



Department of Family Medicine

# Annual Report

2014 - 2015





# Chair's Message

Dr. David Price

As departments grow [and wow, has our Department ever grown!], the temptation is to create ever larger and more complex annual reports to reflect the diversity, depth and breadth of the enterprise. This year, we've decided to do the opposite.

This annual report is a brief snapshot of our Department, but hopefully will allow you, the reader, a glimpse into who and what we are. The facts, figures and graphs will give a sense of our growth and broad reach into the community. The narratives and personal stories help to paint a picture of who we are and what we value. Our website welcomes visitors to explore those areas in more depth should they wish to.

My hope is that after you've spent a few minutes with this annual report, you will be as impressed as I am with how the members of our Department serve our clients -- our learners, our neighbourhoods and our communities both locally and globally.



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# Year at a

2014 / 2015



290 Staff

35 Full Time  
Faculty



1,043 Part Time  
Faculty



102,249

**Patient Visits** across  
the McMaster Family  
Health Team

33,331

**Total Patients** at the  
McMaster Family Health  
Team's Clinics



## Undergraduate

**205** Clerkship Learners

*Family Medicine Electives*

- **71** McMaster Undergraduates
- **30** Visiting Undergraduates

**44%** of McMaster graduating MDs  
chose Family Medicine

47

Department-led Faculty  
Development Sessions



200

Combined Hours of Resident  
Visual Literacy Training



**The Art of Seeing™**

240

Health Care Professionals  
Attended Workshops

## Postgraduate

**100** PGY1s

**100** PGY2s

**14** PGY3s

**824** CaRMS applicants



**\$6,510,500** in Research funding was administered.



**\$2,778,658**  
In new funding was awarded



**73 Publications**



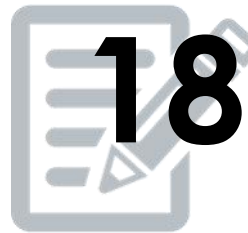
**37 Awards**  
*National, Provincial and Local*



**14 Projects Funded**



**5** Partner Sites  
Implemented the  
**Health TAPESTRY**  
Model



**18** i-GAP Phase 1  
Incubator Family  
Practices were  
established across three  
provinces with over **800**  
enrolled patients



100 Main Street West, Hamilton, Ontario



25,000 square feet of administrative space\*  
21,700 square feet of clinical space\*



Canada's first co-location of academic primary care and public health services.

Photography: Sean Meister

# The David Braley Health Sciences Centre

Our new home in downtown Hamilton

Officially Opened May 15, 2015



Chair's Office and  
Department Leadership  
Education Services  
Human Resources  
Finance



Research Leadership  
Research Project Teams  
Infant and Child Health Lab



McMaster Family Practice (MFP)  
Maternity Centre of Hamilton



48 Exam Rooms



13 Teaching Rooms  
1 Lecture Theatre



20 Family Doctors  
19 Allied Health Staff  
34 Family Medicine Residents



15,000 Patients (MFP)  
58,000 Patient Visits Annually  
Maternal Care for  
700 Women Annually





1221 Lakeshore Road, Burlington, Ontario



40,000 square feet of clinical and administrative space.



Located beside our community partner, Joseph Brant Hospital.



# Halton McMaster Family Health Centre

Partnering academic primary care with a community hospital

Officially Opened November 28, 2014



Halton Residency  
Program



Halton McMaster Family Health Centre  
Burlington Family Health Team



20 Exam Rooms



2 Teaching Rooms



6 Family Doctors

7 Allied Health Staff

8 Family Medicine Residents



8,330 Patients



# I Trust This

McMaster Family Practice Welcomes First Patient to New Downtown Centre

As she sits in the bright, colourful waiting room of the new McMaster Family Practice in downtown Hamilton, Stephanie Venator-Paul can't help but look back 38 years to when she became a patient at MFP.

Nearly four decades later, Venator-Paul was the first patient to visit the clinic's new location on Monday, April 27.

She still recalls frequenting the old facility on the McMaster campus all those years ago, and marvels at how much has changed over the years.

"There was one nurse, maybe two doctors, a shared receptionist and probably four residents," says Venator-Paul. "They've grown a little bit since then," she adds with a laugh.

The clinic now has 20 family doctors, 19 allied health team members and 43 family medicine residents.

MFP and the Maternity Centre of Hamilton — both teaching clinics affiliated with the Department of Family Medicine — are co-located

on the third floor of the new David Braley Health Sciences Centre.

MFP has more than 15,000 patients from across Hamilton and surrounding areas, while the Maternity Centre cares for approximately 700 women a year.

"This new space will be really good for the team," says Venator-Paul. "It's exciting to see all this growth."

Even with the rapid growth, the clinic maintains a strong commitment to a positive patient experience. Venator-Paul points to this as one of the reasons she has stayed a patient for all these years.

"I really like coming here," she says. "They're so friendly."

While the experience plays a big part, Venator-Paul keeps coming back to MFP because of her confidence in the quality of care she, and her family, receives from the team.

"They saved my husband's life at least 10 times, and my son's life too," she says.

With her husband's health deteriorating, Venator-Paul convinced him to join her as a patient at MFP. The MFP team determined he had multiple illnesses to contend with and began addressing them immediately.

"The doctor got my husband in with a heart specialist quickly, which he really needed," she says.

The MFP team continued to work with Venator-

Paul and her husband to address his health concerns, which ranged from mild to serious. She credits the MFP team with giving her husband an extra 16 years of life.

Unlike with her husband, her son's health scare was unforeseen and sudden at the age of four.

"It was just a regular, routine checkup, and before I knew it, he was being taken to the ICU," she recalls. "They saved his life"

What's been the result of all these experiences at MFP?

"I trust this team" offers Venator-Paul, as one of the Department of Family Medicine residents stops to introduce herself. "I've been a patient here longer than she's been alive!"

As a teaching clinic, MFP offers a unique experience.

Students from programs across the Faculty of Health Sciences can be found in MFP, getting hands-on experience in a busy primary care environment. For patients, family medicine residents are an important part of the experience.

While at their appointments, patients meet directly with a resident. These interactions are monitored and overseen by a family physician, who also works together with the resident to provide the best care for the patient.

Residents have completed medical school, but are required to do a two-year residency before they can practice independently as family physicians.

"In 38 years, I haven't had a bad experience with a resident," says Venator-Paul. "They're always attentive to me and my needs."

**In 38 years, I haven't had a**



Stephanie Venator-Paul waits to meet with a family medicine resident at the new McMaster Family Practice in downtown Hamilton.





