



IMPACT

Report
2020-2021



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Chair's Message

The theme for this year's impact report is creativity, innovation and yes, "pivoting." You will find evidence of these attributes in every section, whether in education, clinical care, research, administration/finance, or in the improvements of how we care for our staff, learners and faculty members. Our ongoing efforts to enhance the education offered to our family medicine residents and undergraduate students in family medicine are featured. Our researchers continued to do the ground-breaking work to enhance care in the primary care landscape despite the challenges of working from home. Additionally, the research team was deservedly successful in obtaining grants to optimize clinical care for 2020/2021. Our clinicians and staff in the various teaching units and teaching practises provided exemplary care and led the way in optimizing that care whether in person or virtually. Members of our department were critical to both the design, implementation, and staffing of COVID-19 assessment and vaccination centres. We were at the forefront of policy decisions both locally and provincially with influence nationally and internationally.

Our staff showed incredible resilience in altering their work environments to be able to not only support the ongoing work of the department but to continue the spirit of innovation and creativity.

I am so proud of the work that we have, as a collective of extraordinary individuals, accomplished over the past year. While history will recognize this as the year of COVID-19, reading this report will show how we contributed to both our health-care system and education enterprise without pause. All of this was accomplished while contributing significantly to the local, provincial, and national COVID-19 response and is a testament to the talents, commitment, and energy of the individuals and groups that make up our Department of Family Medicine (DFM) here at McMaster University.



David Price
Chair and Professor
Department of Family Medicine

Our Purpose

Together we serve, teach, discover: Primary care for better health and a brighter world.

Our Values

These are the ideals which shape and guide our work and relationships when we are at our best.

Honouring

We are committed to honouring and respecting ourselves and others.

Creative

We practice creative and courageous inquiry and action.

Generous

We engage one another with generous interdependence.

EDI & Anti-Racism

The murder of George Floyd in June 2020 was a watershed moment, marking a boundary between “before” and “after” in ways very similar to the COVID-19 pandemic. The scope and extent of systemic and interpersonal racism was never news to racialized people. The social construct of “race” powerfully shapes human experience — but until June 2020, our department did not have a specific commitment to understanding and/or acting on that fact in a sustained and systematic way. George Floyd’s murder was also a wakeup call — a call to action and allyship in the service of justice, equity, and inclusion.

The COVID-19 pandemic transformed overnight how we taught our learners, cared for our patients, and engaged in scholarly collaborations. The worldwide pandemic of race-based injustice and hatred also set in motion a departmental transformation. The response in this first year has been diffuse and widely felt, fueled by a universal desire to “do better.” Individuals have taken the initiative to organize staff trainings, participate in advisory groups, start book clubs, examine hiring practices, make space for resident advocacy, and support and expedite curricular changes. We have made many intentional connections to anti-racism and anti-oppression resources within the Faculty of Health Sciences (FHS) and the broader university. This is not an exhaustive list. There are plans moving forward to hire dedicated expertise to facilitate and catalyze systemic changes. We are committed to inclusive representation, mitigation of the harms of racism, training physicians with cultural humility, and ensuring safe environments for learning and working.

This work is about sustained, persisting processes matched to measurable outcomes. Our efforts on the former have been unflagging — we will soon be in a position to name and prioritize the latter.

Indigenous Reconciliation

With the success of the Indigenous Teaching Through Art (ITTA) established, the Collaboration which led that project began work on a followup proposal — ITTA Part 2. The intent was to create another experiential opportunity to experience and highlight the resilience and strength of local Indigenous peoples. As that work was taking shape, the COVID-19 pandemic intervened and the project was suspended.

Other forms of shared work continued, including Indigenous Health curriculum for postgraduate residents, Indigenous-informed policy for the David Braley Primary Care Research Collaborative, and in-kind support for the emerging Indigenous Learning Lodge within the Faculty of Health Sciences. The resignation of Dr. Amy Montour, one of our inaugural Indigenous full-time faculty members, was a moment of loss and sadness for our department. Dr. Montour was generous with her teachings and inspired many with her compassion and advocacy — her work continues to have significant local impact and we look forward to future possibilities for collaboration.

The department is currently developing and implementing an Indigenous health curriculum in collaboration with Indigenous elders and faculty members and hopes to launch the program in the near future.



Dr. Joyce Zazulak, Dr. Amy Montour, Lorrie Gallant
Creators of the Indigenous Teaching Art (ITTA) Program

Remembering David Braley

Canada lost a champion of primary care on October 26, 2020. He was a friend, particularly to our department, having contributed nearly \$15 million over the last number of years. His gifts have been transformative. He leaves a legacy that includes an endowed chair, an award-winning building, and programs of research will be an enduring legacy to his belief that family medicine is a critical foundation of the health-care system. Mr. Braley was committed to improving the doctor-patient relationship, optimizing communication between primary care providers and their patients, and he fully embraced the model of interprofessional, team-based care.

David Braley and his wife Nancy Gordon created the first endowed chair in our department. The original chair holder was Dr. Cathy Risdon; Dr. Dee Mangin is the current recipient. Mr. Braley generously supported our Health TAPESTRY project and provided significant funding (\$10M) to enable us to build and relocate to the David Braley Health Sciences Centre in downtown Hamilton. He embraced the vision of a comprehensive, longitudinal family physician and always supported and encouraged our department to expand and strive to be the best that it could be. His leadership, through donations and support of our vision, were truly transformational. I can say, without a shadow of a doubt, that we would not be where we are today without the support and direction of Mr. Braley.

I have been privileged to have had countless conversations with David over the last 15 or so years. He was truly a wonderful human being — always challenging me to make our department the best we could be (and thus contributing to the reputation of the FHS). In spite of his success and his connections with Prime Ministers and Premiers, he never lost the common touch. He took such great pleasure in the renovated Rock Garden at the Royal Botanical Gardens — he viewed it as a community resource and was proud of the fact that his stimulus gift prompted so many thousands of donations from the citizens of Hamilton, Burlington, and beyond. He never failed to ask after my family whenever we spoke. He cared deeply for the employees in his many businesses and was always focussed on both mentoring the next generation and ensuring that the communities they worked and lived in were special places.

But beware the twinkle in his eye when he asked probing questions. He could see through a poorly thought-out proposal in less time than it would take me to articulate the proposal's first two sentences. I am going to miss bouncing ideas off him and being challenged to think differently and more broadly. Whatever was suggested to him had to be excellent, contribute to society, further the academic mission of the University, preferably be the largest/best in class and, oh yes, "how is it going to be sustainable or make money for the university or the department?"

Thank you, Mr. Braley, for your faith in us and your unwavering support. We promise to continue making a "Brighter World" through our work in the DFM.

