ghazwan Altabbaa. EDI moments are presented at the beginning of our RPC meeting to promote self-reflection and set the tone for discussions. The IMRP is committed to foster safe learning environments for resident and staff, we promote use of patient-first and inclusive language as well as introducing an EDI Lense in the topics covered in the academic half day.



Academic Half Day: We have carefully reviewed the topics delivered at AHD, and with significant resident body input we have developed learner-centered objectives and delivery of the content for every topic of the AHD, including EDI perspectives on each topic. In 2025–2026 we will introduce flip classroom as a modality to deliver the content instead of traditional lectures, with the aim to enhance critical thinking, while increasing learner accountability and promoting wellness.



Indigenous Health Curriculum: Under the lead of Dr. Alejandra Ugarte-Torres and Dr. Kelle Hurd (Vice Chair of Indigenous Health for the Department of Medicine), an Indigenous Health Curriculum was developed to address the Truth and Reconciliation Commission Calls to Action #22 and #24 with focus on teachings around traditional medicine and Indigenous science as well as education on the impact of colonialism, residential schools, and the Indian hospital system on the health of Indigenous peoples. The curriculum embeds principles of trauma informed care and cultural safety training focusing on a strengths-based approach through didactic lectures, experiential learning, and land-based education.



Point of Care Ultrasound (POCUS): The Calgary IMRP program has a state of the art POCUS training program led by world class faculty with specialized training in ultrasound and education. Highlights included wide spread access to POCUS machines on every MTU, didactic and hands on training during the PGY-1 bootcamp and during the PGY2 and 3 years, ultrasound compatible task trainers for procedural training and a newly formalized relationship with Interventional Radiology to increase procedural exposure. In addition, we offer a POCUS selective at FMC and RGH where learners receive hands on POCUS training via supervised scanning, procedural training and faculty guided image review.



Annual Awards Celebration at the Palliser Hotel

In November 2024, we celebrated the department member accomplishments and awards over the previous year at our Annual Awards Celebration, this year taking place at the Fairmont Palliser Hotel, Calgary. We also celebrated our retirees from the department.

AWARD WINNERS

INTERNAL MEDICINE CLERKSHIP: UNSUNG HERO'S AWARDS

Dr. Irene Ma
Dr. Sidra Javed

IMRP FACULTY AWARDS

Rookie of the Year Award:

Dr. Christopher Oleynick

Silver Tongue Award:

Dr. Brandon Christensen

Silver Finger Award:

Dr. Simon Taylor

Golden Bull Award:

Dr. Irene Ma

Repeat Offenders Award:

Dr. Michael Bosch

Work Life Balance Award:

Dr. Kelle Hurd

Research Perceptor Award:

Dr. Chris Ma

Ectopic Award:

Dr. Nathan Leader

Rural Teaching Experience Award:

Dr. Aaron Low

Allied Health Award

Jennifer Cowles

IMRP RESIDENT AWARDS

Dr. Kimberly Nix

Benevolent Heart Award:

Dr. Heather Halperin

Resident Professionalism Award:

Dr. Shivani Tauh & Dr. Roko Nikolic

Resident Medical Education Award:

Dr. David Campbell & Dr. Nicole Brockmann

Resident Wellness Award:

Dr. Morgan Sosniuk

Resident Research Award:

Dr. Hanna Yaphe

Resident Leadership Award:

Dr. Adina Landsberg

DEPARTMENT OF MEDICINE: SITE SPECIFIC CLINICAL EXCELLENCE AWARDS

**Dr. John Dawson Award for Clinical
Excellence at FMC:**

Dr. Peter Duggan

**Dr. Howard McEwen Award for Clinical
Excellence at PLC:**

Dr. Julie Jarand

**Dr. Terry Groves Award for Clinical
Excellence at RGH:**

Dr. Brendan Kerr

Award for Clinical Excellence at SHC:

Dr. David Megran

**Dr. Martin Atkinson Award for Clinical
Excellence at RRDTCT:**

Dr. Erik Venos

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

Dr. Christina Moran-Toro

DEPARTMENT OF MEDICINE: SPECIAL DEPARTMENTAL AWARDS

Dr. Brenda Hemmelgarn

Professionalism Award:

Dr. Braden Manns

Team Builder of the Year Award:

Dr. Lorraine Lau & Dr. Nathalia Saad

**Patient Safety and Quality
Improvement Award:**

Dr. Anita Dey

Dr. John Conly Innovation Award:

Dr. Daniel Muruve

Equity, Diversity and Inclusion Award:

Dr. Kelle Hurd

Early Career Award:

