

## Family Medicine May 2014 Newsletter

### **MESSAGE FROM THE CHAIR, Dr. Lee Green**

[FM May Newsletter in .pdf](#)

The pace of change in primary care in Alberta stepped up a notch last week. On Thursday, May 1st, Minister of Health Fred Horne held a press conference at the Allin Clinic. The MC for the event was Dr. Mike Donoff, and I attended as well at the Minister's request. The occasion was three announcements of importance to our Department.

First was the provincial Primary Health Care Strategy. A committee of leading family physicians, nurses, and representatives from pharmacy, psychology, and AHS worked for over year to develop the strategy, and it has been several months working its way through the AH internal approval process subsequently. The strategy encourages the kind of team-based and system-based transformation of care that we plan for the department's future, and it covers the roles of the PCNs and FCCs, and of academia, in that transformation.



Next was one reason the conference was held at the Allin Clinic, home base of the Edmonton Oliver PCN: the PCN Evolution (formerly known as PCN 2.0) report from the PCN leads. The PCNs have staked out an innovative, accountable, quality-oriented direction. Their province-wide scope and the Ministry's unequivocal support promises to create an environment in Alberta into which our vision fits perfectly.

Another reason for the venue was the announcement of the next nine FCCs. This second wave of FCCs features many developed by PCNs. One of the stars of wave two is the first teaching FCC: our own Woodcroft East proposal, developed with the Edmonton-Oliver PCN. The Minister called out our innovative proposal specifically as an example of the collaborative and innovative work that the Primary Health Care Strategy is intended to support.

Change is always a bit unsettling, and big system-level change such as we're experiencing in Alberta now is more than a bit. It's exciting for the DoFM, though, because it's the kind of change we're all about. Our mission of training the next generation of family physicians for a future of continuously improving primary care will be much easier in a system that supports and values the kind of team-based care we want to practice and teach. The next few years will be very interesting indeed. The game is afoot! **-Lee**

### **PCMH Transformation Initiative**

As part of the PCMH transformation initiative and planning for Woodcroft East a small working group, Mark Perreault, Mirella Chiodo, David Ross, Sudha Koppula, travelled to the US to explore a couple of NCQA Level 3 Patient-Centered Medical Home certified clinics. The two clinics visited, the University of Utah Community Clinic (an academic model) and Clinica Family Health Services in Denver (a public clinic serving a large community of underserved patients), were chosen because of the similarities in our work with teaching and the populations they/we serve.

Both clinics exemplify the essence of the medical home and medical neighborhood and were very open to sharing their knowledge and experience. They provided full day learning sessions and tours that gave us a good understanding of the philosophy, the work and the very special people who perform it.

**Stay tuned . . . the working group will be presenting/sharing their learnings very soon.**

## Launching a Physicianship Course

**Dr. Amy Tan** in our department is finishing up a very busy and exciting year. When Dr. Tracey Hillier, Associate Dean of Curriculum with Undergraduate Medical Education (UME), Faculty of Medicine & Dentistry, asked her to take on a new project called the Year 1 Physicianship Course in the MD Program, Dr. Tan knew she was being offered a challenge of monumental proportions. But the vision of the program meshed with Dr. Tan's personal concept of what a progressive undergraduate medical student education looks like, and the opportunity to work towards this shared vision enticed her to accept the assignment.



Dr. Hillier realized that Dr. Tan's work with the Department of Family Medicine (DFM) over the past ten years created a near-perfect fit for both her and the department to help lead this inspiring initiative. In accordance with the Future of Medical Education in Canada (FMED) recommendation, the MD Program curriculum is grounded in generalism, and the UME Program saw the new curricular changes as a way to further the generalist foundation through the DFM's involvement. Dr. Tan's Master's thesis studied communication and ethics, and since 2005, she has taught in many UME programs, including Gilbert's Scholars, Community-Based Experience, Patient-Centered Care, and Discovery Learning. She was also the DFM Clerkship Director from 2009-2013. Likewise, the DFM has long been on the leading edge of medical teaching innovation, being one of the first Canadian university departments to introduce *Narrative Reflective Practice* into its residency and clerkship curriculum, and competency-based assessment implementation.