David Price



Education

Postgraduate

The pandemic has altered the way we teach and work in family medicine. It put a spotlight on areas of clinical and academic need for enhanced training. We all learned to Zoom together for education, social events, meetings, and faculty development. Our administrative team maintained close connection and seamless operations working from home. There were many adaptations that occurred across our centralized program and individual sites.



Residents, preceptors, and administrators came together to face the challenges of moving to a virtual platform for academic rounds, didactic teaching sessions, and small group tutorials. Programs held regular town hall meetings to provide a valuable forum for discussing the rapidly changing COVID-19 and training landscape. Some of the simulation and procedural teaching was delivered virtually or modified to accommodate restrictions.

We developed additional curriculum sessions to equip residents for the new reality of family medicine. One of these additions was a four-part “glocal” curriculum developed by a group of faculty members and residents, focusing on the role of family physicians in disaster response. Other additions to the curriculum included equity in medicine, the use of virtual care, practice management (e.g., billing, physical distancing in office), family medicine systems leadership, and a historical comparison of pandemics.

In the early days of COVID-19, we made changes in clinical environments to minimize movement between clinic settings. These changes were made to prioritize both resident and patient safety. Our teaching sites

balanced the opportunity to provide virtual care, while maintaining the benefits of in-person, hands-on learning. Across all sites, we used an individualized approach to modify resident schedules for many reasons, including changes to rotations themselves, resident needs, and isolation requirements. These decisions were made through established program principles that prioritized resident education and competency development.

While we didn’t end up having many residents redeployed, there was a massive amount of planning in anticipation or redeployment multiple times throughout the pandemic waves. However, we did see our faculty members and family medicine residents step up and provide support in areas of need, including but not limited to internal medicine and ICU wards, long-term care (LTC) homes, providing care for refugees and homeless populations, and working at COVID-19 vaccination and assessment centres.



We introduced a new assessment platform within MedSIS, including an enhanced portfolio review dashboard and embedded the field note in the system. This upgrade provides the needed IT foundation for tracking and supporting resident competency progression. Our program underwent an internal review in May 2021, which noted strengths and areas for improvement. Work is underway across the sites and central program to understand and contextualize this feedback. We plan to develop and implement action plans that address areas for improvement in preparation for accreditation in January 2023.

Many activities came together to create a virtual CaRMS experience for 2021. We conducted virtual interviews, maintaining the Modified Personal Interview (MPI) style and maintained total number of interviews from previous years. To showcase our program virtually, we produced a professional video for each residency site, hosted six town halls for interested applicants, and six virtual exhibit halls for those invited to interview. These sessions were met with huge success, and we have been sharing this approach to other schools across the country.

There were some leadership transitions at the end of the 2020-2021 year. Dr. Tanveer Singh took over from Dr. Amy Montour as the Grand Erie Six Nations Site Director, and Dr. Alison Baker is the new Assessment Director, previously held by Dr. Joe Lee.

As with other areas across the department, we are engaging in work related to equity, diversity and inclusion (EDI). Our selection working group reviewed all selection materials, tools, and processes using an EDI lens to mitigate any bias.



Undergraduate

In March 2020, undergraduate (UG) medical learners were abruptly pulled from clinical learning environments and forced to pivot to virtual learning. Fortunately, family medicine (FM) clerkship was well prepared due to the asynchronous learning pathway that was created mere months before. Virtual platforms were honed seemingly overnight and Zoom meetings and teaching sessions became the norm. Several family medicine faculty members were involved in the development of education tools to support virtual supervision of undergraduate learners.

Although many things changed as the pandemic evolved, virtual patient care has not and UG is still grappling with finding enough preceptors who continue to see patients both virtually and in-person. This affects our ability to deliver elective opportunities, the critical early Family Medicine Exposure (FME) curriculum, and robust teaching opportunities across sites. Out of adversity comes opportunity and this coupled with the launch of curricular updates to the UG medical program including Transition to Clerkship (TtC) and Transition to Residency (TtR) has afforded opportunity to involve FM residents as teachers in novel ways. This includes teaching pre-clerkship medical students the fundamentals of case presentation and precepting in a revised FME curriculum using both faculty members and FM residents, which was extraordinarily well received, when run for the first time in spring of 2021.

FM clerkship core is now four weeks with a two-week TtR component that starts after all students have rotated through all core clerkships. This allows students the option to select opportunities for their TtR that appeal to their interests and showcase the breadth and collaborative nature of FM. New alliances have been forged between MacCare sites not previously taking students and many novel learning opportunities designed across all campuses including care of people who use drugs, palliative care, medicine on the fringe, rural-based care, musculoskeletal (MSK) collaborative, women's health, and obstetrics to name but a few.

The FM Boot Camp, run for the first time in 2019, will be re-designed to offer maximum, hands-on experience using our Enhanced Skills fellows, Emergency Medicine, and residents as we work closely with both the Electives and UG office to offer high-fidelity simulation.

One thing is certain: FM continues to lead in developing novel learning opportunities for students, collaborating with our colleagues across all three campuses, and MacCare communities.



Teaching Sites

Brampton

As with all other programs, our Brampton and area residents and faculty members have been working extensively to serve the needs of our community amid this pandemic. Peel was significantly affected by the pandemic as an epicentre of infection, given the number of essential care workers.

At the end of this recent academic year, one of our long-time faculty members, Dr. Praveen Bansal, relocated his practice to Oakville, thus no longer serving as a preceptor at our site. We wish him all the best moving forward, and we are hopeful that he will resume teaching for the Halton in the near future.

We would like to congratulate our 2021 award winners for their outstanding commitment and service to our teaching site.

Grand Erie Six Nations

The Grand Erie Six Nations site faced the challenges of the COVID-19 pandemic head on, similarly to all sites across McMaster Family Medicine. Our site was able to maintain our simulation curriculum through the advocacy and efforts of our Simulation Directors.

The site had a change in leadership with the stepping down of Dr. Amy Montour and our site Education Associate (EA) Samantha Hill. We welcomed Dr. Tanveer Singh into the role of GE6N Site Director, along with Natalie Graham as the site EA.

The site continues to iterate on its curriculum and is focused on the ongoing incorporation of Indigenous health and cultural safety throughout the residency experience. We are also working to better incorporate quality improvement principles into the ongoing development of local curriculum and learning experiences for residents.



Halton

Preceptors and residents in Halton have navigated the balance of in-person and virtual care, prioritizing in-person appointments for learners so they can continue seeing patients and developing their skill sets. Our simulation-based learning has continued through the pandemic, again with a little alteration into smaller groups and virtual program delivery.

This year, we are very happy to have introduced several new preceptors into the Halton family. A warm welcome to Dr. Abiola Fajobi, Dr. Sarah St. James, Dr. Lesley Leung, and Dr. Kristianna Martiniuk. It is wonderful to expand our program and offer a wider variety of learning experiences.