The ceiling started  
falling around me

When an earthquake devastated Nepal on April 25, 2015, associate professor and Hamilton-based family doctor Keyna Bracken was sitting in Kathmandu's Tribhuvan International Airport. Mere hours from a flight to Indonesia, Bracken was suddenly thrown into a life or death situation.

Several days later, Bracken's colleagues in Hamilton opened an email with the simple message "Therapeutic to write"

This is Keyna Bracken's account of her experience.

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On Friday, April 24, I was thinking I should write about my week's experience in the Kathmandu Valley as I was leaving for Indonesia the following morning. I didn't get to write anything, as I had a lovely Nepalese dinner at a landmark restaurant in the old quarter in Kathmandu with a colleague from the University of Calgary who was also working on common goals in Nepal. We had just met that day at a meeting with the CEO of the Nick Simon Institute (NSI), not realizing that each other was in Kathmandu simultaneously.

I was going to write that the NSI was actively helping to fund the Nepali government commitment to general practitioners (GPs) trained especially to work in remote rural areas all too common in Nepal. Various Canadians, notably Niagara Regional Campus regional assistant dean Karl Stobbe, have been donating their time to assist with curriculum development and training of the first cadre of rurally based GPs. I had gone to Nepal for the first time to consider curriculum development or any other initiative that could help address maternal child care in this low resource setting.

After dinner, the cab wound its way through narrow alleyways — really not streets by North American definition — to Durbar Square in Kathmandu where my colleague and I said our goodbyes and pledged to collaborate in the near future. I went on to the Patan area, equally old and narrow, where my guest house was.

These squares are UNESCO heritage sites and I

had taken many pictures of the magnificent temples. This is where the script abruptly veers from anything I could possibly have imagined.

The next day, at Tribhuvan International Airport, I made my way through security quite quickly. The airport has one runway and limited capacity, and is not known for efficiency.

I was sitting in the lounge starting to work on my reflections of Nepal and suddenly became aware of a stillness and dense quiet, if you can imagine, that I immediately remembered experiencing in Haiti as aftershocks. In a split-second, a noise like a subway train coming into the station hit my ears, and my chair jolted sharply sideways. Then a massive up-and-down violent wave tossed the chair from under me. I could hear cracking and then taste dust as the ceiling started falling around me.

I crawled under the table trying to find a place to protect myself, thoughts of what I had been told in Haiti flashing through my now-racing mind.

Then silence. I looked out and saw several other people in the lounge beginning to stand up and then heard shouting. Just as my brain was processing this was an earthquake, and I grabbed my bag and laptop, I felt another spine-snapping lurch and sickening roll underneath my feet. Back under the table I crouched, hearing the crack of mortar, and ominous groans of straining metal.

My vision was clouded with dust from fallen ceiling tile and concrete reduced to powder.

 I remember



I remember thinking I may not get out of here, but at least I was in a concrete building. I heard people shouting and my befuddled brain at last recognized the urgency of the situation and heart pounding, legs trembling, I fled. I ran through the abandoned security gate avoiding heavens in the floor, fallen debris and choking on the dust, found myself out with the hundreds of people on the lone runway.

I had made it out of the building. I was alive. The small two-story airport was still standing, as was the control tower, although empty. As I stood on the runway, I could barely see the city of Kathmandu, only a short cab ride away, due to the clouds of dust from collapsed buildings. The air was thick with particles and I heard many people coughing. I recall being dazed and confused on the runway with hundreds of others as we waited, not knowing what to do. There was no leadership, no announcements, just people being offloaded from planes onto the crowded runway, a gradual parade of officials and planes circling the airport.

I sat or stood for over three hours on the runway, cheered with others as two small planes landed as they must have run out of gas, but after two or three more sickening jolts very effectively maintaining a tachycardia most unusual for me, I realized that "we" as a runway collective were not going anywhere. I knew after being out there for so long that my scheduled flight on Thai Airlines to Bangkok had not arrived, and finally I found someone who knew something. "Yes, the airport was closed and all flights are cancelled. Go back through security and collect your baggage."

## “I had made it out

Amazingly, the power was partially on in the airport through emergency generators, so dust covered, I located my bag and walked with legs feeling as though I just got off a roller coaster and into the chaos outside the airport. This is where rational thought in times of crisis, revered in medicine, comes in handy. No phone or Wi-Fi signal and nowhere to go. I figured going back into the old city was a poor plan due to the precarious housing I had happily walked by only hours before,



An anxious crowd gathers on the runway of Tribhuvan International Airport

and what if the streets were blocked? The swell of people moving aimlessly, along with the crowds gathered outside the airport was like a human fortress to get through, but somehow I did, found a cab and then could not tell him where to go.

He was about to leave and in my rising panic, I turned toward a stranger who walked up and spoke to the cabbie in Nepali. He asked me in English where I wanted to go so I explained I needed somewhere safe near the airport. As it turned out, this stranger was on the same flight and although originally Canadian, had not lived in Canada for over 30 years, dividing himself between the mountains in Nepal and Tibet.

We made our way back to the local guesthouse he had just left, the streets full of frightened people with collapsed homes randomly lining the roadway. The guesthouse was empty, due to persistent aftershocks and fear of building collapse. People gathered in the park behind the large Hyatt hotel, bringing bedding, food and blankets from what remained of their homes. No one I could see seemed physically hurt. If I could have assisted someone, anyone, perhaps that would have helped me deal with my anxiety, threatening to burst from me, with the malevolent shakes of the ground.

The next 12 hours passed either sitting in the park or, as it became very cold, lying on the ground floor of the guesthouse. The owner opened his business to anyone, and crowds of displaced people shared rice, peanut butter (I never leave home without it), eggs and tea.

People of all cultures speaking many languages communicated their terror, yet immense relief that we were all still alive. If not for the kindness of



strangers and my fellow Buddhist Canadian, I would have been alone, rattled emotionally and physically by repeated powerful aftershocks. I struggled to separate rational thought from fear as my fellow floor mates predicted another big one before daybreak.

Three times during the night, as the ground heaved yet again, we ran for the door having cleared a pathway just in case. If I was going to die in another earthquake, then at least I would not be alone. I desperately wanted to reach my family but there was no power, no signal. I was marginally consoled by my earlier ability to get one tweet and one Facebook message out as I cowered under the table in the airport, but I was not at all confident about making it through the night. Social media can be a marvelous thing. Note: give my daughter less grief about her usage in future.

Dawn arrived, and the harried ensemble of people — sleepless with repeated tossing of the ground and the mournful howling of the many stray dogs — shared milk tea at the guesthouse. We heard planes taking off in the night, so my Canadian compatriot and I left for the airport early, hoping to get on the rescheduled flight.