Dr. Amita Mahajan & Dr. Fareed Kamar

**Dr. Jane Lemaire Award for Physician
Wellness:**

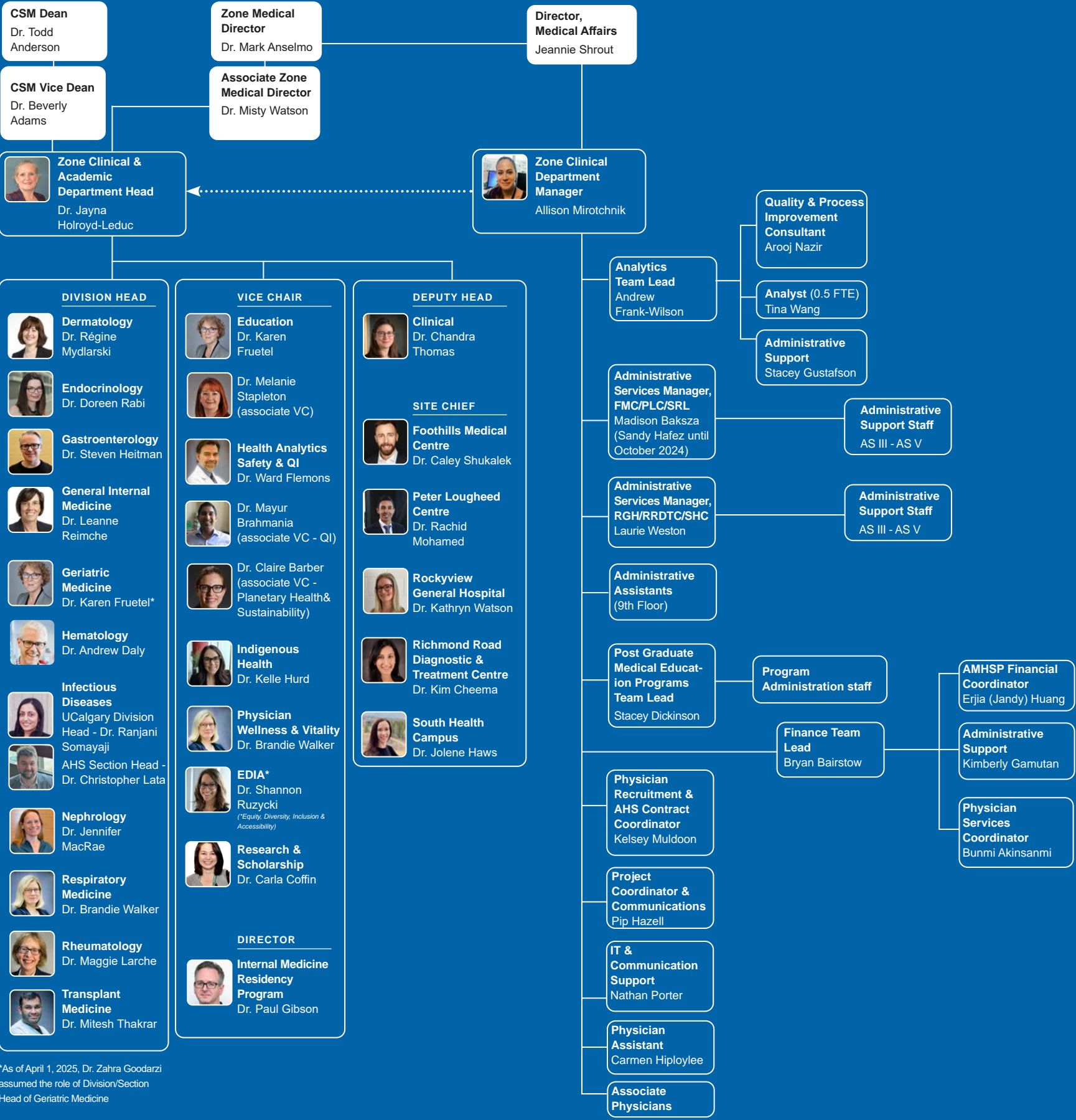
Dr. Ward Flemons

Citizenship Award

Dr. Humberto Jijon

Organization chart

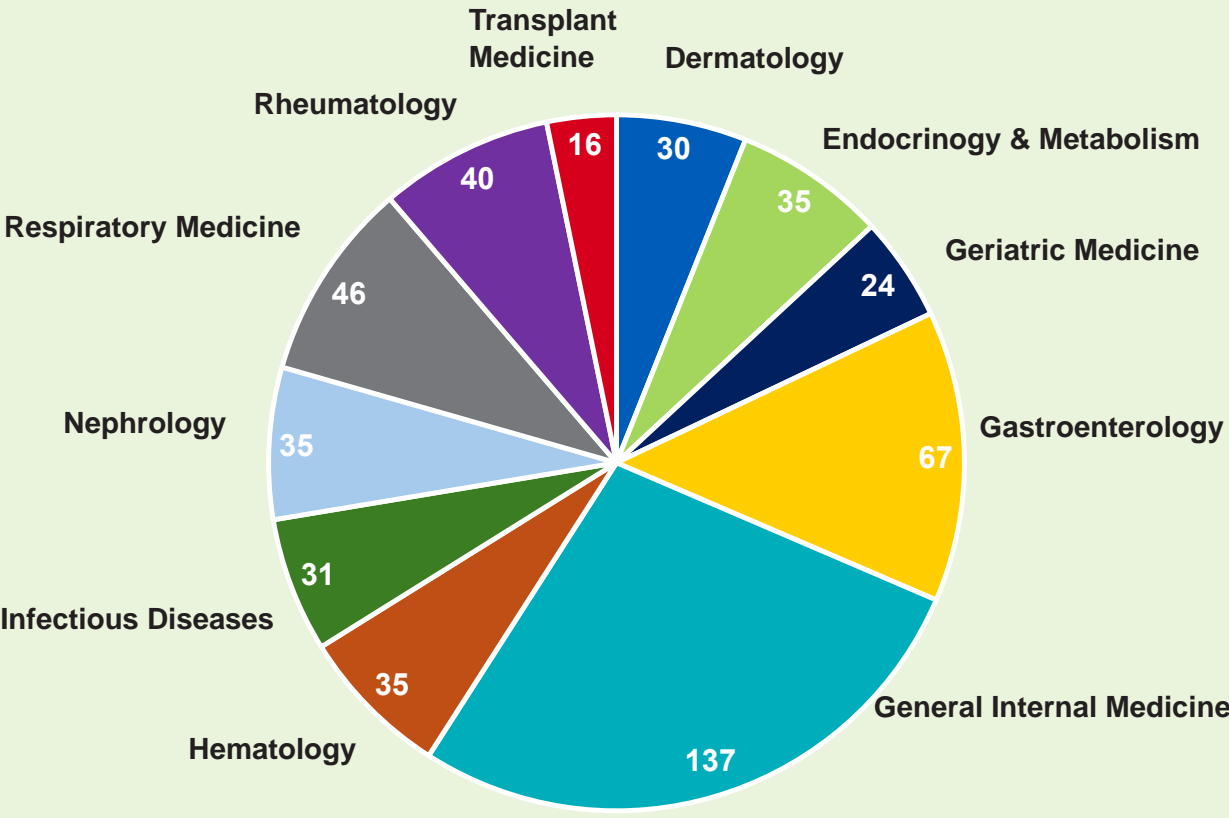
AS OF MARCH 2025



*As of April 1, 2025, Dr. Zahra Goodarzi assumed the role of Division/Section Head of Geriatric Medicine

Membership Data

DEPARTMENT OF MEDICINE SUBSPECIALTIES PRIMARY APPOINTMENTS

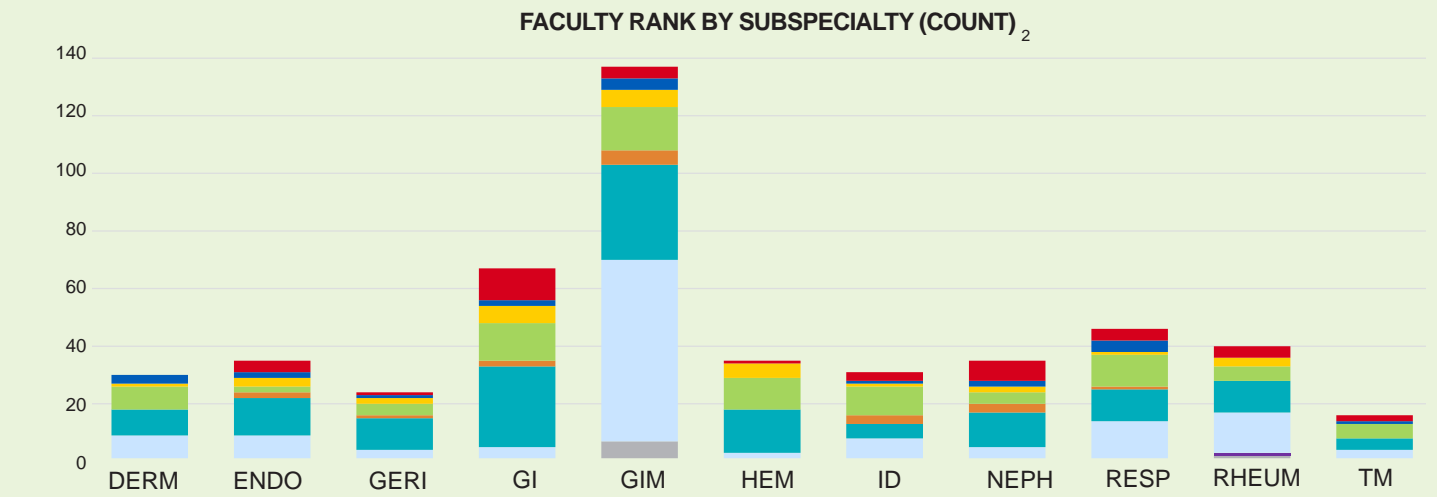
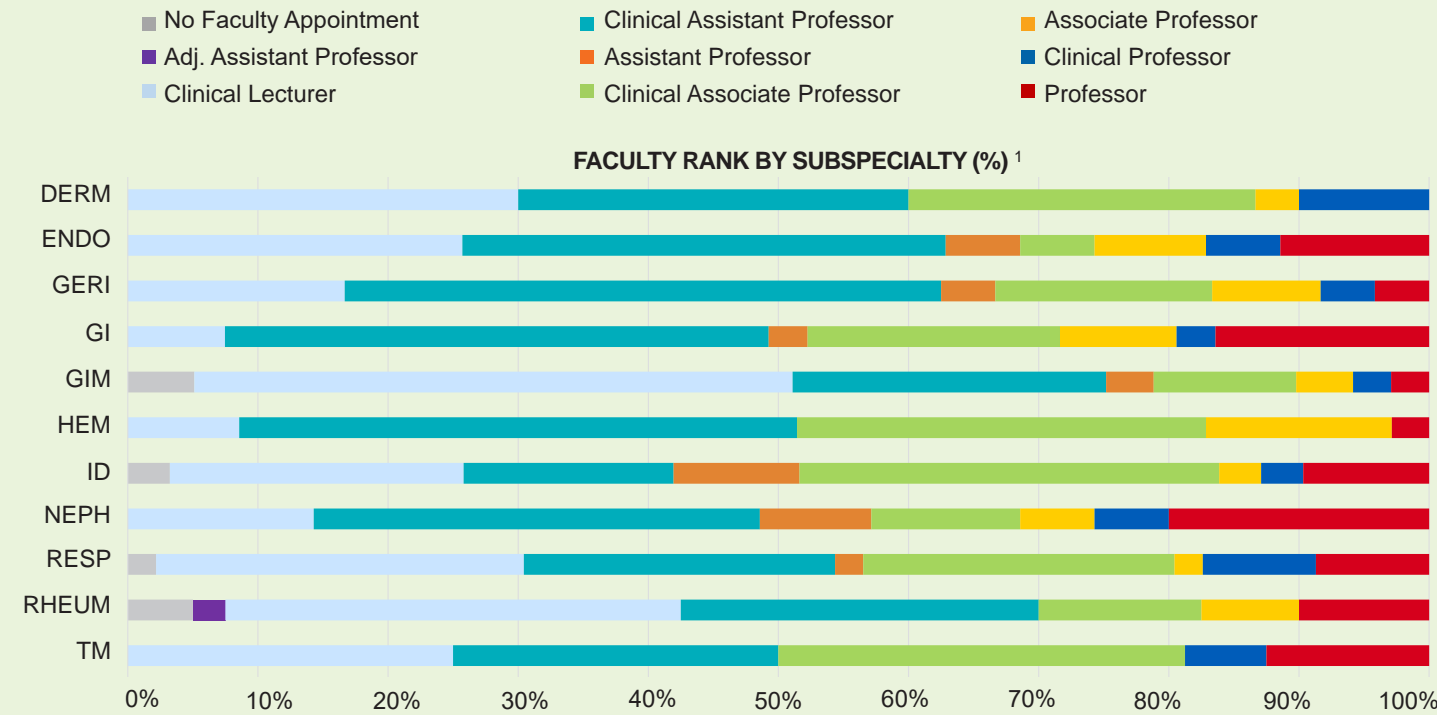