We have also been working to expand program offerings. This year, we have expanded our Emergency Medicine rotation to include Milton District Hospital. A new and enthusiastic group of preceptors were very excited to teach our PGY1s. We also have begun offering a Hospitalist Medicine rotation as an elective opportunity for PGY2s hoping to pursue this in their careers.

We had a lot of engagement from our local residents during the CaRMS process. We filled all our positions on the first iteration and were delighted to see how many learners wanted to come experience our program in Halton.

The Halton program is looking forward to the new academic year and the reintroduction of our Obstetrics and Gynecology rotation at Joseph Brant Hospital. Our amazing colleagues in that department have entirely overhauled the learning experience, which we hope will better fulfill the learning needs and goals of our residents.

Hamilton

Spurred by the ongoing COVID-19 pandemic, education innovation continued at an unprecedented rate in Hamilton, highlighting the creativity and adaptability of our staff, faculty members, and learners.

Dr. Cindy Donaldson has continued to lead with creativity in her role as the Faculty Development Coordinator. We offered virtual lunch-and-learn sessions on a regular, program-wide basis.

We strengthened partnerships with hospital- and community-based partners as we responded to rapidly changing health care needs in the community. This included physician and nursing support to those experiencing homelessness, addiction, mental health concerns, and COVID-19. Residents participated in Co-RIG Extended Primary Care COVID@Home, faculty members supported a new satellite health-care facility for those awaiting LTC placement, and both contributed to patient care in LTC facilities.

The Community Based Residency Training (CBRT) hosted a successful annual retreat for faculty members and staff, focusing on uncertainty in clinical practice.



McMaster Family Practice (MFP) welcomed three new community physician educators: Drs. Rohini Kumar, Rhythm Shah, and Gregory McGill. Dr. Lynda Redwood was awarded a new leadership role as Director of Global Health in postgraduate medical education (PGME) at McMaster. Dr. Tejal Patel and Andrea Pansoy facilitated anti-racism workshops and communities of practice, while resident doctors Anjali Menezes and Shayna Henry led anti-racism work across PGME and started Racialized Residents at McMaster (RRAM). With support from the Global Health Rotary Award, the resident-led multidisciplinary Green Team was established and active in prescribing nature, patient/provider education, and reducing the clinic's carbon footprint.

Stonechurch Family Health Centre (SFHC) welcomed Dr. Amie Davis and Dr. Suzanne Turner as full-time faculty educators. The unit maximized resident clinical exposures, prioritizing in-person patient encounters for residents while pivoting to virtual care when necessary. Consultant dermatology clinical experiences and monthly rounds were re-introduced, led by Dr. Stephanie Nantes. We established new consultant rheumatology clinical experiences and monthly rounds and maintained those for sports medicine. The unit expanded its robust inter-disciplinary, horizontal, half-day clinical experiences, which was standard for incoming first-year residents but became a welcome horizontal half-day for second-year residents as well, when travel between clinical sites was limited by pandemic restrictions. Residents spearheaded an outreach initiative of telephone check-ins with frail, older adult patients during lockdown periods. Residents developed the SFHC Resident Wellness Committee to promote connection, support, and fun.

Kitchener-Waterloo

The faculty members, staff, and resident learners of the KW and Area Family Medicine program can be very proud of how they all responded to the challenges of this past year. Our teaching sites took advantage of the opportunity to provide virtual care, while at the same time maintaining the benefits of in-person, hands-on learning.

The academic program shifted seamlessly to virtual learning, continuing to provide high-quality education in our academic rounds, MHBS, and Inquiry programs.

Residents and faculty members stepped up and volunteered to be redeployed to support the pandemic response, including COVID-19 wards and other areas of high need, such as refugee care, homeless outreach, and LTC facilities in the community.

The COVID-19 vaccination clinic at our Health Sciences Campus delivered nearly 80,000 vaccines to area

residents through a partnership between the School of Medicine and the School of Pharmacy.

We continue to be fortunate with our CaRMS matching results and have welcomed another cohort of strong FM learners to our area.



Niagara

This has been a year of change and transition. Our residents and faculty members adapted to a major change in curriculum from integrated (splitting their time between family medicine and specialties) to block programming (one specialty at a time) to accommodate COVID-19 protocols. We hope to resume our integrated curriculum in January 2022, COVID-19 permitting.

Many residents stepped up to provide virtual care for people in homeless shelters during the early months of the pandemic, while others provided flu shots for the homeless population. An ongoing legacy of this work will be the launch of a resident on-call program serving people in the Safe Injection Site, launched in July 2021.

We collaborated with local Indigenous leaders to create an Indigenous curriculum. This combines what residents want to know with what Indigenous people want their doctors to know. This is evolving and will adapt as our department-wide Indigenous curriculum develops.

We experienced a number of transitions at our site. We welcomed a new faculty development lead, Dr. Nagham El-Houssein. The role of Assistant Site Director was created, and Dr. Ehab Wassif has stepped into the role. Our new InQuiry faculty are Dr. Jennifer Mueller, Dr. Mary Keith and Dr. Sarah Ollier. Both Dr. El-Houssein and Dr. Ollier are graduates of the Niagara site. We said goodbye to Laura Cousineau, our site admin who accepted a career growth position with DFM central and welcomed Tammy Keeler, our new site EA.

Rural Stream

Like all sites, COVID-19 threw our programs some significant curve balls for which we responded in kind to keep the residency learning experiences on par with pre-COVID times. Virtual care was thrust upon us and will likely lead to a significant change in our model of primary care teaching model moving forward. With acute care being a key component of our training program, face-to-face patient exposure was maintained and, for the most part, enhanced our residents' learning throughout all sites.

Rural retreats were done virtually and well received. Our education sessions focused on curriculum development of practice areas not frequently encountered at our sites.

We managed to continue offering the SCORE simulation program both virtually and in-person for residents, providing hands-on, acute care opportunities, thereby enhancing our residents' formative rural practice exposures and capacities.

CaRMS was also challenging, but we had great support from our residents, site leads, and preceptors participating in virtual town halls to promote our rural sites and program. Continued emphasis on undergraduate exposure in rural sites to garnish interest and awareness of comprehensive care will be key to our promotions moving forward.



Divisions

Palliative Care

The Division of Palliative Care and its members responded rapidly and imaginatively to the needs imposed by the COVID-19 pandemic this past year. Division members — physicians, nurses, social workers, chaplains, educators, and researchers alike — put in many extra hours under difficult conditions to care for patients, create updated clinical guidelines, pivot education to virtual learning, and undertake research.