The airport was a chaotic crush of people, cars and motorcycles. The crush of desperate people all trying to get inside the two doors of the terminal was adding insult to injury, and I was pushed, pulled and crushed by the crowd. My now steadfast travel companion helped drag me though

the crowd and I crawled under a barrier to get through the door arriving at the first security checkpoint, bruised and battered as if I had gone ten rounds. If I ever wondered about my survival instinct, I need no longer.

Several times as I waited for the flight, the ground again seemed to toss indignantly. But the next big jolt was saved for when I was sitting on the plane. Another subway train coming into the station, another violent up-and-down movement with simultaneous lateral tossing — this time in a 747. The terminal building, damaged but mainly intact, again forced its patrons onto the runway. I fought against a rising wave of panic that I would again be forced to leave the airport and that I would, once again, be stranded.

An agonizing hour passed as more passengers ran to board the plane and the runway was inspected for cracks. At last, we were taxiing. As the plane lifted off, the dust clouds were visible over the entire Kathmandu Valley.

I was one of the lucky ones. Lucky in the sense that I had survived the major quake by virtue of my location, and lucky that I had a flight already booked. I wept for those less fortunate, the loss of life, of history and opportunity.

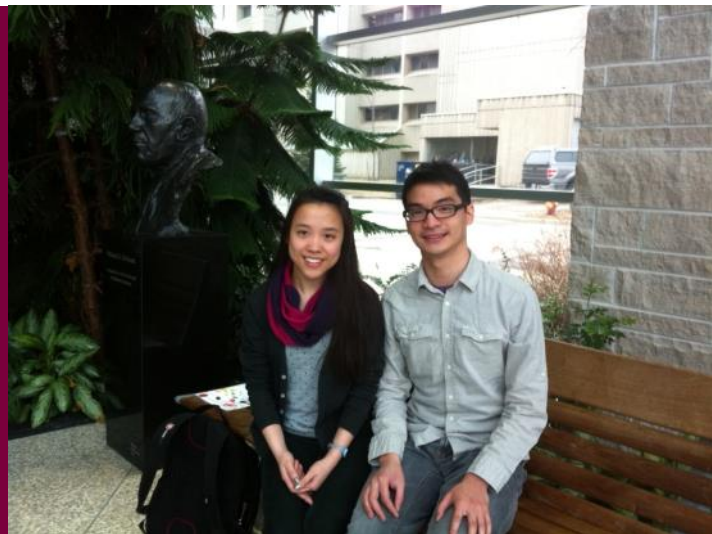


Patan Durbar Square, a UNESCO World Heritage Site, on April 24, 2015. The Square sustained serious damage in the earthquake.

Dr. Bracken continued with her plans and went to Banda Aceh, Indonesia; a city devastated by a tsunami ten years previously. Of going to Indonesia, she later said “I think it was a good thing, because the resiliency of the Indonesian people after such a horrible event highlights what you can hope to aspire.”

On May 20, 2015, professor and global health coordinator Lynda Redwood-Campbell left for Nepal as part of the Canadian Red Cross earthquake response. As a team leader for an Emergency Response Unity, Redwood-Campbell worked out of a Red Cross mobile clinic in the rural province of Dhunche.

# Health TAPESTRY puts students on the front line of home health care



Have you ever wanted to be part of something that could impact someone's life?

McMaster students Joyce Chan (Arts & Science) and Brandon Tang (Biology and Psychology) are part of a volunteer team that can say they've found a way to have that impact. Chan and Tang are both volunteers with the research project **Health TAPESTRY**, being run out of the Department of Family Medicine.

"Health TAPESTRY could someday be a part of every community," said Tang. "It could be a household name."

TAPESTRY, short for Teams Advancing Patient Experience: Strengthening Quality, is a program with the goal of keeping Canadians, primarily older adults, healthy at home and out of hospital. This is being done by having trained volunteers such as Chan and Tang go into patients' homes to ask questions and engage in a general discussion of the patient's self-identified health goals. The information collected is relayed back to the family doctor and primary care team to allow for better preventative care.

"Volunteers are at the heart of Health TAPESTRY," said Dr. Doug Oliver, associate professor in the Department of Family Medicine and co-principal investigator of Health TAPESTRY. Oliver, who is also a family doctor at McMaster Family Practice, sees the direct impact volunteers have on patient care.

"I learn about, and can work to prevent, potential health problems before a patient ends up in the emergency room," added Oliver.

Both Chan and Tang are seeing the medical benefits to patients from the project too, but have also seen many personal benefits for themselves that weren't entirely expected when they signed up.

"The whole experience is so enriching," Chan said when reflecting on her conversations with patients.

## “We're trained to

Many people answer volunteers' questions with stories and it leads to larger conversations. Chan and Tang were surprised by just how much they are getting to know the patient participants. Often they feel the patients could happily continue talking even after all the questions have been asked.

"We're trained to listen. People seem to really enjoy that," said Tang.

When asked if other McMaster students should volunteer with Health TAPESTRY, the response was a resounding yes. Why?

"Health TAPESTRY is great for anyone looking for meaningful community engagement," explained Chan.

Student volunteers can, and do, come from all faculties at McMaster.

Aspiring health care professionals gain relevant

real-world experience and interact with current practitioners in the health care field. Students without a specific interest in health care gain a variety of other valuable transferable skills for their future careers.

In addition to the skills, Chan feels being a volunteer in the project strongly contributes to a sense of belonging in Hamilton.

"We don't mean to, but Mac students can get into a bit of a bubble. This experience with Health TAPESTRY really helps you break out of that," she said.

All volunteers receive training to make sure they are comfortable before going out into the community. The training continues through regular meetings and check-ins to ensure all volunteers are properly supported. Volunteers are also paired

into groups when visiting patients.

The true impact of Health TAPESTRY is still being discovered. Currently in its pilot project phase, the program will be expanding across Canada in future phases. Chan and Tang, along with future volunteers, are part of the team building an effective template to be used in other parts of Canada.

Through a desire to give back to Hamilton and contribute to their own personal growth, student volunteers like Chan and Tang are already starting to see Health TAPESTRY's impact.

"I can see a lot of future value, through Health TAPESTRY, for my own parents and family," said Tang. "It's amazing to be a part of that."

## National Summit brings together Health TAPESTRY partners



Spread over two days in February, the Health TAPESTRY National Summit was the first opportunity to bring together a diverse and expanding group of program partners.

Built around the goals of knowledge translation, collaboration and creativity, the summit was an important phase in the Health TAPESTRY process.

Health TAPESTRY has grown substantially since its inception. The model is now being adapted and implemented for populations in British Columbia, Alberta, Sturgeon Lake First Nation in Saskatchewan, Quebec and Newfoundland and Labrador.