DEPARTMENT MEMBERS WITH A PRIMARY APPOINTMENT

DERM	ENDO	GERI	GI	GIM	HEM	ID	NEPH	RESP	RHEUM	TM	Grand Total
30	35	24	67	137	35	31	35	46	40	16	496

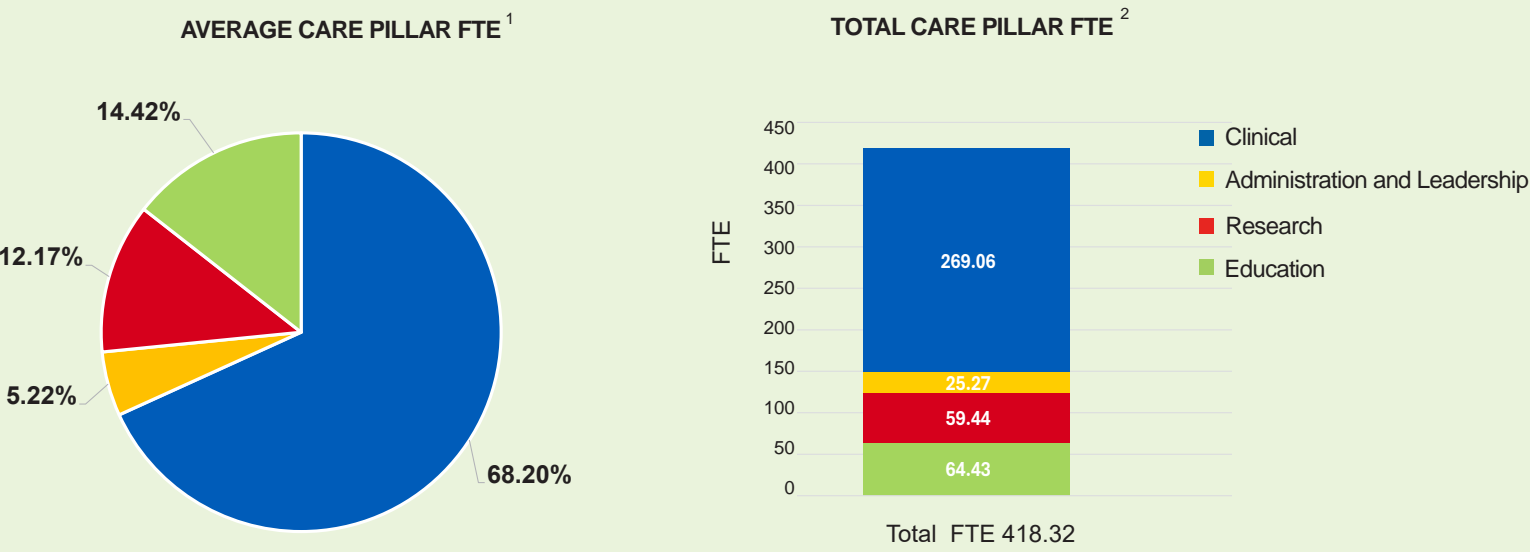
Source: Department of Medicine Gizmo
NOTE: This is primary appointments to the DOM

Faculty Appointment Data

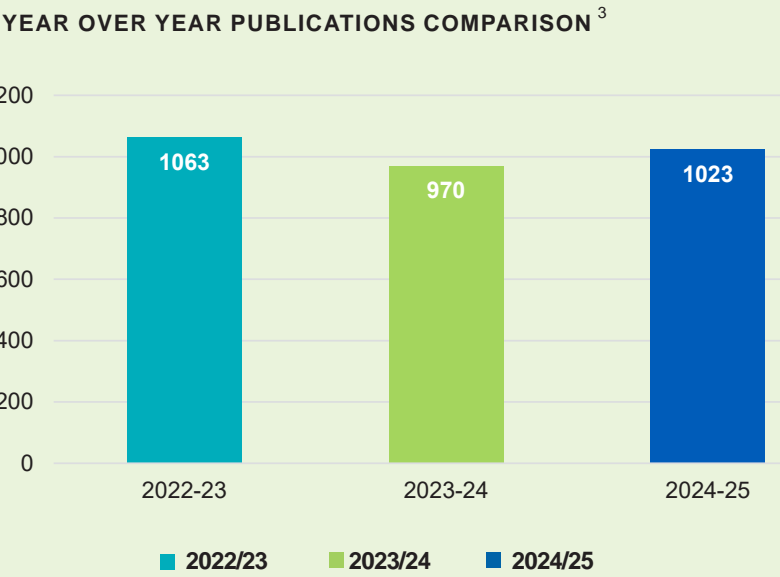


Faculty Rank	DERM	ENDO	GERI	GI	GIM	HEM	ID	NEPH	RESP	RHEUM	TM	Grand Total
No Faculty Appointment					7		1		1	2		11
Adj. Professor										1		1
Clinical Lecturer	9	9	4	5	63	3	7	5	13	14	4	136
Clinical Assistant Professor	9	13	11	28	33	15	5	12	11	11	4	152
Assistant Professor		2	1	2	5		3	3	1			17
Clinical Associate Professor	8	2	4	13	15	11	10	4	11	5	5	88
Associate Professor	1	3	2	6	6	5	1	2	1	3		30
Clinical Professor	3	2	1	2	4		1	2	4		1	20
Professor		4	1	11	4	1	3	7	4	4	2	41
Grand Total	30	35	24	67	137	35	31	35	46	40	16	496

ISA & FTE Data



Publication Data



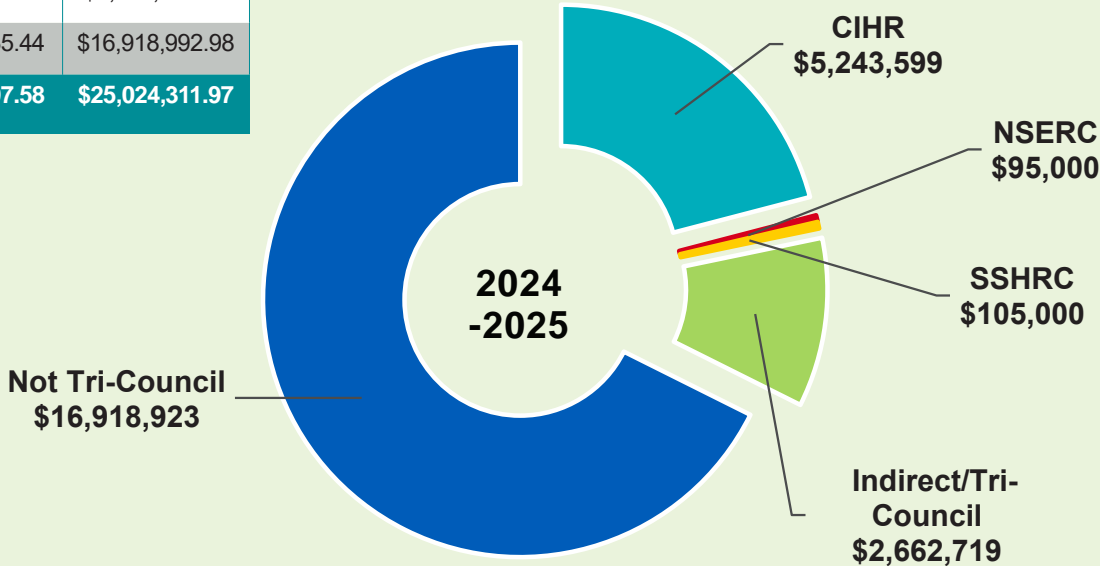
1. Source: Department of Medicine Gizmo
2. Source: Department of Medicine Gizmo
3. Publications provided by UCalgary Analytics extracted from Scopus and Scival API for the DOM. The methodology for retrieving these stats has changed, therefore a year over year comparison is provided all using this new methodology. Data extracted: 8 Oct, 2025