The pandemic highlighted the importance of palliative care and the need for healthcare providers across many different settings and professions to acquire core palliative care competencies. This led to additional offerings of palliative care workshops and the development of new clinical guidelines to enhance primary-level palliative care capacity. Led by Dr. Anne Boyle and Dr. Jose Pereira, we published the first set of guidelines to manage end-of-life symptoms resulting from the COVID-19 virus in April 2020. A team lead by Dr. Brian Kerley, Dr. Lana Tan, and Dr. Denise Marshall developed guidelines with an accompanying video on how to don and doff PPE in the home; this work was highlighted in the *Annals of Family Medicine*.

A strong partnership was established with Pallium Canada to deliver online LEAP courses and to rapidly develop and deploy virtual offering of McMaster's three-day course and annual Innovations Day (which this year focused on quality improvement). This work was led by Kathleen Willison and the Division's continuing education team.

Our undergraduate team, led by Dr. Hun-Je Park and Dr. Jeffrey McCarthy, made great progress in creating new opportunities for medical students to learn about palliative care. Our traineeship program, led by Dr. Denise Marshall, expanded with four practising clinicians applying to upgrade their palliative care skills.

Dr. Erin Gallagher, our education in FM residency palliative care lead and community palliative care consultant, led a community of practice of division members working in community settings across McMaster's catchment area. The group shared insights about responses to the pandemic. Among others, this resulted in a publication on palliative care medication shortages. The division helped create a palliative care resource for community family physicians.

Our research enterprise expanded under Dr. Michelle Howard, our research lead. We activated our research strategic plan and hired a research coordinator. Dr. Abby Maybee, the division's palliative care resident, won the Best Scholarly Project Award from the Society of Canadian Palliative Care Physicians.

Importantly, a close collaboration between the leadership of the DFM and the Department of Medicine is ensuring one strong palliative care division at McMaster, hosted within DFM.

Finally, all this fine work could not have been done without the dedication and professionalism of our two administrative assistants, Clareen Akshinthala and Tracy MacKinnon.

Emergency Medicine

The past two years have been eventful and unique to say the least. Despite the challenges, all faculty members have risen to the test. Dr. Alim Nagji is the new Clerkship Director. He had the “opportunity” to convert the curriculum to a virtual one, not once but twice. Dr. Kevin Dong is the new Continuing Professional Development Director for the Tri-Division Emergency Medicine faculty. The past year Dr. John Opie and Dr. Raj Vadera implemented a new and simplified practice plan that will be trialed for one year. Faculty members continue to increase their research output and involvement. Several are involved with the COVID@Home project. Other recent authors are Dr. Robert Baraniecki, Dr. Farhan Pervaiz, Dr. Kevin Dong, Dr. Alim Nagji, Dr. Lorraine Colpitts, Dr. James Beecroft, Dr. Gregory Rutledge, and Dr. Erich Hanel. Dr. Joanna Mahn was instrumental in publishing the Mentorship Playbook.

Core Services

“Core Services” evolved from “administration” to acknowledge the central and foundational roles that the Chair’s Office, Faculty Relations, Finance, Human Resources (HR), IT, and Communications fulfill across the department. While administration is also a vital function, it is embedded in all domains (e.g., Research, Education, Health Services), whereas Core Services are centralized, specialized functions serving all. The pandemic highlighted the importance of this team’s mission-critical work.

As COVID-19 remote work policies continued throughout the year, Core Services embraced the challenge of sustaining all functions while transitioning and working off-site. This meant continuously adapting processes, adopting new collaboration tools, exploring different ways of staying connected, and completely reimagining an area of work or event. The “can do” spirit of the Core Services team enabled us to learn and experiment things we may not have otherwise tried, while acknowledging loss of opportunity to experience a shared workspace.

This year also brought a notable change in our department’s HR after years of advocacy with FHS and the University. Our department has grown greatly over the past decade and now exceeds 250 staff. This volume of HR activity exceeded our capacity and processes were fragmented with our HR staff limited in what they were authorized to do. It was with gratitude, relief, and excitement that we became the first department in FHS to implement an embedded “Human Resource Partner,” a joint role between FHS and our department with the full authority of an HR professional within the University.

It is a testament to our Core Services team that FHS and other departments look to our mission-integrated and service-oriented teams as examples of innovation and excellence. Indeed, this is a fabulous, forward-thinking, and dedicated team anchoring the department’s success!

Faculty Relations

While working from home this past year, we have continued to serve our faculty members without interruption. The in-person Spring Retreat was transitioned to a series of virtual presentations that were delivered via Zoom and stored on the Faculty Portal. The Portal unites faculty members across multiple sites by providing access to learning modules, teaching resources, faculty development information, and more. To support a seamless onboarding experience, we developed new faculty orientation packages with important information about the department and faculty role(s). We launched a mentorship program for our full-time faculty members with plans to roll out to all faculty members. We continue to work on our faculty database and communication strategies to support comprehensive information gathering, including awards and recognition, contact information, teaching and research interests, and more. We look forward to continuing to build and strengthen our relationships with all our faculty.



McMaster Family Health Team

This year, our focus was on balancing the needs of the community in response to the pandemic with the ongoing primary health care needs of our patients.

We remained open to our patients for in-person care and provided telephone and virtual visit options. We adapted our clinics to meet infection control standards including screening, plexiglass, masking, PPE, and distancing where possible to ensure patient and staff safety in the provision of care.

The McMaster Family Health Team (MFHT) partnered with other health care organizations to support the Hamilton COVID-19 response, including testing and vaccination efforts. In partnership with the Hamilton Family Health Team, we ran a drive-through COVID-19 testing site to provide community-based testing to over 50,000 individuals. Our leadership team was heavily involved in helping with city-wide efforts for all vaccination clinics and have been running a community-based clinic at the David Braley Health Sciences Centre. We supported our own patients with in-house testing and vaccines, including home visits for our homebound patients.

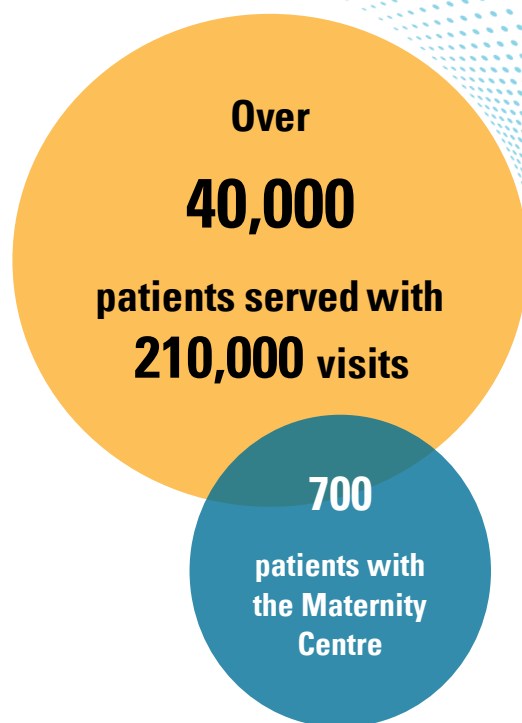
Clinicians developed the COVID@Home clinical pathway to provide care and monitoring for patients with mild-moderate COVID-19. The open access clinical pathway and electronic medical record (EMR) templates were made available to health care providers through HFAM.ca and rolled out by

Ontario Health as the standard of care, supported by Ministry-funded pulse oximeters.