**Dr. Amy Tan**

**So, what is Physicianship?** Building on the definition by Fuks et al. (2012) that Physicianship is the "Development of the craft of a physician: scientific knowledge (knowing), skill and craftsmanship (practice and experience), and practical wisdom (knowing what to do in a given situation through the use of analysis) with the ethical and compassionate doctor-patient relationship as the basis for all actions," the Physicianship Course focuses on fully integrating all of the longitudinal components of the curriculum (ethics & law, clinical skills, professionalism, cultural competency,

clinical reasoning, health systems, identity formation) to ensure medical students are developing academic knowledge and practical skills concurrently. This includes bringing components of previous discrete courses (such as Gilbert's Clinical Skills, Community-Based Experience and Patient-Centered Care) into a fully integrated and longitudinal year-long course. For example, FM preceptors ensure students are given the opportunity to do very specific physical examination maneuvers during their clinic sessions that are concurrent with what is being practiced in Physical Exam small groups during the relevant system blocks.

The UME priority on generalism expands on the experiential component of the Family Medicine Year I curriculum. DFM faculty, clinic preceptors and community preceptors have made Longitudinal Clinical Experience in Family Medicine (LCE-FM), formerly Community Based Experience, a success over the past few years. The *Physicianship Course* allows more curricular time for an increased number of LCE-FM sessions for each student, as well as set goals for the sessions which are integrated to the student's level of learning within the physicianship course and their core blocks. This longitudinal clinical experience is one of the core components of the physicianship course and, ideally, students would work with the same physician for all of their sessions in both years to develop a longitudinal relationship with their preceptor and preceptor's clinic.

The DFM is working to roll out the Year II portion of the LCE-FM as part of the new *Physicianship Year II Course* in September 2014. This is currently being developed by **Dr. Sheny Khera**, also a member our department. Year II will build on components introduced in Year I with purposeful repetition appropriate to the student's stage of learning. Two other foundational components of this course are grounded in principles central to family medicine. The new Patient Immersion Experience (PIE) matches pairs of students to a patient with chronic illness over two years so that students can learn from these mentors about what it means to live with a chronic illness and how this is shaped by the doctor-patient relationship. The other is the Physicianship Discussion Groups, where the same group of students meet with their faculty facilitator over two years to discuss key concepts related to physician identity formation through the use of reflective practice and discussion of their experiences in LCE-FM and PIE, among others. In addition to this, the new course created an opportunity to develop an exciting *Resident-as-Teacher* initiative in our department through a collaboration between the DFM's undergraduate, residency and faculty development programs. In this initiative, DFM faculty coach family medicine residents who, in turn, directly facilitate Year 1 medical students in their physicianship communication, physical exam and consolidation case group sessions throughout the year.

Initial feedback from students, residents and faculty on Year 1 of the *Physicianship Course* and the *Resident as Teacher* initiative has been very positive. Students tell us they like experiential learning in LCE-FM, being mentored by patients in the PIE program, and learning how to manage experiences ethically through small group sessions with facilitators and standardized patients.

- ▶ If you have chronic illness patients you think would be good patient mentors for our students as part of the Patient Immersion Program, please contact Jo-Ann Paul at [jkpaul@ualberta.ca](mailto:jkpaul@ualberta.ca). More information on the goals of the Patient Immersion Program can be found in this article: <http://www.med.ualberta.ca/news/2013/october/every-patient-is-a-person-with-a-story>. We are always looking for new preceptors for the LCE-FM sessions. Please contact Erika Siroski ([erika.siroski@ualberta.ca](mailto:erika.siroski@ualberta.ca)) for information about how you can become part of this exciting initiative.



**Dr. Doug Klein and Matthew Kallio**

**Work out with a physician and exercise specialist--no gym required**

Oliver Primary Care Network has introduced Alberta's only no-cost fitness program that allows people to exercise side-by-side with a family physician and an exercise specialist. MOVE is a free fitness program with sessions held every Wednesday, year round, at Hawrelak Park. "People don't need a gym or specialized equipment to be active and healthy," said **Dr. Doug Klein**, family physician. "In addition to the physical activity, this program helps participants get outside to enjoy sunshine and fresh air, and they get the chance to connect with people who have similar goals." [Press Release Canada News Wire](#)



(Photo R: Matthew Kallio and Doug Klein)

[Watch the Global Edmonton U-Tube video](#)

## **DIVISION OF CARE OF THE ELDERLY (CoE)**

### **Network of Excellence in Seniors Health & Wellness - Innovation Fund Accepted Proposals**

The Network of Excellence in Seniors Health and Wellness (NESHW) is pleased to announce the results of the inaugural Innovation Fund competition. The review committee was very pleased with the response to the call for applications, in both the quality of proposals and in the variety of ideas and approaches brought forward. Thirteen of the 50 applications were granted funding, and five of the 13 were CoE physician leads or proposal collaborators. **Congratulations all.** Five CoE Physicians are leads or have collaborated on the following proposals.