Along with representatives of the national program sites, funding and community partners also attended. These included Health Canada, the Ontario Ministry of Health and Long Term Care,

Hamilton Public Health and the Labarge Optimal Aging Initiative.

Attendees learned how Health TAPESTRY is being applied in other communities, who is benefiting from it, the development of supporting digital health software, application of knowledge to clinical practice and effective community engagement, among other topics.

From these discussions, many new ideas were generated on how to further apply and build on the Health TAPESTRY approach for the betterment of everyone's health and quality of life.

With interest in Health TAPESTRY always growing, and its value continuing to be demonstrated, we look forward to seeing many of the ideas from this summit come to life.





# Research with a Smile

Infant and Child Health Lab finds ways to both educate and entertain

Since its inception in 2013, the Infant and Child Health (INCH) Lab has leapt forward in both its size and the breadth of research taking place.

The INCH Lab has a lot to be proud of. Under the leadership of Dr. John Cairney, it has welcomed three post docs (Daniele Chirico, Jeff Graham, and Lisa Rivard), two research associates (Heather Clark, Kalpana Nair) and a research coordinator (Jennifer Longaphy) to its team in the past year alone! Matt Kwan has also taken on a new position as assistant professor.

In addition to the expansion of the INCH Lab, their work is being noticed and recognized. Many of the INCH Lab's students have been successful in attaining competitive funding grants and other awards:

- Jeff Graham - CIHR Post-Doctoral Award;
- Chloe Bedard - Ontario Graduate Scholarship;

- PhD student Emily Bremer won the *Journal of Comorbidity DCD11 Best Poster Award* at the 11th International Conference on Developmental Coordination Disorder in Toulouse, France;
- MSc student Chloe Bedard was a top poster presenter at McMaster's Faculty of Health Sciences Research Plenary.

INCH, while known for its research in the areas of measurement and Developmental Coordination Disorder, has recently been involved in two important projects that could offer practical support for families in our community, both locally and provincially.

The **Play and pre-Literacy Among Young children (PLAY)** project is evaluating an evidence-based program for three- and four-year-old children that aims to strengthen motor and pre-literacy skills as well as improve social and cognitive skills and self-competence. This free program runs out of local community centres in Hamilton for 10, one-hour weekly sessions.

Each session focuses on teaching a specific motor (e.g. running) and pre-literacy skill (e.g. text directionality). Parents are also actively involved throughout the sessions. So far, feedback about the program has been positive. Parent Jennifer Raymond commented, "I really liked the reading part of the class as it gave me ideas to enhance our reading at home."

PLAY has been designed so that it can be given back to community agencies to run on their own once it has been evaluated.

And the INCH Lab team is one that values the importance of fun and play within their own lives too! From their healthy workplace to their participation in fundraising campaigns such as the annual Pull4Mac in support of McMaster University's United Way Campaign, INCH is an active group! Everyone at the INCH Lab sees their work as an investment in the health and well-being of our children, and ultimately, the long-term health and well-being of our community and province.

Keep your eyes on the INCH Lab - there are many more big things to come from this team!

The **Early Developmental Screening Initiative** (a four ministry funded project led by the Ontario Ministry of Children and Youth Services) is developing a new approach to screening that moves from a conventional "checklist" of developmental milestones to a process of developmental support during which a "developmental temperature" of progress is taken at multiple times.

A new measure, the Developmental Temperature Taking (DTT) Tool, has been created and will undergo validity testing during late 2015 and early 2016 in Ontario Early Years Centres and Licensed Child Care Centres. Engagement with primary care providers will also be starting shortly to better understand their needs and perspectives. This new developmental screening process for children intends to address very real concerns about early identification of delay and provide developmental support for families.







# Resi- Research



Research is an integral part of the resident experience at McMaster, as it is part of the foundation that makes a successful clinician.

All residents participate in a research project over the course of their residency, with the culminating event being Resident Research Day at the end of year two.

While both resident and preceptor awards are presented, the day is meant to celebrate everyone's hard work and dedication. The day is always one of great pride for our staff and faculty too.