The Maternity Centre continued to offer in-person prenatal care throughout pandemic. We worked closely with St. Joseph's Health Care to manage safe delivery, post-partum and newborn care in hospital. Clinicians with the Maternity Centre supported the COVID@Home program to ensure health of pregnant patients and their babies through intensive monitoring, education, and support for our COVID positive pregnant patients.

The Program for Substance Use in Pregnancy (PROSPR) has continued to grow in numbers and connections with key stakeholders in the city to provide care for pregnant individuals who use drugs. In collaboration with the Addiction Medicine Service at St. Joseph's Hospital, we have expanded the program to include inpatient prenatal stabilization care, called iPROSPR. With iPROSPR, we hope to bridge the gap from acute inpatient hospital care to long-term supportive community care at our PROSPR clinic.

We introduced several eHealth updates that allowed our team to maintain a high standard of virtual care. We launched WELL's Virtual Clinic+ (VC+), a web-based, virtual-care platform integrated with OSCAR that facilitates video and telephone encounters with patients. We enhanced OSCAR to allow proper documentation of patient consent and implemented Ocean



eReferral, a secure real-time referral process.

Our Interprofessional Healthcare Team continues to grow with over 40 allied health, nurses, and physician assistants as part of the FHT team.

The FHT has been involved in the ongoing work with the Greater Hamilton Health Network (GHHN). The GHHN is one of 42 Ontario Health Teams in the province that is transforming local health care in partnership with patients, families, care partners, primary care, local organizations, and the community. MFHT participates as one of the primary care partners on the GHHN Partnership Council, as well as having a leadership role in the Primary Care Governance group. Our hope is this collaboration with broader community partners will enhance care to our own patients and extend population health focused care to more people in our community.

Research

Despite the restrictions on in-person research, 2020-2021 was a highly productive year for research projects at DFM. Teams found new ways to carry out their projects and many faculty engaged in COVID-19 related research projects.

After a brief pause, the [Team Approach to Polypharmacy Evaluation and Reduction \(TAPER\) program](#) led by Dr. Dee Mangin resumed recruitment in Ontario, Alberta and BC. New partnerships were formed to bring the TaperMD technology into long-term care and online. CIHR funding was secured for a related program looking at the epidemiology of multimorbidity and polypharmacy across Canada.

The [Vulnerable Individuals in Primary Care \(VIP\) Research Lab](#), led by Dr. Gina Agarwal, had a successful year and continues to build new partnerships. The VIP Research Lab has a portfolio of 13 active research projects in the areas of community paramedicine, vulnerable populations, Indigenous health, and global health.

iGAP, co-led by Dr. Michelle Howard, has wrapped up and [published an RCT](#) of The Plan Well Guide™, a serious illness decision aid. It was found that the guide may help substitute decision makers who are least prepared for their possible future role in making medical decisions on behalf of their loved one. Dr. Howard is also leading a research project investigating what happens to continuity of care at the end of life, using health administrative data from ICES.

Health TAPESTRY completed implementation in August 2020. Over 150 trained volunteers completed 2,900

home visits with just under 600 clients and generating 540 reports to their primary care teams that communicated information about their health and life goals. The team is now working to communicate findings in a series of manuscripts about the main results and a variety of other learnings.

The [Prevention of Error-Based Transfers \(PoET\) Project](#) is an ethics quality improvement project aimed to reduce consent-related errors in long-term care homes. Dr. Henry Siu is leading the evaluation, with 28 LTC homes enrolled, and data collected from 24 homes and 2077 residents.

The Second Heart Program, led by Dr. Robin Lennox, connects people who use drugs with a multidisciplinary team to manage their unique needs related to infective endocarditis. The study has begun recruitment and will assess whether this approach is feasible and effective.

Dr. Meredith Vanstone is leading a study examining how pregnant and lactating people make decisions about using cannabis. The team has completed two systematic reviews and qualitative interviews with 52 individuals. Several publications are underway.

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publications
involving our
researchers



The Canadian Patient Partner Study, co-led by Dr. Meredith Vanstone and Dr. Julia Abelson, aims to understand the emerging role of patient partners in all areas of the Canadian health system. They have completed a systematic review and nation-wide survey with several publications in progress. The final stage will involve qualitative interviews with patient partners and organizational staff.

Dr. Fiona Kouyoumdjian is leading a project in partnership with Correctional Services Canada (CSC) and the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) to develop a health surveillance system for people in federal prisons. Project implementation is underway, as well as development of a mixed methods study to gain understanding of the priorities of those who hold a stake in the future surveillance system and to support the collection of data to improve health and health care.

Dr. Doug Oliver is leading a study to improve living conditions and medical care in residential care facilities (RCF). DFM research staff conducted focus groups and interviews to capture the impact of these improvements and to gather input on the development of an improved comprehensive model of support for residents in RCFs across the city.

Dr. Lawrence Grierson continues to lead medical education research, including the Education Research Data Management Project, which held 5 online workshops to develop a consensus statement and framework for the harmonization of data quality standards in response to the Tri-Council proposed data management policy.

Dr. Joyce Zazulak, Dr. Amy Montour, and Lorrie Gallant are evaluating the Indigenous Teaching Through the Arts (ITTA) program which teaches clinicians and staff about residential schools in Ontario. A poster with preliminary findings from focus groups, interviews and questionnaires was accepted at Family Medicine Forum.