1. Camrose Primary Care Network (PCN) Geriatric Assessment Program (GAP) Fall Prevention Program, Lead Applicant: Dr. Valerie Smith, Camrose PCN
2. Spreading and Sustaining the Decision Making Capacity Assessment (DMCA) Model: Development and Evaluation of a DMCA Model Implementation and Sustainability Framework, Lead Applicant: Dr. Suzette Bremault-Phillips, Faculty of Rehabilitation Medicine, University of Alberta.....Dr. Lesley Charles.
3. Innovating to Improve Seniors Care in Kalyna Country, Lead Applicant: Mr. Brian Match, Kalyna Country Primary Care Network...Dr. Gordon Anderson

4. Managing Responsive Aggressive Behaviors: Implementing and Evaluating a Capacity Building Process in Acute Care, Supportive Living and Long Term Care, Lead Applicant: Dr. Suzette Bremault-Phillips, Faculty of Rehabilitation Medicine, University of Alberta...Dr. Marjan Abbasi and Lesley Charles.
5. GEM- ED (Geriatric Evaluation and Management - Emergency Department), Lead Applicant: Dr. Jed Shimizu, Rice Geriatric Assessment Unit, Covenant Health.

[View full recipient list here.](#)

## PUBLICATIONS & GRANTS

- ▶ **Manca DP**, Greiver M, Carroll JC, **Salvalaggio G**, **Cave A**, Rogers J, Pencharz J, **Aguilar C**, Barrett R, Bible S, Grunfeld E. [Finding a BETTER way: A qualitative study exploring the prevention practitioner intervention to improve chronic disease prevention and screening in family practice](#). BMC Fam Pract. 2014 Apr 11;15(1):66. doi: 10.1186/1471-2296-15-66
- ▶ Allison Edwards, **Ginetta Salvalaggio**, **Shelley Ross**, **Sudha Koppula**. [How Big is that Baby Bump? Learner Variation in Measuring Symphysis-Fundal Height](#). UofA Health Sciences Journal, Apr 2014, V10, Issue 1.
- ▶ Sherilyn K D Houle, **Michael R Kolber**, Anderson W Chuck. [Should vitamin B12 tablets be included in more Canadian drug formularies? An economic model of the cost-saving potential from increased utilisation of oral versus intramuscular vitamin B12 maintenance therapy for Alberta seniors](#). BMJ Open 2014;4:e004501 doi:10.1136/bmjopen-2013-00450
- ▶ **Michael R. Kolber**, Sherilyn K.D. Houle. [Commentary: Oral vitamin B12: a cost-effective alternative](#). Vol 60:February | Canadian Family Physician.
- ▶ **Drs. N. Drummond, L. Green and T. Noseworthy** are leading a team which has been awarded a CIHR/AIHS Strategy for Patient Oriented Research "**Primary and Integrated Health Care Innovation**" network development grant of \$150,000 over 12 months.

*Michael Kolber; Jayson Lee; Tony Nickonchuk. [Price Comparisons of Commonly Prescribed Pharmaceuticals In Alberta 2014](#). ACFP What would your patients do with extra cash? Perhaps buy new running shoes and a gym membership, or take a trip to escape the Canadian winter? We could be saving our patients and the health care system substantial money if prescribers chose lower cost (often equivalent) medications, instead of higher cost medications, which may not be covered by provincial drug plans. [Read more here.](#)*

## WELCOME Margaret

*Dr. David Ross, faculty and staff of the NorthEast Community Health Centre would like to welcome Margaret Halberg to the NE team as Academic Program Secretary. Margaret joined the NECHC on April 22nd, bringing with her ten years of administrative experience with Alberta Innovates and NAIT. Welcome Margaret.*

## Family Medicine GRAND ROUNDS

**Thursday, June 19, 2014, 8:30am, ECHA L1-430**

**Speaker: Dr. Neil Bell, Professor, Family Medicine**

**Topic: Understanding the Canadian Task Force on Preventive Health Care's New Approach to Quality of Data evaluation and Clinical Decision Support**