### Congratulations to the Class of 2015!

7

Teaching Sites

175

PGY1 and PGY2  
Attendees

45

Posters

12

Presentations

15

Awards



#### The John Snow Cup for Excellence in Family Medicine Research

*Paging Primary Care: On Call Service in a FHT*

Jennifer Brooks, Joan Li, Charlene Antony, Harkiran Mallhi



#### Best Poster

*Watchful Waiting in Acute Otitis Media at the Garden City Family Health Team*

Kelly Snowden, Jennifer Robert, Whitney Dillon, Kayleigh Hagerman

### Resident Site Leadership Awards

#### Brampton

Avni Mehta

#### CBRT

Samyuktha Adiga

#### Grand Erie Six Nations

Derek Gateman

#### Halton

Lucy Horvat

#### Kitchener-Waterloo

Claire Harlick

#### McMaster Family Practice

Lauren Scott

#### Niagara

Whitney Dillon and

Kayleigh Hagerman

#### Rural

Mercedes Rodriguez and

Christopher Kapusta

#### Stonechurch Family Health Centre

Danielle Major

### Ben Finkelstein Award

Graham Cummins

### Ted Evans Scholarship

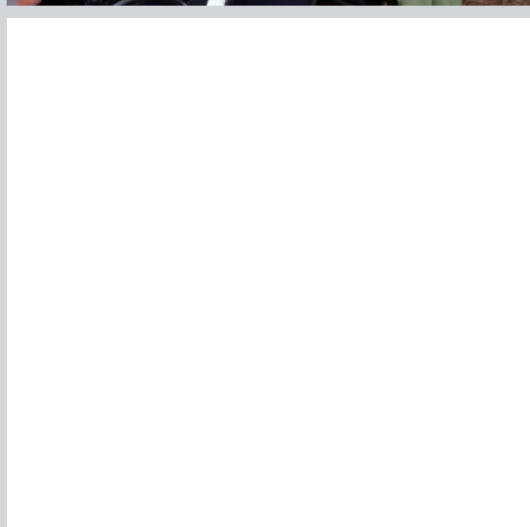
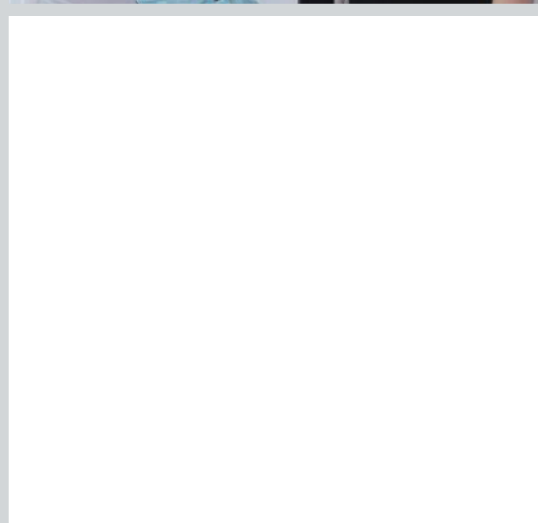
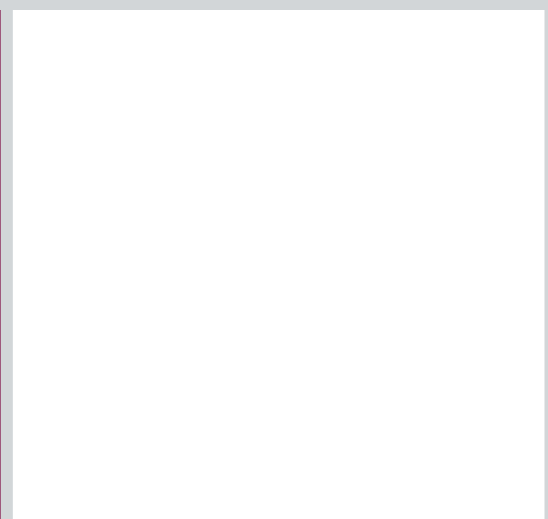
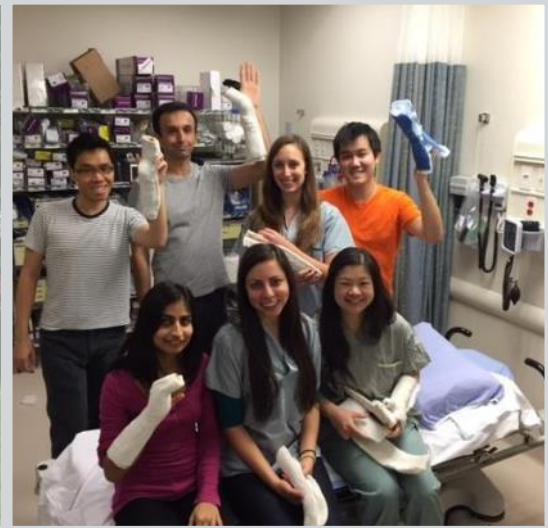
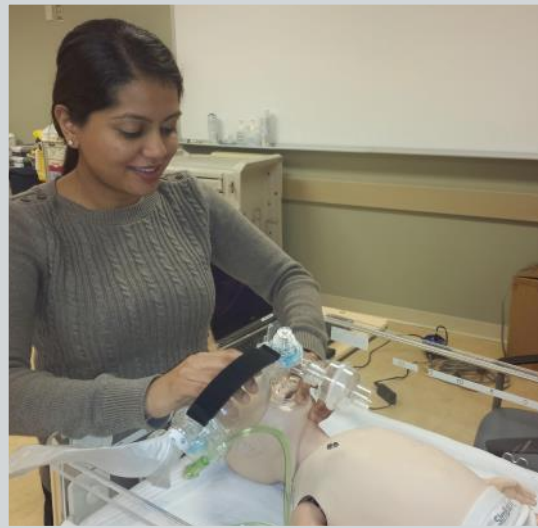
Avinash Ramsaroop

### Resident Leadership Award

Derek Gateman



Dr. David Price presents the  
**Gerry Cohen Teaching Award** to Dr. Mel Cescon





	PGY1*	PGY2*
<b>Hamilton</b> <i>McMaster Family Practice, Stonechurch Family Health Centre, CBRT</i>	40	40
<b>Kitchener-Waterloo and Area</b>	17	17
<b>Rural Stream</b> <i>Collingwood, Fergus, Grimsby, Mount Forest, Owen Sound, Simcoe</i>	12	12
<b>Brampton</b>	10	10
<b>Halton</b>	8	8
<b>Niagara</b>	8	8
<b>Grand Erie Six Nations</b>	5	5

\*CaRMs match numbers. Resident count can change throughout the year due to leaves or off-cycle residents

## Stonechurch Family Health Centre



- Stonechurch family doctor Henry Siu is leading the new pilot project **MedREACH** (Medical Rapid Education and Assessment for Complete Health). A partnership of Hamilton Health Sciences, Hamilton Family Health Team and McMaster Family Health Team, MedREACH proposes a new model of enhanced case management for medically complex patients, augmented by timely, integrated access to diagnostic and specialist care.
- The *Come ask me* initiative was started. This is a weekly drop-in for patients to ask questions of our System Navigator about a number of issues, including available community resources.
- We are now offering an IUD clinic to women in our community who are not rostered with our clinic. This service is being provided as there is a gap in providers who can offer this service.



## McMaster Family Practice

- We successfully moved, with minimal impact to patient care, to the new David Braley Health Sciences Centre and co-located with the Maternity Centre of Hamilton. **Over 800 new patients have joined our clinic since moving to downtown Hamilton.**
- We are continuing to develop new approaches to care for aging adults through the Department's Health TAPESTRY program and caring for people with complex health needs through Health Links.
- We are excited to further develop the educational, clinical and research partnership with the City of Hamilton Public Health.





## Hamilton - CBRT

- We welcomed two new faculty preceptors to the CBRT family: Dr. Jason Profetto and Dr. Steve Cusimano, who both have a tremendous breadth of experience to share with our residents.
- Dr. Nathalie Adabachi (PGY2) travelled to Kathmandu to complete a Global Health elective. While in Nepal, she worked in one of their rural hospitals in the Annapurna district doing inpatient care, OB and acute surgeries with a local family physician. Dr. Adabachi was the first Canadian resident to participate in the PAHS program to help Nepal develop a strong PBL curriculum.



## Kitchener-Waterloo

- Our Centre for Family Medicine (CFFM) Memory Clinic training program is now established in over 70 primary care settings across Ontario. Family medicine residents from multiple universities are now being trained in this model.
- The CFFM's eHealth Centre of Excellence, led by site graduate Dr. Mohamed Alarakhia, was recognized with a **LEADing Practice Award** by Canada Health Infoway and Accreditation Canada.
- 70% of recent graduates are remaining at local practices or hospitals.

## Rural Stream



- Family medicine-based Care of the Elderly rotation implemented in Owen Sound, Mount Forest and Fergus.
- We have successfully integrated a Rural Stream IMG resident into practice at Mount Forest site.
- Enhanced the Simulated Medicine Days experience for rural residents and preceptors by hosting them at the McMaster University Centre for Simulated-Based Learning.