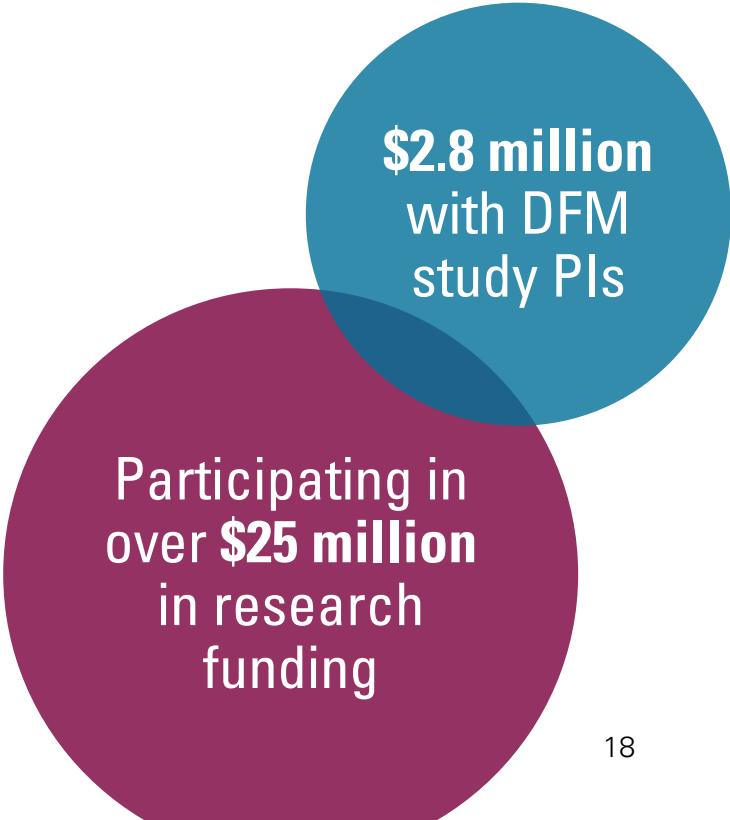
A number of faculty members responded to the pandemic by developing research projects to support primary care providers and better understand the experiences of some of the groups hardest hit by COVID-19.

Both Dr. Henry Siu and Dr. Dee Mangin received funding through the COVID-19 Pandemic Response and Impact Grant Program (Co-RIG) Phase 1, from the Foundation for Advancing Family Medicine.

Dr. Mangin and team led the development and pilot of a free open access clinical pathway for the care and monitoring of COVID-19 patients in the community using pulse oximeters. The pathway was adopted by Ontario Health and was rolled out to primary care practices across the province. This project received further funding from the Ontario Ministry of Health.

Dr. Siu and team developed a contact and monitoring pathway to help family physicians proactively identify older adults with frailty. The pathway supported patient assessment, including COVID-19 risks and overall mental and physical health and then helped link patients to the appropriate care and supports.

Dr. Robin Lennox led a qualitative and arts-based study with people deprived of housing to capture their experiences of COVID-19. Data analysis and manuscript development is underway, with hopes to host an interactive art installation to disseminate the findings.



\$2.8 million
with DFM
study PIs

Participating in
over **\$25 million**
in research
funding

David Braley Primary Care Research Collaborative

On September 30, 2020, the department launched the David Braley Primary Care Research Collaborative (PCRC). The virtual launch used a multi-pronged strategy that involved print, social media, web, and newsletters. The DFM, FHS, and the wider McMaster community were invited to participate by watching the PCRC and research impact videos which spoke to vision for the collaborative and told stories of current primary care research.

The PCRC launched with a \$4 million investment, seeded by a \$1 million donation from Hamilton businessman David Braley. This collaborative is the first of its kind in Canada, with the largest endowment supporting a research collaborative in primary care.

Through the PCRC, the department will bring together researchers, clinicians, educators, patients and community partners to strengthen primary care in Canada and across the globe through proactive research programs that identify and answer questions that matter to primary care patients, providers, and educators as well as activities to strengthen the understanding of the value of primary care.

Since the launch, staff and faculty members have worked to develop a toolkit that supports those interested in primary care research in developing research knowledge and skills. They are also working on a plan for developing a public/patient advisory group and a scholarship pathway that guides those new to primary care research, including students, clinicians, and faculty members through the journey of becoming a researcher in primary care.



Family Medicine



David Braley Primary Care
Research Collaborative



Awards

Thirty-two awards from national, provincial, and local associations, groups, and institutes.

National

Liz Shaw	Ian McWhinney Family Medicine Education Award, College of Family Physicians of Canada
Karl Stobbe	Certificate of Merit, Canadian Association for Medical Education
Keyna Bracken	Certificate of Merit, Canadian Association for Medical Education
Meredith Vanstone	Meridith Marks New Educator Award, Canadian Association for Medical Education
Sharon Bal	Glenn Sawyer Service Award, Ontario Medical Association

Internal

Dee Mangin	Jacqui Wakefield Mentorship Award
David Dec	Gerry Cohen Family Medicine Postgraduate Teaching Award
Dorothy Bakker	John C Sibley Award
Lynn Dykeman	Chair's Award for Excellence in Service
Morgan Black	James Morris Preceptor Award in Clerkship
Martine Lopez	Michelle Salfarlie Program Administrator Award, PGME
Heather Waters	Faculty Wellness Champion Award, PGME
Inge Schabort	PARO Teaching Award
Sanjay Agarwal	Judy Maynard Preceptor of the Year Award
Qamar Amin	Harmeet Bami Specialist Teacher of the Year Award

Resident Awards

Andrea Shanmugarajah	FM Leadership – Brampton
Muskaan Gurnani	FM Leadership – Grand Erie Six Nations
Daniel Gow	
Liz Liao	FM Leadership – Halton
Claire Bodkin	FM Leadership – McMaster Family Practice
Manvir Uppal	FM Leadership – Stonechurch Family Health Centre
Warren Stevenson	FM Leadership – Community-based Residency Training
Kaitie Hayes	FM Leadership – Kitchener-Waterloo
Lauren Wilson	FM Leadership – Niagara
Gillian Bedard	FM Leadership – Rural
Alex Pearce	
Andrea Shanmugarajah	Frank Martino Resident Leadership Award
Bethanie Berends	Brian Klar Resident Professionalism Award
Hasan Syed	Ben Finkelstein Award
Xyza Brual	Ted Evans Scholarship Fund
Samantha Yang	Kanwal Shankardass Care of Elderly Award
“Is There a Doctor on Board?” Simulation Training in Non- Traditional Clinical Settings Serena Arora, Jennifer McAlister, Tony Li, Peter Zhang	Overall InQuiry Project Award for Scholarly Achievement, College of Family Physicians of Canada
Claire Bodkin	Resident Scholarship Award, College of Family Physicians of Canada



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Agarwal G (PI), **Angeles R** (Co-I), **Pirrie M** (Co-I). Distribution of COVID-19 testing, infection and healthcare utilization amongst social housing residents in Ontario during the pandemic: a population-based cohort study of administrative health data. Ministry of Health: Ontario Health Data Platform. \$13,914.00. April 2021 to March 2023.

Agarwal G (PI), Kessomboon P (co-PI), **Angeles R** (co-PI), Thabane L, Chagla Z, Kessomboon N, Sripa B. Evaluating a community-based behaviour change communication model to prevent cholangiocarcinoma in Khon Kaen, Thailand. Canadian Institutes of Health Research, Health Systems Research Institute (HSRI) – Thailand. \$1,621,387.89. April 2021 to December 2026.