**FM Grand Rounds is open to all undergraduate medical students, residents and faculty**

## EVIDENCE BASED MEDICINE

### ACFP Roadshows

Drs. Mike Allan and Adrienne Lindblad recently presented at a **Roadshow at the Northern Lights Regional HealthCentre, FortMacMurray** to a group of 22 (2 students, 5 residents, 2pharmacists, 13 family physicians). Many thanks to Sharon and Leslie for their organizational skills and to Drs. Edward (Eddie) Denga and Erin Hibbitts who did a great job promoting the event to area docs. According to Dr. Denga, the presenters did an outstanding job in a relaxed atmosphere and the roadshow will certainly translate into better care for patients.

[The Fort Mac Roadshow Agenda.](#)

**The Roadshow will be in Okotoks on June 7 with the Calgary Rural PCN. [Roadshow Webpage](#)**

### ACFP Tools for Practice Publications

- ▶ Testosterone supplementation in men: Let's pause for a moment. **Adrienne J Lindblad**, Andries Muller, Cheryl A Sadowski. [Is testosterone supplementation effective and safe for androgen decline in aging males?](#)
- ▶ A pill for the second clot I do not want. **Michael R Kolber**, Tammy Bungard. [Are novel anti-coagulants as effective as warfarin in treating acute venous thromboembolism \(VTE\)?](#)
- ▶ Cardiovascular safety of NSAIDs. Megan Harbin, Ricky D. Turgeon, and **Michael R. Kolber**. [Do different nonsteroidal anti-inflammatory drugs \(NSAIDs\) have different cardiovascular \(CV\) risks?](#)
- ▶ **Michael R. Kolber**, Darren Lau, Dean Eurich, Christina Korownyk. [Effectiveness of the trivalent influenza vaccine](#). Canadian Family Physician, V 60. Jan 2014.



[Read more Tools for Practice articles](#)

**October 24-25, 2014 PEIP**

Mark your calendar for the 3rd annual Practical Evidence for Informed Practice (PEIP) conference. PEIP brings together clinical leaders to speak on the latest findings that can affect your practice and how you treat your patients. This multidisciplinary event focuses on relevant, evidence-based, and thought-provoking topics in health care.



**Does wearing a SCENT to work make SENSE?**

**One person's delight may be another person's nightmare.**

**Please be "scents-ible" with the air we share; refrain from wearing scented products to work.**

**The U of A promotes a scent-free environment for faculty, staff and students. See the U of A [brochure](#).**

## CANADIAN CONFERENCE ON MEDICAL EDUCATION (CCME)

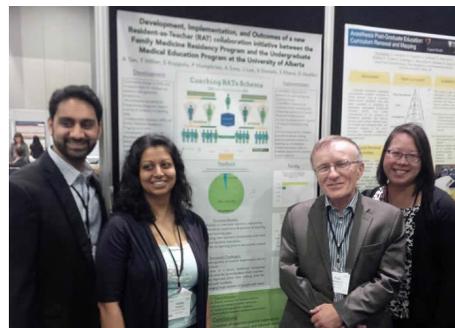
**The department was well represented at the 2014 CCME which was held in Ottawa, April 25 - 29.**

Our Education Support Program faculty, **Drs. Mike Donoff, Paul Humphries, Shelley Ross and Shirley Schipper**, presented a half-day pre-conference workshop on *Practical and trustworthy competency-based assessment in residency: Lessons learned from four years of implementation of the Competency-Based Achievement System (CBAS)*. The workshop was very well received by attendees from more than ten countries, and stimulated lots of discussion about the implementation and usefulness of tools for assessment of competence. The CBAS Project had four other presentations about characteristics of feedback shared with our residents, changes in remediation patterns pre- and post-CBAS, the use of CBAS in South Sudan for workplace-based assessment, and an overview of the program evaluation of CBAS.