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

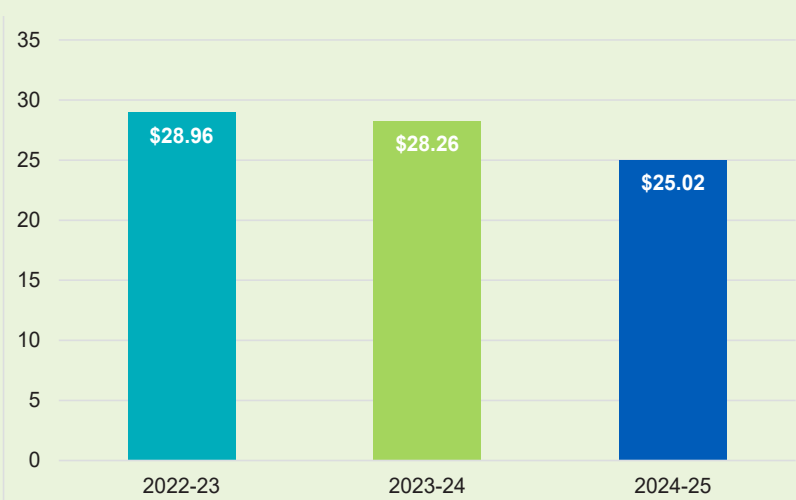
Research Revenue Data ¹

RESEARCH REVENUE BREAKDOWN COMPARISON YEAR OVER YEAR

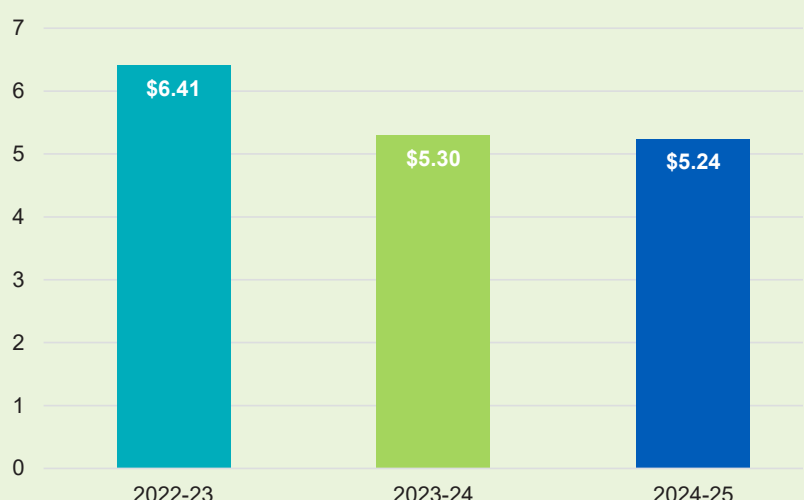
Revenue Type	2022-2023	2022-2024	2024-2025
CIHR	\$6,410,337	\$5,304,082.37	\$5,243,599.50
NSERC	\$36,000	\$36,000	\$95,000
SSHRC	\$357,290	\$136,900	\$105,000
Indirect/Tri-Council	\$1,742,190.39	\$2,391,189.77	\$2,661,719.49
Not Tri-Council	\$20,452,876.60	\$20,428,335.44	\$16,918,992.98
Grand Total	\$28,998,693.99	\$28,296,507.58	\$25,024,311.97



TOTAL RESEARCH REVENUE (MILLIONS)
COMPARISON YEAR OVER YEAR



TOTAL CIHR REVENUE (MILLIONS)
COMPARISON YEAR OVER YEAR

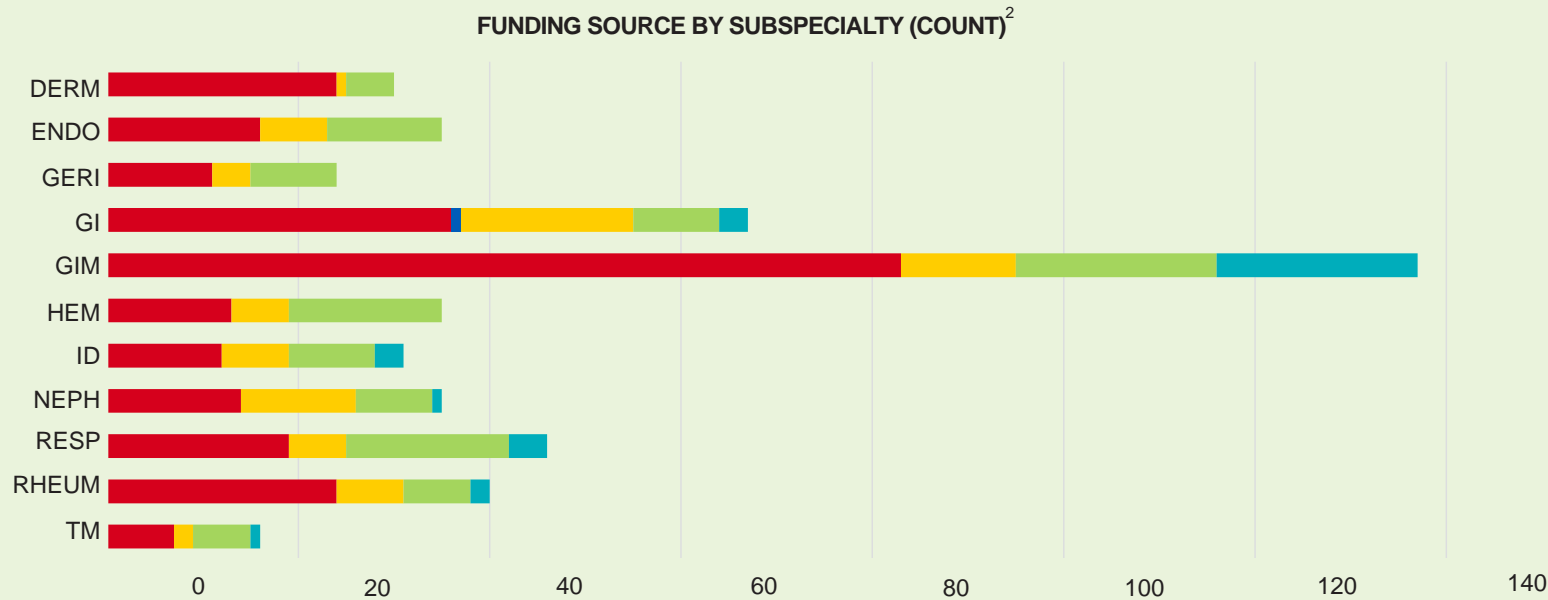
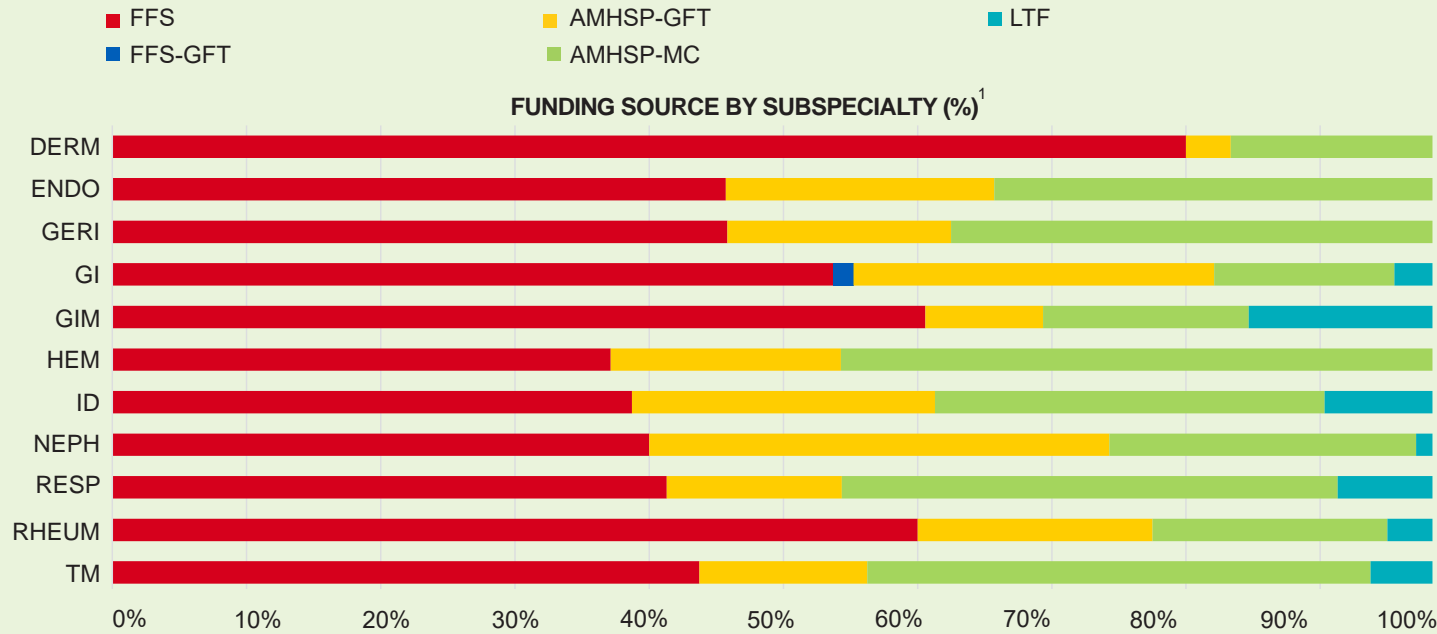