Agarwal G (PI), Thabane L, Dunn J, Johnston N, **Patterson JM**, Wyndham West M, **Pirrie M**, **Angeles R**. A retrospective cohort using multilevel modelling of administrative data to predict and prevent movement of low-income older adults from social housing into Long Term Care facilities: Development of the Keeping Low-income Older adults in Social housing hEalthy at home ('KLOSE') Tool. Canadian Institutes of Health

Research. \$75,000.00. April 2021 to March 2022.

Amster E. The Other is Me: Transvestism, Hybridity, and Cosmopolitan Identities in Colonial and Postcolonial North Africa. Social Sciences and Humanities Research Council – Insight Grant \$93,924.00. July 2020 to July 2025.

Apramian T, Gallagher E, Howard M. Theorizing quality improvement in advance care planning for family medicine residents. Physician Services Incorporated \$9,500.00. December 2020 to August 2021.

Arya N, Funk N, Sing S. PEGASUS IV: Migration, Climate Change and Sustainability. Social Sciences and Humanities Research Council – Connection Grant. \$20,000.00.

Barrett J (co-PI), D'Souza R (co-PI), **Agarwal G**, Alton G, Alvarez E, Apatu E, Bisnaire L, Boamah S, Bogler T, Castillo E, Cook J, Darling E, Dube E, Dunn J, El-Chaar D, Ellis S, Fadel S, Fell D, Iorio A, Katherine W, Kuret V, Lavis J, MacDonald S, Malhamé I, Poliquin V, Schwartz L, Scott H, Sprague AE, Sussman D, Thabane L, Walker M, Yudin M, DeFrance B, Downey B, Money D, Schoenfeld E, Vohra-Miller S, Wolfe S. Supporting Canadian Health Service Users with Decision-Making on COVID-19 vaccination during pregnancy and lactation. PHAC; Immunization Partnership Fund: Increasing Confidence, Acceptance and Uptake of COVID-19 Vaccine. \$500,000.00. 2021 to 2023.

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Cavanagh AM. Teaching Trauma: Supporting Canadian Trainee Physicians in Responding to Survivors of Sexual Violence. Canadian Institute for Health Research, Doctoral Research Awards. \$105,000.00. September 2020 to August 2023.

Chan T, Monteiro S, Sherbino J, **Grierson L**, Bayer I. McMaster health professions education research: A digital primer. eCampus Ontario - 2021 Virtual Learning Strategy. \$83,000.00. March 2021 to February 2022

Dunn J (NPI), Wyndham-West M, **Agarwal G**, Paez A, Patocs A, Alders G, Wauben Ine, Raina P, Outtrim A, Nhan V. Designing new futures: co-creating housing and support pathways for "aging in community" to reduce premature long term care intake. 2021 Labarge Catalyst Grant \$40,000.00. 2021 to 2022.

Gilchrist J, Leatherdale S, Benson L, **Kwan MYW**. Affective Adaptations During the Transition to University. Social Sciences and Humanities Council of Canada, Insight

Development Grant. \$75,000.00. 2021 to 2023.

Gomes T, Antoniou T, Bayoumi A, Caudarella A, Clarke H, Juurlink DN, Kolla G, Leece P, Mamdani M, **Paterson JM**, Sproule BA, Tadrous M. Opioid Drug Observatory: Generating evidence on the evolving opioid crisis to inform and evaluate drug policy and clinical practice in Ontario. Canadian Institutes of Health Research. \$1,002,152.00. April 2021 to March 2025.

Grierson L, Kulasegaram K, Chahine S, Archibald D, Wang P, Kirpalani A, Cameron E, Cain M, Hogenbirk J, Katsoulas E, Barber C, Touchie C, Bartman I, Johnston N, Chrysler L. Links in the chain: A data- driven approach to understanding the relationship between professional education and its outcomes. SSHRC Insight Development Grant. \$74,903.00. June 2021 to May 2022.

Hillis C (PI), Heddle N, Arnold D, Cook R, Khalaf D, Stanworth S, **Vanstone M**, Weibert K. Defining clinically important bleeding outcomes for clinical trials in hematological malignancies: perceptions of patients and health care providers. Canadian Institutes of Health Research. \$295,000.00. November 2020 to November 2023.

Hynie M, Agic B, Agarwal A, Ashraf A, Beukeboom C, Diaz M, Sherrell K, JMcKenzie K, Ahmad F, **Arya N**, Bayoumi A, Bokore N, Friesen C, Hyndman J, Ives N, Jaimes A, Kuo B, McGrath S, Alhjojo A, Al Jbawi A, Premachuk J, Rashid M, Starnino C. Promising Practices in Accessing Virtual Mental Health: Supporting Refugees during COVID-19. Canadian Institutes of Health

Research. \$158,061.00. July 2020.

Jones I, Holtz J, Mondoux S, Cook-Chaimowitz L, **Lennox R**, Chan T. Addiction Medicine in the Emergency Department: A Needs Assessment Survey of Emergency Medicine Providers. Division of Emergency Medicine Medical Student Research Award. \$1,000.00. October 2020 to October 2021

Kouyoumdjian F (PI), Elwood Martin R, Wheatley J, de Souza H, Worthington J, Keown LA, Korn E, Wong S, **Lawson J**, **Kwan M**, **Mangin D**, **Howard M**, Adamczyk K. Developing a national chronic disease surveillance system for the population in federal prisons. Public Health Agency of Canada Enhanced Surveillance for Chronic Disease Program \$822,263.00. November 2020 to March 2024.

Kwan MYW, Brown D, **Cairney J**, Kitchen P. Trajectories of physical activity and its impact of health among Canadians. Canadian Institute for Health Research, Operating Grant: Data Analysis using Existing Databases and Cohorts. \$86,157.00. 2020 to 2021.

Kwan MYW, Brown D, Munn C, Gillette J, Marshall T, McKillop J, Young M, Beaudette S, VanKoughnett S. Evaluating the Impact of Archway: A Guided, Personalized Program for 1st Year Students Success and Health and Wellbeing. Canadian Institute of Health Research, Operating Grant: COVID-19 Mental Health and Substance Use Service and Delivery. \$156,000.00. 2020 to 2021.

Kwan MYW, **Cairney J**, King-Dowling S, Timmons BW, **Price D**, Veldhuizen S, Wade T. CATCHing

up: A continuation of the Coordination and Activity Tracking in Children cohort study.

Canadian Institute for Health Research. \$726,749.00. October 2020 to September 2023.

O'Shea T (co-PI), Haider S (co-PI), **Lennox R**, Woodward K, Wiwcharuk J, Marek S, Cvetkovic A, Schwalm J. Hamilton Outreach HIV Treatment and Prevention Clinic. The Ontario HIV Treatment Network Game Changer Award - Breaking New Ground, \$199,920.00. February 2020 to February 2022.