## Brampton



- Our Obstetrics and Gynecology program has developed new academic opportunities to teach both antenatal care and gynecology within the PGY1 two-month rotation and in teaching sessions throughout the year.
- In addition to continued support for the Department's partnership in Banda Aceh, Indonesia, we are increasingly partnering with William Osler Health System on their global health initiatives.
- 75% of recent graduates (who are not pursuing additional training) are staying local to practice.

## Halton



- We relocated to the beautiful new Halton McMaster Family Health Centre near Joseph Brant Hospital in Burlington. The new, dedicated educational space allows for even more locally delivered teaching sessions.
- Our new space has allowed for an expansion of the site's faculty development program, with plans to expand it further as the result of feedback.
- Best wishes to faculty member and QA supervisor Dr. Graham Swanson on his retirement.

## Niagara



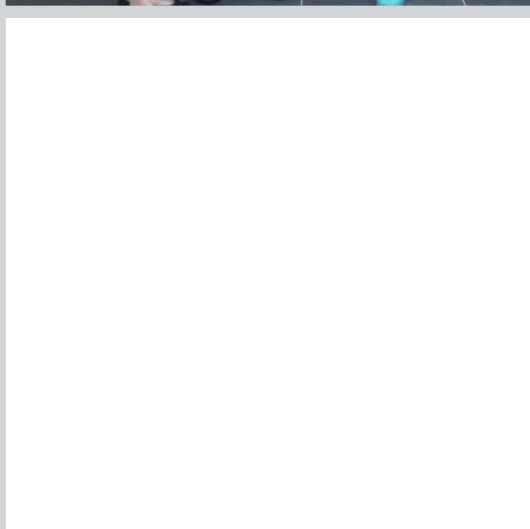
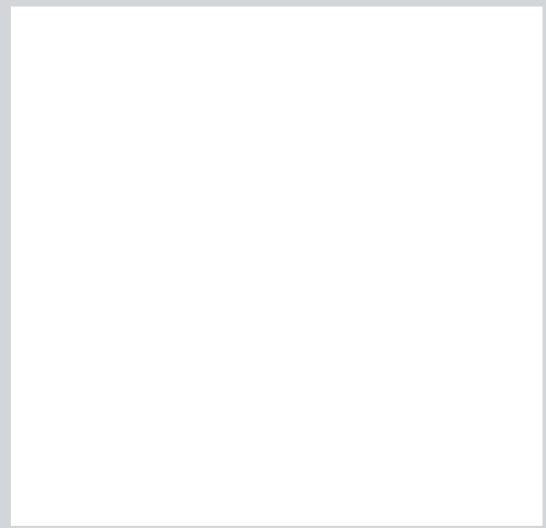
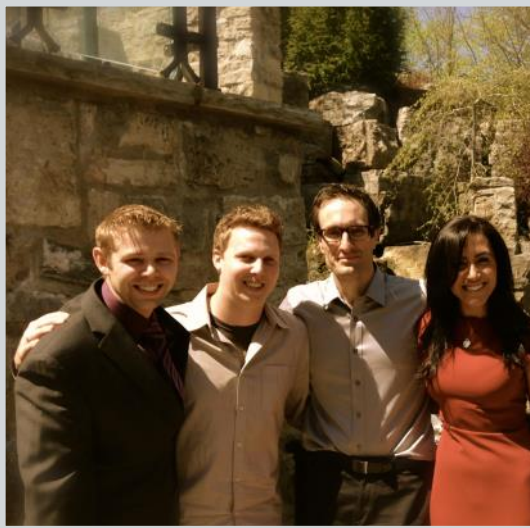
- We achieved our first accreditation in 2015!
- CaRMS applications to Niagara grew to 460 from 30 in our first year.
- Rolled out a new pediatrics program alongside the development of a new CTU at Niagara Health System, St. Catharines. The program has been overhauled with the help of dedicated Pediatric teachers to include didactic teaching, and more fulsome inpatient experiences.
- 60% of 2015 graduates are staying local to practice.



## Grand Erie Six Nations

- Our first cohort of residents graduated this year!
- Our site's simulation lab is now functioning and two of our faculty members have become certified simulation instructors.
- We have implemented Wednesday noon hour rounds which have been well-attended.
- We have expanded into Norfolk County, with a full-time resident being placed with a preceptor in the town of Simcoe.





## Emergency Medicine



Our CCFP Emergency Medicine Class of 2014 residents received a 100% pass rate in the Examination of Special Competence in Emergency Medicine (September 2014)



144 Class of 2015 core clerks completed a four-week clerkship rotation consisting of a one-week lecture series and three weeks of clinical work in Emergency Departments.



CCFP Emergency Medicine Class of 2015 graduated seven residents who have all become Emergency Staff Physicians.



Our Class of 2015 residents attended EDE Bootcamp in Brantford. Faculty member Dr. Greg Hall structured the Bootcamp and ensured our residents were IP Certified in bedside Ultrasound by the end of weekend.

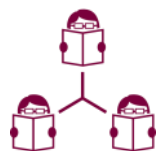


CaRMS 2014 saw the addition of community positions. A resident position was allocated Kitchener-Waterloo and Niagara. These PGY3 residents will spend part of their training time in the community settings.

## Palliative Care



Our PGY3 palliative medicine residency program was conjointly accredited by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada in April 2015. The surveyors recommended that our program receive full approval with regular review in six years - the highest recommendation available!



The Division of Palliative Care launched an exciting new book reading project called *Death: Something to Talk About*. Building on concepts of health-promoting palliative care, this project selected and promoted three books around the themes of death, dying, bereavement, and loss.



Totals for palliative care block electives were 20 undergraduate MDs and 101 postgraduate.



After a successful phase one of the **i-GAP** - *Improving Advance Care Planning (ACP) in General Practice* - study (800 patients enrolled from 18 family practices), we are preparing for the active implementation of ACP in primary care practices in 2016.