■ 2022/23 ■ 2023/24 ■ 2024/25

1. Data provided by UCalgary Analytics extracted from PS Research and Trust on Date for the fiscal year - accessed as of October 8, 2025. The methodology 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



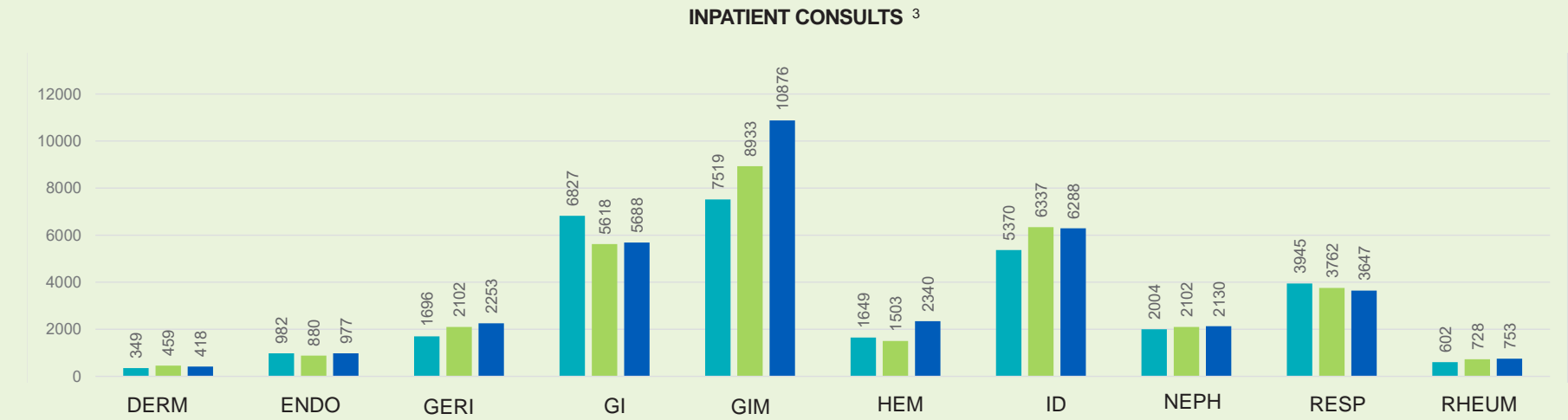
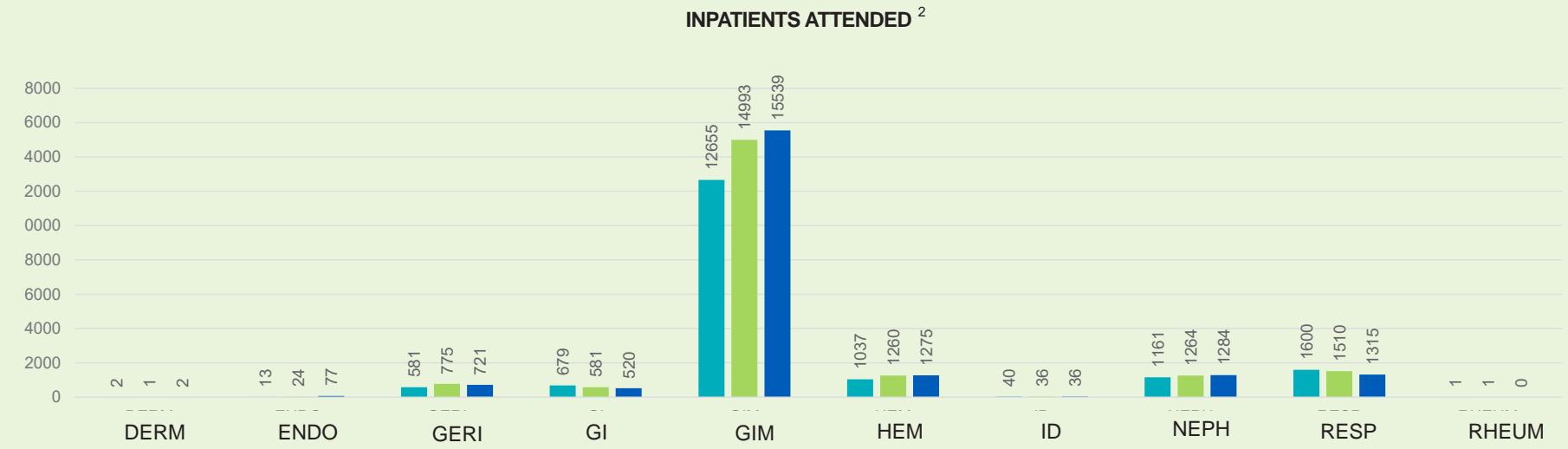
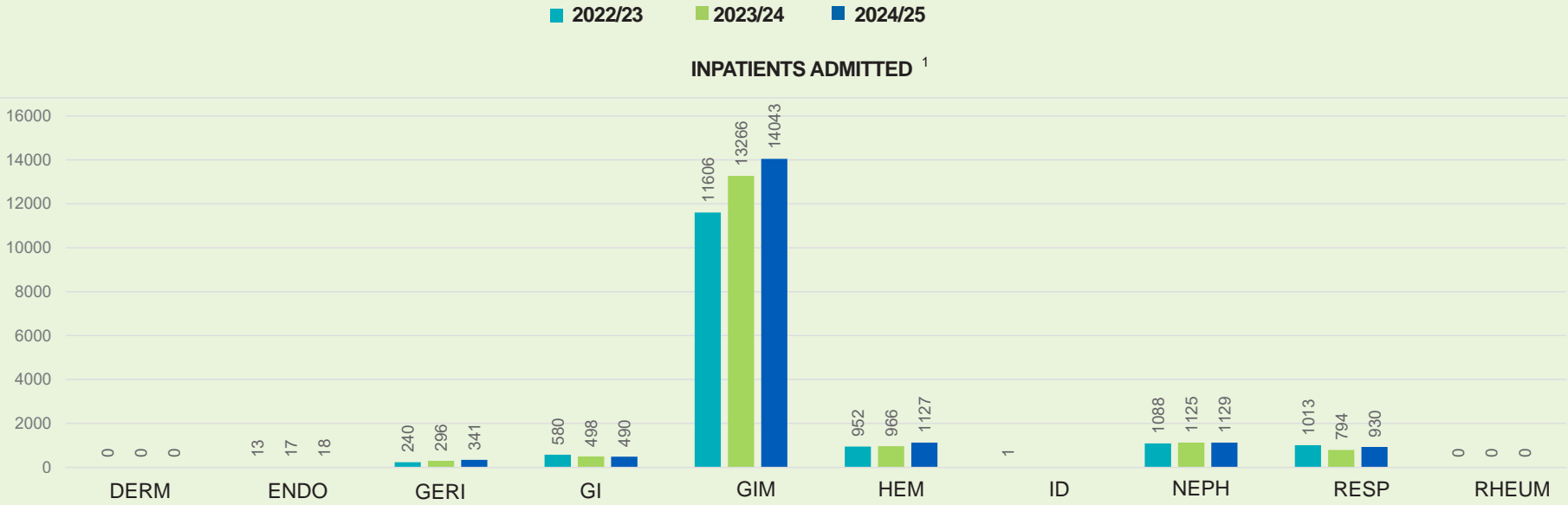
Faculty Rank	DERM	ENDO	GERI	GI	GIM	HEM	ID	NEPH	RESP	RHEUM	TM	Grand Total
FFS	24	16	11	36	83	13	12	14	19	24	7	259
FFS-GFT				1								1
AMHSP-GFT	1	7	4	18	12	6	7	12	6	7	2	82
AMHSP-MC	5	12	9	9	21	16	9	8	17	7	6	119
LTF				3	21		3	1	4	2	1	35
Grand Total	30	35	24	67	137	35	31	35	46	40	16	496