### A few CCME presentations and posters

- ▶ **Dr. Sudha Koppula**, *Teaching Primary Care Obstetrics: Insights and Recruitment Recommendations of Family Physicians*, co-authors J.B. Brown and J. Jordan, Western University, London, ON.
- ▶ **Drs Sudha Koppula and Shelley Ross** were also involved in a faculty development needs assessment survey presentation *What the Teachers Told Us*, co-author S. Ross.
- ▶ **Dr. Sarah Forgie**, Two posters: The use of memory hangers in Undergraduate Medical Education and a poster about medical students' motivation and enjoyment levels of extracurricular activities entered on their medical school applications, and the CFPC gave an overview of the Pan-Canadian program evaluation of the Triple C Competency-Based Curriculum.
- ▶ **Dr. Doug Klein**, *Ensuring an Equal Footing*, presented the results from a new component of the Doctor Patient Relationship Course, Baseline Skill Assessment. Residents appreciated getting early formative feedback on their communication skills. These results will be compared to follow-up results just conducted this spring. co-author, A. Nagji.
- ▶ **Dr. Amy Tan**, *Development, Implementation, and Outcomes of a new Resident-as-Teacher Collaboration Initiative between the Family Medicine Residency Program and the Undergraduate Medical Education Program at the University of Alberta*, Amy Tan led this and I'm sure has the list of authors for you. co-authors T Hillier, S Koppula, P Humphries, A Seto, J Lee, V Daniels, S Khera, and G Hnatko.
- ▶ **Dr. Doug Klein**, *DO as I SAY vs DO as I DO* results on a survey of lifestyle behaviours among medical students residents and physician faculty at the University of Alberta that showed important links between personal lifestyle and the counselling or future counselling of patients. Co-author: S. Ross.



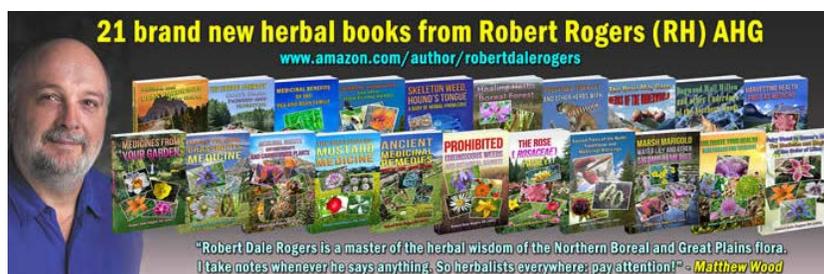
## OUT AND ABOUT THE FAMILY MEDICINE COMMUNITY

### HERBAL MEDICINE ANYONE?

Individuals interested in herbal medicine will find Robert Rogers' herbal books a great resource.

For more information about the books, visit

[www.amazon.com/author/robertdalerogers](http://www.amazon.com/author/robertdalerogers)



**Pediatric Integrative Medicine (PIM) Rounds  
Spring 2014 schedule**

*Integrative Medicine is the safe and evidence-based integration of complementary and alternative medicine (CAM) therapies into conventional care. This series will increase your knowledge base so you can better perform patient-centered care, and self-care too!*

*PIM Rounds are from 12:00-12:50 in ECHA 3-001*

**Pediatric Update, September 19-20, 2014**

*September 18: Pre-conference Emergent Situation Management SIM and Skills Workshop, University of Alberta campus.*

*Sessions will be geared towards family physicians and community pediatricians.*

**For information, contact: [peditrics@ualberta.ca](mailto:peditrics@ualberta.ca)**

***In Search of Physicians:*** We receive many requests to advertise/recruit physicians. Our space is limited, hence, ***the attached listing.***

**American College of Sports Medicine (ACSM) 61st Annual Meeting**  
**May 27-31, 2014, Orlando, Florida.**  
*5th World Congress on Exercise is Medicine and World Congress on the Role of Inflammation in Exercise, Health and Disease*

**HEALTH RESEARCH DATA SYMPOSIUM**  
**May 29, 2014 (Thursday)**  
*An Alberta Perspective on Access, Management and Linkage, Lister Centre (Maple Leaf Room)*  
 University of Alberta  
**REGISTER HERE**

**McMASTER Evidence-Based Practice Workshops**  
**June 9-13, 2014**  
 McMaster University  
**Registration Information**

<a href="#"><u>* DFM Workshops</u></a>	<a href="#"><u>* Conference Listings on the FM Webpage</u></a>	<a href="#"><u>* Family Medicine Conferences Worldwide</u></a>	<a href="#"><u>* MDLinx Family Medicine Conferences</u></a>	<a href="#"><u>* American Academy of Family Physicians</u></a>	<a href="#"><u>* The College of Family Physicians of Canada</u></a>
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***If you have a story to share with the U of A Family Medicine community, please contact Cecilia Hutchinson with details ([cecilia.hutchinson@ualberta.ca](mailto:cecilia.hutchinson@ualberta.ca))***

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