Jeffrey Simpson, national affairs columnist for *The Globe and Mail*, delivered the Annual Lecture in Palliative Care on the topic "The Cost of Dying in Canada"

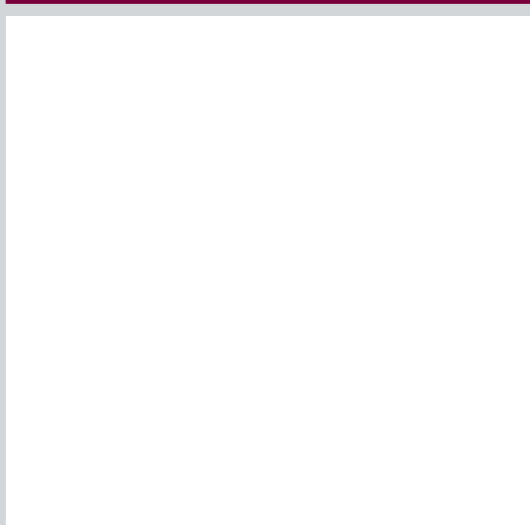




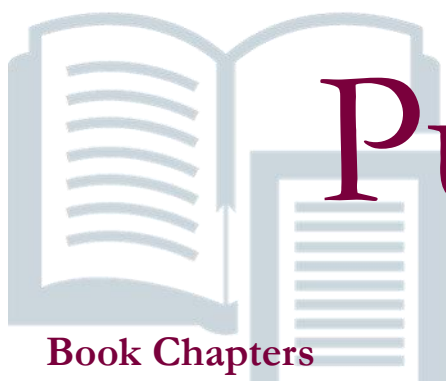
# Publications and Funding



# Research Appendix







# Publications

## Book Chapters

Streiner DL, Norman G, **Cairney J**. (2015). *Health Measurement Scales: A practical guide to their development and use*. 5th Edition. Oxford UK: Oxford University Press.

**Cairney J**. (Editor). (2015). *Developmental Coordination Disorder and Its Consequences*. Toronto: University of Toronto Press. Authored Chapters: Cairney J. Chapter 1: Developmental Coordination Disorder and Its Consequences: An Introduction to the Problem; Cairney J. Chapter 3: Developmental Coordination Disorder, Physical Activity and Physical Health: Results from the PHAST Project; Veldhuizen S, Cairney J. Chapter 7: Methodological Issues in Field-Based DCD Research: Case Identification and Study Design; Cairney J. Chapter 9: Final Reflections

## Peer-Reviewed Journals

Adams P, Carter A, **Redwood-Campbell L**. Understanding attitudes, barriers and challenges in a small island nation to disease and partner notification for HIV and other sexually transmitted infections: a qualitative study. *BMC Public Health*. 2015;15:455. doi:10.1186/s12889-015-1794-2

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Alabousi M, Alabousi A, Ambeault N, **Riva JJ**. Efficacy of inhaled corticosteroids for patients with asthma: a descriptive review of randomized controlled trials. *University of Ottawa Journal of Medicine (UOJM)* 2015; 5: 41-50

Arbour-Nicitopoulos K, Duncan M, Remington G, **Cairney J**, Faulkner G. Development and reliability testing of a Health Action Process Approach inventory for physical activity participation among individuals with schizophrenia. *Frontiers in Psychiatry*. 2014;5:68. doi: 10.3389/fpsy.2014.00068. eCollection 2014

Bainbridge, D., Brazil, K., D., Krueger, P., Ploeg, J., **Taniguchi, A**, Darnay, J. (2014). Measuring horizontal integration among health care providers in the community: An examination of a collaborative process within a palliative care network. *Journal of Interprofessional Care*. Early Online Nov 24:1-8

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Burden AM, Gruneir A, **Paterson JM**, Cadarette SM. Examining exposure misclassification of oral bisphosphonate therapy and the associated fracture risk: a cohort study. *Adv Pharmacoeconomol Drug Saf* 2015; 4:4

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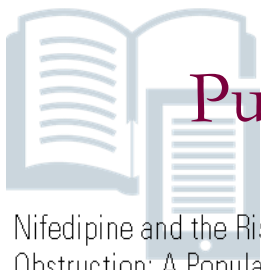
**Cairney J, Kwan M**, Veldhuizen S, Faulkner G. Who uses exercise as a coping strategy for stress? Results from a national survey of Canadians. *Journal of Physical Activity & Health*. 2014;11(5):908-16

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**Lee L**, Heckman G, Molnar F. Frailty: Identifying elderly patients at high risk of poor outcomes. *Can Fam Physician*. 2015; 61: 233-239

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Martin-Misener, R., Donald, F., Wickson-Griffiths, A., Akhtar-Danesh, N., Ploeg, J., Brazil, K., Kaasalainen, S., McAiney, C., Carter, N., Schindel-Martin, L., Sangster-Gormley, E., **Taniguchi, A** A mixed methods study of the work patterns of full-time nurse practitioners in Canadian nursing homes. *Journal of Clinical Nursing*. 2015;24(9-10):1327-1337. doi:10.1111/jocn.12741. Epub December 19, 2014

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# Funding Received

**Lee L.** Betty Havens Prize for Knowledge Translation in Aging. Canadian Institutes of Health Research. July 2015- July 2015 (\$20 000)

**Agarwal G, Angeles R, Redwood-Campbell L, Dolovich L,** Agrawal S. Choice of Diabetes risk assessment tool in low and middle income countries (LMICS). Department of Family Medicine Pilot Funding for Community Physicians, McMaster University. June 15, 2015 – June 30, 2016. (\$5000)

**Chan D, Mangin D, Siu H, Price D, Howard M,** Colwell K. The eDosette Study – Optimizing Medication Use and Safety in Community Dwelling Seniors. Technology Evaluation in the Elderly (TVN). 1 Year. (\$20 000)

**Chan D, Price D,** MacDonald M. MyFood- Health Tapestry App- an eHealth intervention for dietitian supported assessment and self-management in a Family Health Team. Department of Family Medicine Pilot Funding for Community Physicians, McMaster University. June 15, 2015 – June 30, 2016. (\$5000)

**Dolovich L,** Cristobal F, **Angeles R,** Kaczorowski J, **Agarwal G,** Arciaga R, Barrera J, Jalani, N, Thabane L, **Guenther D,** O'Reilly D, Smith J, Stobbe K, Tobe S, Agbulos R, Fernando A, Halili S. Community Health Assessment Program in the Philippines. Canadian Institutes of Health Research- Institute of Population and Public Health and International Development Research Centre. (Team Grant - Implementation research in the prevention and treatment of type 2 diabetes in low and middle income countries). November 2014- October 2019.