1. Source: Department of Medicine Gizmo

2. Source: Department of Medicine Gizmo

Inpatient Data

NOTE: Transplant Medicine counts are included within division numbers for RESP, NEPH, GI, DERM, ID, ENDO



1. Source: Sunrise Clinical Manager and Connect Care

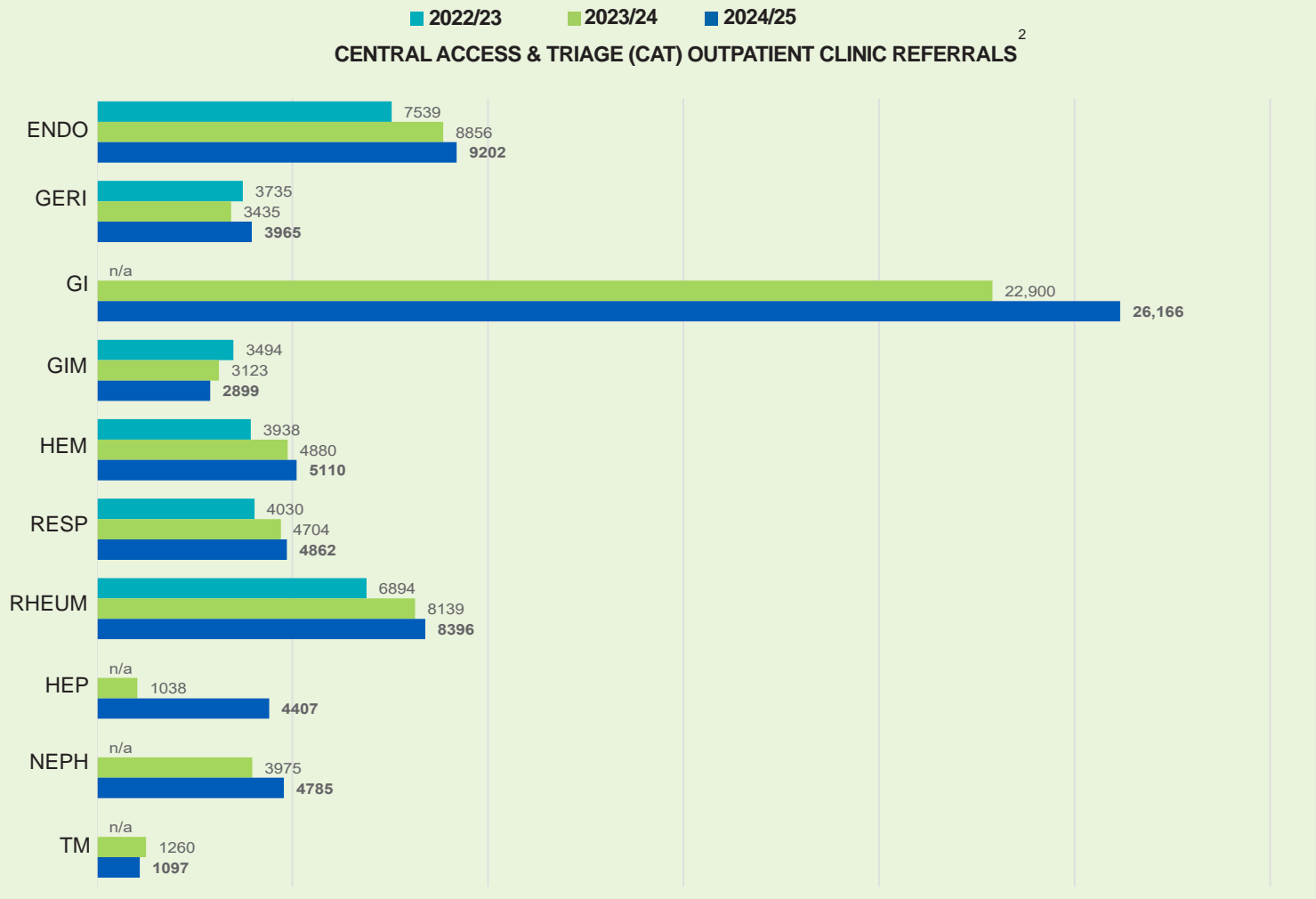
2. Source: Sunrise Clinical Manager (SCM) and Connect Care. Patients will have consecutive attending physicians during their hospital stay. The "attending" is the physician responsible for the patient during the attending period. This table captures all the patients for which any division physician was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

3. Source: Sunrise Clinical Manager (SCM) and Connect Care. Consults ordered for inpatients are as per Sunrise Clinical Manager & ConnectCare data. Usually the consult is ordered with a physician's name attached. However, sometimes the order includes only a group name (eg. SHC GIM Medical Teaching Unit). Either are accepted but restricted so that there is no double counting. 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.

Inpatient Data (Continued)

RATE OF FACE TO FACE PATIENT ENCOUNTERS PER INPATIENT CONSULTED 2023/24 ¹				
Subspecialty	FMC	PLC	RGH	SHC
DERM	1.3	1.3	1.4	1.2
ENDO	4	1.6	2.1	2
GERI	3.2	3.7	5	2.4
GI	3	1.8	1.9	2.8
GIM	3.7	3.8	2.8	2.4
HEM	3.2	2.1	2.4	2.2
ID	3	3.3	3	3
NEPH	7.6	8.9	6.6	6.5
RESP	2.6	4.2	4.4	3.7
RHEUM	2.5	2.7	2.4	2.4