(\$ 1,972,675.00 (CIHR: \$1,466,575.00, IDRC: \$506,100.00))

Oberlander TFA, **Mangin D,** Mintzes BJ, Daw J, Hanley G, Monk T, Puil L, Salzwedel D, Vedam S. Postpartum domperidone use to stimulate breast milk supply: do maternal and infant health benefits outweigh potential harm? A systematic review. Canadian Institutes of Health Research. June 2015 – May 2016. (\$100,000)

**Howard M** (PI), Elmslie T, Meuser J, **Grierson L,** Kotecha J. Family Physicians' approaches to assessing their practice performance: disseminating findings from continuing professional development research in Canada. Funding Agency: Canadian Institutes of Health Research - Planning and Dissemination Grant– Institute Community Support. July 2015 – May 2016. (\$9900)

Kaasalainen S, Hunter P, dal Bello-Haas V, **Dolovich L,** Froggatt K, Hadjistavropoulos T, Markle-Reid M, Ploeg J, Thabane L, van der Steen J, Volicer L. The Feasibility, Acceptability, and Effects of the Namaste Care Program for Residents with Advanced Dementia in Long Term Care. The Canadian Alzheimers Society. 2015-2017. (\$119,780.00)

**Kwan M, Cairney J.** (Standard Operating Grant, Insight Development Grant). Understanding Behavioural and Environmental Contexts of Young Adults Transitioning into University. Social Sciences and Humanities Research Council. 2014-2016. (\$74 304)

**Kwan M,** O'Reilly E, Lum I, Swartz R, Mack D. Understanding the relationship between lifestyle behaviours and health outcomes for individuals transitioning into an assisted living community. Department of Family Medicine Pilot Funding for Family Medicine Associates, McMaster University. June 15, 2015 – June 30, 2016. (\$4999.08)

**Redwood-Campbell L.** Using mixed methods to evaluate a gender-based violence prevention intervention in humanitarian settings in the Middle East and Africa. Enhanced Learning and Research for Humanitarian Assistance (ELRHA). September 2014 – December 2014. (\$17,000)

Richardson J, **Chan D.** Integrating Rehabilitation Principles into Interdisciplinary Self-Management- A Health Strategy for Chronic Disease and Aging. Health Research Foundation. 2015-2018. (\$200,000)

Sandu R, McAlister F, **Dolovich L,** Healey J, Brehaut J, Guirgus L, Bungard T, Tymchak W, Raggi P, Pretty S, Taylor M. Improving Stroke Prevention in Atrial Fibrillation through Pharmacist Prescribing: The PIAAF Rx Study. Canadian Stroke Prevention Intervention Network. May 1 2015- April 30 2018. (\$205,000.00)

**Siu H,** Hopkins J, **Miklea J, Price D, Chan D.** The Templogger Feasibility Study-Enabling automated, remote temperature monitoring of vaccine storage units using an internet enabled device. Department of Family Medicine Pilot Funding for Community Physicians, McMaster University. June 15, 2015 – June 30, 2016. (\$5000)





# Awards

National		
Early Career Development Award (2014)	The College of Family Physicians of Canada	Dr. Henry Siu
Bruce Halliday Award for Care of the Disabled (2014)	The College of Family Physicians of Canada	Dr. James Milligan
Janus CPD Grant (2014)	The College of Family Physicians of Canada	Dr. Michael Lee-Poy
C. Robert Kemp Palliative Care Grant (2014)	The College of Family Physicians of Canada	Dr. Diana Ahmed
Ian McWhinney Family Medicine Education Award (2015)	The College of Family Physicians of Canada	Dr. Nancy Fowler
Early Career Development Award (2015)	The College of Family Physicians of Canada	Dr. Naheed Dosani
Dr. Thomas Dignan Indigenous Health Award	Royal College of Physicians and Surgeons of Canada	Dr. Karen Hill
Best Oral Presentation	Advanced Learning in Palliative Medicine Conference Canadian Society of Palliative Care Physicians	Dr. Naheed Dosani
Best Poster Presentation	Advanced Learning in Palliative Medicine Conference Canadian Society of Palliative Care Physicians	Dr. Naheed Dosani
Provincial		
Family Practice of the Year (2014)	Ontario College of Family Physicians	McMaster Family Health Team
Bright Light Awards (2014) Team Collaboration in Patient-Centred Care	Association of Family Health Teams of Ontario	The Mobility Clinic, Centre for Family Medicine
Bright Light Awards (2014) Clinical Innovations in Comprehensive Primary Care	Association of Family Health Teams of Ontario	Adolescent Anxiety Group, McMaster Family Health Team

Bright Light Awards (2014) Founder of the Bright Lights Awards Program	Association of Family Health Teams of Ontario	Dr. John McDonald
Minister's Medal - Individual Champion	Ontario Ministry of Health and Long-Term Care	Dr. Linda Lee
Regional Family Physician of the Year - Region 3 (2014)	Ontario College of Family Physicians	Dr. Dale Guenter
Award of Excellence (2014)	Ontario College of Family Physicians	Dr. Judy Baird Dr. Anne Duvall Dr. Sanjeev Goel Dr. Robert Kerr Dr. Frank Martino Dr. James Milligan Dr. Doug Oliver
Regional Family Physician of the Year - Region 3 (2015)	Ontario College of Family Physicians	Dr. Dorothy Bakker
Regional Family Physician of the Year - Region 4 (2015)	Ontario College of Family Physicians	Dr. Lopita Banerjee
Award of Excellence (2015)	Ontario College of Family Physicians	Dr. Anita Grieg Dr. Karen Hill Dr. Anwar Parbatani
Carmelita Lawlor Lectureship Award in Palliative Care	Hospice Palliative Care Ontario Annual Conference	Dr. Denise Marshall
Glenn Sawyer Service Award	Ontario Medical Association	Dr. Inge Schabort
Best QA Project	Annual Scientific Assembly Ontario College of Family Physicians	Dr. Ashley Guttman Dr. Zein Faraj
<b>Local</b>		
Health Professions Educator Award	MSc. Health Sciences Education McMaster University	Dr. Allyn Walsh
John C. Sibley Award	McMaster University	Dr. Amanda Bell
Global Health Bursary	Rotary Club of Dundas	Dr. Nathalie Adabachi (PGY1)
President's Award for Distinguished Service	Hamilton Health Sciences	Dr. Alan Taniguchi
John Sweeney Award	St. Jerome's University	Dr. Donna Ward



Family Medicine Resident of the Year	Hamilton Health Sciences	Dr. Avinash Ramsaroop
Family Medicine Resident of the Year	St. Joseph's Health Care	Dr. Anna Dul
<b>Internal</b>		
The Jacqui Wakefield Mentorship Award	Department of Family Medicine	Dr. Cathy Risdon
Outstanding Research Paper	Department of Family Medicine	Dr. Linda Lee
Outstanding Research Mentor	Department of Family Medicine	Dr. Matthew Greenway
Outstanding Research Grant	Department of Family Medicine	Dr. Gina Agarwal, Dr. Lisa Dolovich, Dr. Ricardo Angeles, Francine Marzanek-Lefebvre and Melissa Pirrie
Outstanding Researcher	Department of Family Medicine	Beatrice McDonough
Chair's Award for Excellence in Service	Department of Family Medicine	Jennifer Longaphy
Chair's Award for Excellence in Leadership	Department of Family Medicine	Tracey Carr







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