OUTPATIENT DATA

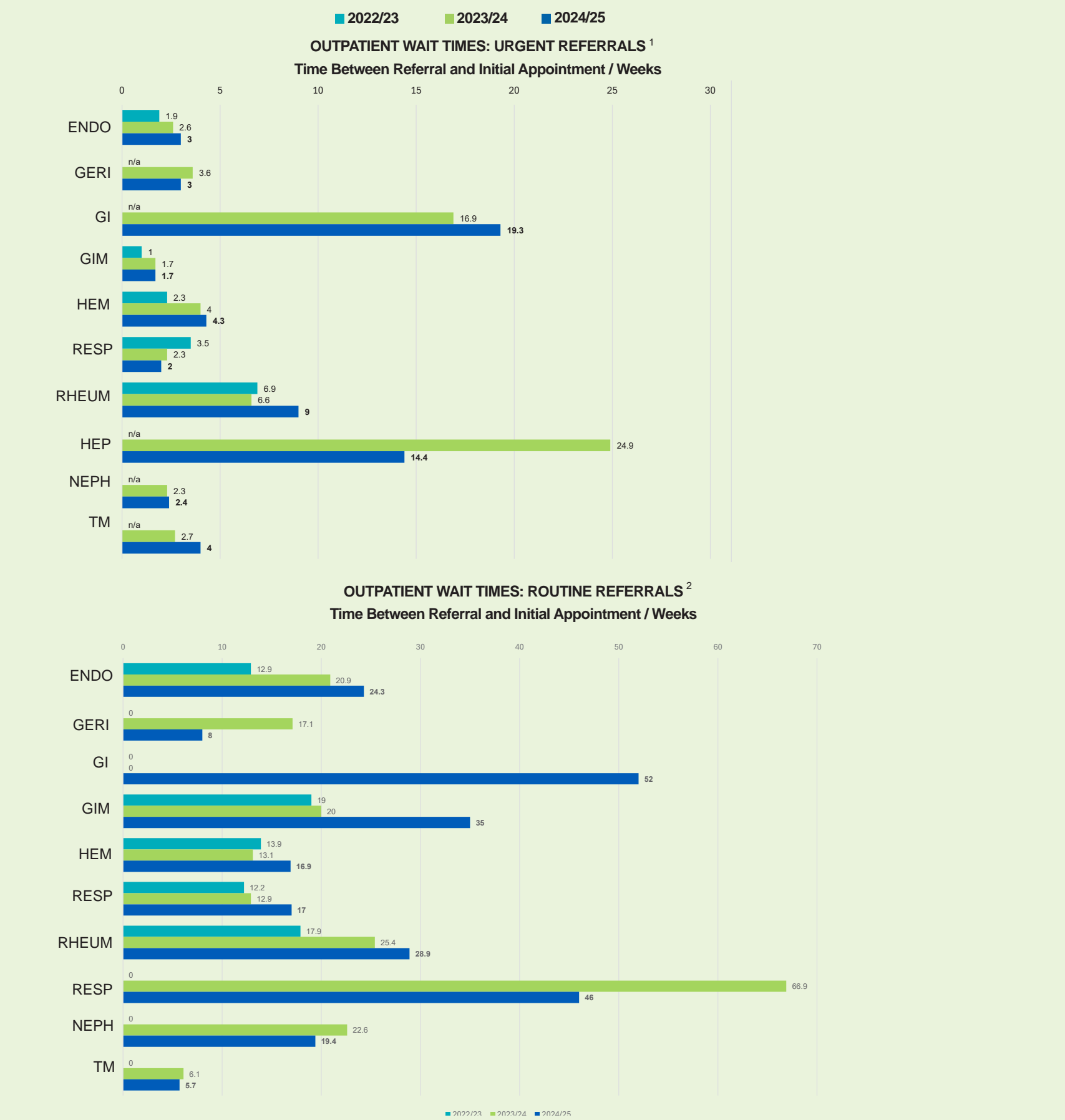


1. Source: SCM, Connect Care & Physician Billing.

2. Source: CAT Calgary Zone Analytics and Reporting

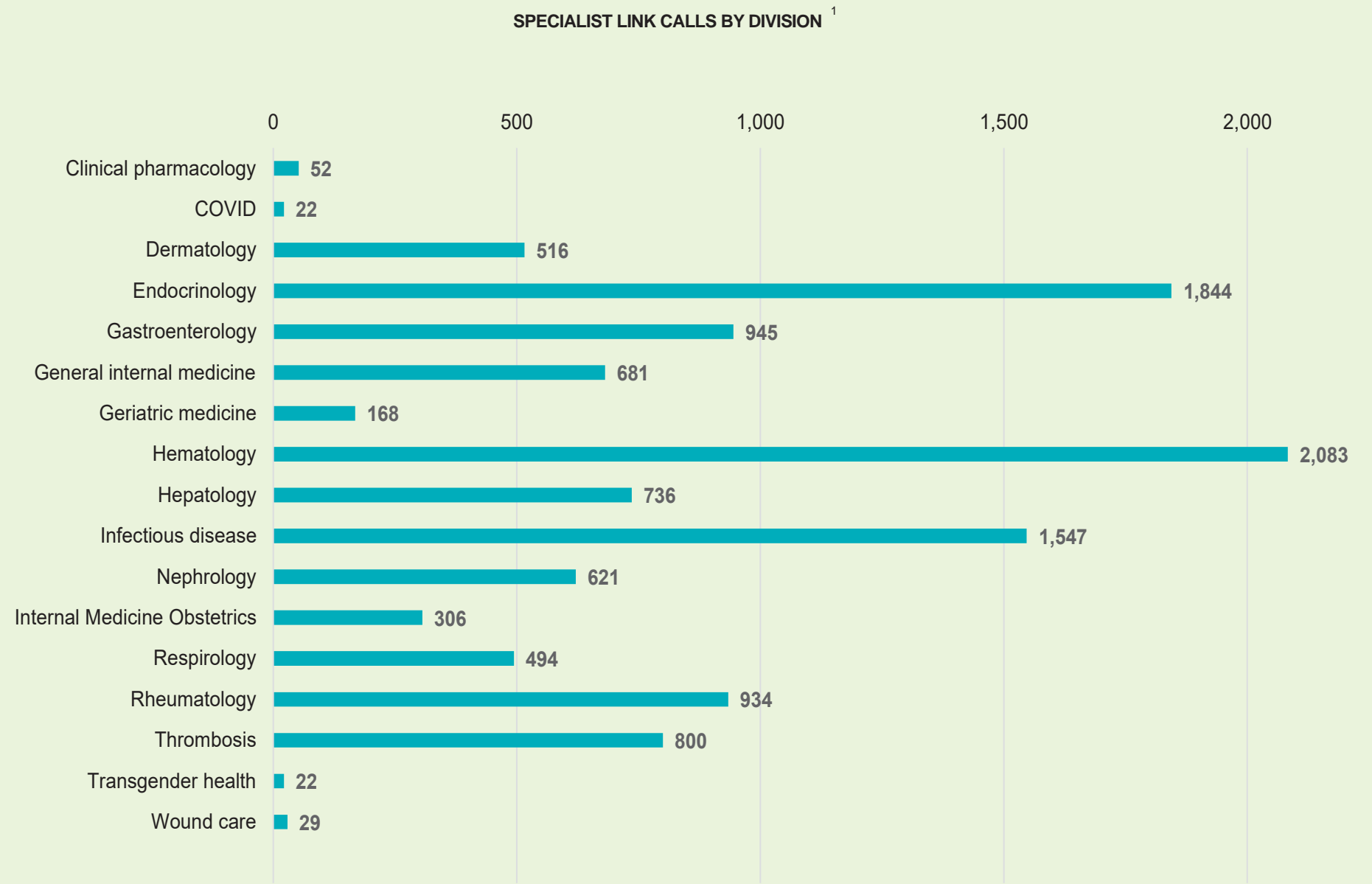
Gastroenterology data are for GI CAT only. Hepatology (Hep CAT) and the Colon Cancer Screening Centre together receive an additional > 20,000 referrals per year. These CAT referral & wait times data span time periods where referral processes at the CAT and Clinic level have not yet been fully standardized to Path to Care Guidelines. Optimization of referral and scheduling workflows is ongoing and may account for some of the variation seen in these values over time.

Outpatient Data (Continued)



1 & 2 Source: CAT Calgary Zone Analytics and Reporting
Gastroenterology data are for GI CAT only. Hepatology (Hep CAT) and the Colon Cancer Screening Centre together receive an additional > 20,000 referrals per year
These CAT referral & wait times data span time periods where referral processes at the CAT and Clinic level have not yet been fully standardized to Path to Care Guidelines. Optimization of referral and scheduling workflows is ongoing and may account for some of the variation seen in these values over time.

Specialist Link



Promotions

Promotion to Professor Dr. Glen Hazlewood Dr. Sonia Butalia	Dr. Lynne Robertson Dr. Laurie Parsons Dr. Michele Ramien	Dr. James Ramsahai Dr. Laura Stinton Dr. Erik Vakil
Promotion to Associate Professor Dr. Elissa Rennert-May Dr. Cathy Lu Dr. Karen Tang	Promotion to Clinical Associate Professor Dr. Kim Cheema Dr. Sonia Cerquozzi Dr. Kareem Jamani Dr. Kirstie Lithgow Dr. Puja Kumar Dr. Ilya Shoimer Dr. Alejandra Tores Ugarte Dr. Heidi Schmaltz	Promotion to Clinical Assistant Professor Dr. Tessa Campbell Dr. Robert Pukrin Dr. Simon Taylor
Promotion to Clinical Professor Dr. Eliana Castillo Dr. Douglas Helmersen Dr. Stephen Congly		

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

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. **Please locate our Department of Medicine Annual Awards on Page 46.**
Report awards here: <https://cumming.ucalgary.ca/departments/medicine/physician-resources/communications-resources/celebrate-award>

Dr. Ghazwan Altabba	Dr. Justin Chun
- CARES Innovation Award	- CIHR Outstanding peer Review Service
Dr. Adeel Azam	Dr. John Conly
- PGME Clinical Teaching Award	- Society for healthcare epidemiology of America, Senior Scholarship Award
Dr. Hanan Bassyouni	Dr. Edwin Cheng
- WXN Canada's Most Powerful Women: Top 100. Canadian Tire Community Impact Award	- Canadian Association of Gastroenterology, early career educator award
- Cumming School of Medicine, Alumni of Distinction Awards, Service	Dr. Joel Chen
Dr. Claire Barber	- PGME Clinical Teaching Award
- 2025 CRA (Canadian Rheumatology Association) Practice Reflection Award, Silver	Dr. Ann Clarke
Dr. Megan Barber	- Canadian Rheumatology Association, distinguished Investigator Award
- 2024 LuCIN Clinical Trials Investigator Award	Dr. Martha Decker
- 2025 Clinical Investigator Award, Lupus Research Alliance	- 2024 AMA Section of Rheumatology Awards, Long Service Award
Dr. Kirk Barber	Dr. Shane Devlin
- Canadian Dermatology Lifetime Achievement Award	- PGME Clinical Teaching Award
Dr. Sonia Butalia	Dr. Sandra Dumanski
- Libin Researcher of the Year Award	- American Physiological Society, Distinction in Scholarship
Dr. David Campbell	- Most widely read papers article in APS (top 10%)
- Royal College of physicians and surgeons of Canada, Early Career Leadership in Health Policy/Health Systems	Dr. Ward Flemons
- Innovator of the Week Avenue Magazine	- 2024 Clarence Guenter Award
Dr. Norman Campbell	- 2025 Canadian Medical Association Dr. William Marsden Award in Medical Ethics and Professionalism
- World Hypertension league, MacGregor Excellence Award in Dietary Salt Reduction at the Population Level	Dr. Aurore Fifi-Mah
Dr. Dr. Laura Nino Canon	- 2025 Canadian Rheumatology Association Practice Reflection Award, Gold
- PGME Clinical Teaching Award	- 2025 Canadian Rheumatology Association Practice Reflection Award, Bronze
Dr. Joel Chen	- PGME Clinical Teaching Award
- PGME Clinical Teaching Award	Dr. Karen Fruetel
Dr. May Choi	- PGME Excellence in Clinical Teaching
- 2024 AMA Section of Rheumatology Awards, Innovation of the Year	Dr. Stephanie Garner
- 2025 Canadian Rheumatology Association Emerging Investigator Award	- Canadian Rheumatology Association Practice Reflection Award, Bronze
- 2025 Canadian Rheumatology Association Best Abstract on Research by Young Faculty	- PGME Clinical Teaching Award
	Dr. Louis Girard
	- RIME Gold Star Teaching Award

Dr. Monty Ghosh	Dr. Richard Leigh
- The Medical Post, Making a Difference Award (Urban Category)	- King Charles III Coronation Medal
Dr. Zahra Goodarzi	- CIHR Outstanding Reviewer
- 2025 Janey McElhaney Mid-Career Research Award, Canadian Geriatrics Society	Dr. Jane Lemaire
- 2024 CIHR Outstanding Peer Reviewer	- Association of Faculties of Medicine of Canada, AFMC Wellness Award
- PGME Excellence in Clinical Teaching	Dr. Jon Meddings
Dr. Jori Hardin	- Alberta Society of Gastroenterology, Richard Fedorak Lifetime Achievement Award
- Canadian Dermatology Association, Early Career Volunteer Award	Dr. Irene Ma
- PGME Clinical Teaching Award	- American College of Physicians (Alberta Chapter) , John Toker Evergreen Award
Dr. LeeAnn Hawkins	- Association of Faculties of Medicine of Canada, AFMC Clinical Teacher Award
- Governor's Recognition Chapter Service Award, American College of Physicians	Dr. Christopher Ma
Dr. Tyrone Harrison	- Emerging Research Leader Award, O'Brien Institute
- Champion of Excellence in Peer Review	Dr. Braden Manns
Dr. Chris Hergott	- Association of Faculties of Medicine of Canada, Mentorship Award
- 2024 John Chan Award	- King Charles III Coronation Medal
Dr. Robert Hilsden	Dr. Diane Mosher
- PGME Clinical Teaching Award	- WXN Canada's Most Powerful Women: Top 100, Professional Category Award
Dr. Michael Hill	Dr. Kerri Novak
- Medal of Honour from the Health Research Foundation, Innovative Medicines Canada	- Canadian Association of Gastroenterology, excellence in quality innovation award
Dr. Kelle Hurd	Dr. Paula Pearce
- Avenue Magazine, Calgary top 40 under 40 award	- McMaster Outstanding Achievment Award
- Top 20 Change Makers of Canada, Globe & Mail Report of Business	Dr. Remo Panaccione
Dr. Debra Isaac	- Chron's and Colitis Canada, Research Leadership Award
- Canadian Cardiovascular Society, Women in Cardiology Medicine/ Science mentorship award	- 2024 Clarivate Highly Cited Researcher
- 2024 Libin Clinician of the Year	- Division of GI Resident Mentorship Award
Dr. Andreea Ionescu	Dr. Man-Chiu Poon
- PGME Clinical Teaching Award	- Canadian Academy of Health Sciences Fellowship
Dr. Matthew James	Dr. Robert Quinn
- Champion of Excellence in Peer Review	- Excellence in Academic Mentorship Aaward
Dr. Kerri Johansson	Dr. Michele Ramien
- Bow Cowie Award	- ACH Medical Staff Association Award of Excellence
Dr. Gil Kaplan	
- 2024 Clarivate Highly Cited Researcher	

Dr. Akshatha Raghuvveer	Dr. Shannon Ruzycki
- PGME Clinical Teaching Award	- IHSPR-CAHSPR Article of the Year, Honorable Mention (Top Ten) CIHR
Dr. Gavin Reynolds	- Alberta Medical Association, Medical Staff Association EDI Leader Award
- PGME Clinical Teaching Award	Dr. Peter Sargious
Dr. Akshatha Raghuvveer	- Diabetes Canada, National Advocacy Award
Dr. Peter Sargious	Dr. Caley Shukalek
- Diabetes Canada, National Advocacy Award	- Candadian Medical Association, Award for Youn Learners (Early Career)
Dr. Caley Shukalek	Dr. James Silvius
- Candadian Medical Association, Award for Youn Learners (Early Career)	- Canada's Drug Agency, 2024 annniversary Medal
Dr. James Silvius	Dr. Daniel Smyth
- Canada's Drug Agency, 2024 annniversary Medal	- PGME Clinical Teaching Award
Dr. Daniel Smyth	Dr. Leo Smyth
- PGME Clinical Teaching Award	- PGME Clinical Teaching Award
Dr. Leo Smyth	Dr. Mark Swain
- PGME Clinical Teaching Award	- Canadian Association for the Study of the Liver & Canadian Liver Foundation, Gold Medal
Dr. Mark Swain	Dr. Karen Tang
- Canadian Association for the Study of the Liver & Canadian Liver Foundation, Gold Medal	- American College of Physicians Research Award
Dr. Karen Tang	Dr. Mitesh Thakrar
- American College of Physicians Research Award	- 2024 Bob Cowie Award, Respiratory Medicine
Dr. Mitesh Thakrar	Dr. Chandra Thomas
- 2024 Bob Cowie Award, Respiratory Medicine	- FMC Physician of the Year (established)
Dr. Chandra Thomas	Dr. Marcello Tonelli
- FMC Physician of the Year (established)	- 2024 Clarivate Highly Cited Researcher
Dr. Marcello Tonelli	- King Charles III Coronation Medal
- 2024 Clarivate Highly Cited Researcher	Dr. Michael Walsh
- King Charles III Coronation Medal	- PGME Clinical Teaching Award
Dr. Michael Walsh	Dr. Kelle Zarnke
- PGME Clinical Teaching Award	- PGME Clinical Teaching Award
Dr. Kelle Zarnke	Dr. Olga Ziouzina
- PGME Clinical Teaching Award	- 2024 AMA Section of Rheumatology Awards, Distinguished Rheumatologist
Dr. Olga Ziouzina	
- 2024 AMA Section of Rheumatology Awards, Distinguished Rheumatologist	

CREDITS

Design and Artwork Production

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LEGEND

Cardiac	Cardiac Sciences	AMHSP	Academic Medicine Health Services Plan
Cell Bio & Anat	Cell Biology & Anatomy	ADJ	Adjunct Member
Clin Neuro	Clinical Neurosciences	Adj. Asst. Prof	Adjunct Assistant Professor
Comm Health	Community Health Sciences	Adj. Prof	Adjunct Professor
Crit Care	Critical Care Medicine	Asst. Prof	Assistant Professor
Emerg Med	Emergency Medicine	Assoc. Prof	Associate Professor
MIID	Microbiology, Immunology & Infectious Diseases	Prof	Professor
Ob Gyn	Obstetrics & Gynaecology	Clin. Lecturer	Clinical Lecturer
Onc	Oncology	Clin. Asst. Prof	Clinical Assistant Professor
Paeds	Paediatrics	Clin. Assoc. Prof	Clinical Associate Professor
Lab Med	Pathology & Laboratory Medicine	Clin. Prof	Clinical Professor
Phys Pharm	Physiology & Pharmacology	FFS	Fee-For-Service Member
Psych	Psychiatry	GFT	Geographic Full-Time (Full-Time Academic Faculty)
Rad	Radiology	LTA	Locum Tenens – AMHSP funded
FMC	Foothills Medical Centre	LTF	Locum Tenens – FFS funded
PLC	Peter Lougheed Centre	MC	Major Clinical AMHSP Member
RGH	Rockyview General Hospital	DERM	Dermatology
SHC	South Health Campus	ENDO	Endocrinology
RRDTC	Richmond Road Diagnostic Treatment Centre	GERI	Geriatric Medicine
ACCC	Arthur JE Child Comprehensive Cancer Centre	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