Lapointe-Shaw L, Desveaux L, Ivers N, Austin P, Berthelot S, Bhatia S, Kiran T, Lofters A, Maclure M, Martin D, McBrien K, MaCracken R, **Paterson JM**, Shuldiner J. Walk-in Physician Care: an Integrated Knowledge Translation Project to Inform Quality Improvement. Canadian Institutes of Health Research \$520,199.00. April 2021 to March 2024.

Lee L. MINT Memory Clinics with Integrated Frailty Screening: Building capacity for complete, compassionate care for older adults living with cognitive impairment and frailty. Canadian Frailty Network. \$279,000.00. September 2020 to September 2023.

Liauw J, Hutcheon J, **Kouyoumdjian F**, Sharifi N, Slaunwhite A, Ogilvie G, Smith LW, McLeod K, Palis H, Squibb P, Korchinski M. Reducing health disparities among women experiencing imprisonment by transferring healthcare responsibility to the Ministry of Health: a policy evaluation. Canadian Institutes of Health Research. \$100,000.00.

Mangin D (PI), Nicholson K (Co-PI), Borhan S, Cossette B, Fortin M, Griever M, Griffith L, **Guenther D**, **Howard M**, Mercer S, Queenan J, Stranges S, Terry A, **Vanstone M**, Williamson T. Understanding the accumulation of multiple chronic diseases and multiple prescribed medications and the influence on the experience of aging among adults and older adults in Canada. Canadian Institutes of Health Research \$100,000.00. March 2021 to February 2022.

Mangin D (PI), **Risdon C**, **Oliver D**, **Vadera R**, Neary J, West M, **Davis A**. Extended Primary Care at Home. The Foundation for Advancing Family Medicine (FAFM): COVID-19 Pandemic Response & Impact Grant Program (Co-RIG). \$27,224.00. July 2020 to December 2020.

Mangin D, **Risdon C**, **Packer T**, **Lawson J**. Frailty Patterns in Community Dwelling Older Adults Attending Primary Care: A Quantitative Analysis of Practice Based Research Network Data. Applied Health Research Question funding from MoHLTC via INSPIRE PHC. \$31,680.00. September 2020 to September 2021.

Mangin D, **Risdon C**, **Davis A**, West M, **Vadera R**, **Hanel E**, Neary J, **Inglis G**. Quality Improvement for Ontario: Extended Primary Care for COVID at home. Ministry of Health and Long-Term Care. \$158,100.00. April 2021 to March 2022.

McGillion M (PI), Devereaux P, (Co-PI), Doyle T (Co-PI), Peter E (Co-PI), Scott D. (Co-PI) and the VISION 2 Team which includes **Vanstone M**. Vascular events in noncardiac surgery patients cohort evaluation study-2 (VISION-2). Canadian

Institutes of Health Research. \$673,200.00 September 2020 to August 2022.

McGillion, M (PI), Devereaux P (Co-PI), Scott T (Co-PI), Doyle T (Co-PI), Peter E (Co-PI), and the VISION 2 Team with European Commission Sub-Team which includes **Vanstone M**. SMILE: Optimising Smarter Inclusive Living Environments for ageing people within their circles of care. Horizon 2020 – Research and Innovation Framework Programme. Horizon 2020 Team Grant: Canada-EU Smart Living Environments-Transitions in Care. Includes CIHR + Industry and European partners. \$9,278,277.00 November 2020 to October 2024.

Milligan J (co-PI), Lee J (co-PI). Adapting the Mobility Clinic for a Virtual World: Building Primary Care Capacity and Sustainability for Virtual Care for Individuals with Physical Disabilities. Ontario Ministry of Health/Ministry of Long-Term Care. \$330,000.00. April 2021 to March 2022.

Moat J, Faulkner J, **Pereira J**, Klinger C. Increasing Primary Care Competency in Palliative Care Across Canada. Health Canada. \$5,000,000. March 2021 to March 2026.

Mubareka S, Griffin B, **Kouyoumdjian F**, Maguire F, McGeer A, McArthur A, Moraes T, Mossman K, Sheth P, Susta L. SARS-CoV-2 variants under investigation (VUIs) and variants of concern (VOCs): phenotyping gaps in transmission, reinfection and response to medical countermeasures. CIHR Operating Grant: Emerging COVID-10

Research Gaps and Priorities. \$499,276.00.

O'Toole D (PI), **Inglis G**, **Weresch J**, **Vanstone M**. Overflowing Inbox: Resident and educator perceptions on the educational importance of indirect patient care activities. Family Medicine Associates \$56,000.00. September 2020 to August 2022

Pahwa M. Achieving equitable population-based lung cancer screening programs in Canada: An inquiry of social values and ethical considerations. Canadian Institutes for Health Research, Doctoral Research Awards. \$105,000.00. September 2020 to August 2023.

Papaioannou A (PI), Adachi JD, Armstrong D, Bray S, de Wit K, Hewston P, Ioannidis G, Kennedy C, Kodis J, Lee J, **Mangin D**, Marr S, McArthur C, Misiaszek B, Patterson C, Welsford M, Woo T. GERAS Frailty Rehabilitation at Home: Virtual bundled care for seniors who are frail to build strength and resilience during COVID-19. Juravinski Research Institute Fund. \$43,410.33. September 2020 to September 2021.

Pereira J, Gamble B, **Howard M** (Co-PIs), Klinger C, **Mangin D** et al. Canadian Atlas of Palliative Care: Ontario Edition - Mapping the Present to Meet Future Palliative Care Needs. Physicians' Services Incorporated (PSI) Foundation. \$96,500.00. June 2021 to May 2022.

Sibbald M, Connelly D, Monterio S, **Grierson L**, Wojkowski S, Azim A, Last N, Brown A. Preparing health professional learners for clinical workplaces: a digital, interprofessional course. 2021

Virtual Learning Strategy. eCampus Ontario \$89,816.60. March 2021 to February 2022.

Siu HYH (PI), Howard M, Mangin D, Lawson J, **Risdon C.** Contact and monitoring pathway for frail older adults during COVID-19 The Foundation for Advancing Family Medicine (FAFM): COVID-19 Pandemic Response & Impact Grant Program (Co-RIG). \$33,350.00. July 2020 to December 2020.

Siu HYH, Packer T, Alton B. ALC to LTC Transition Pathway. Implementing and evaluating a novel care pathway for alternative level-of-care patients designated for long-term care. Regional Geriatric Program Central (RGPC) - Specialized Geriatric Services Grant. \$15,000.00. July 2021 to June 2022.

Stolee P, **Arya AN,** Elliott JB, Grindrod KA, Lopex KJ, Sims-Gould J, Tong CE. Developing strategies and resources to support patient and family engagement with racialized immigrant older adults. Canadian Institutes of Health Research. \$229,500.00. April 2021 to March 2024.

Tanuseputro P (NPI), Hsu A (PI), Bush S, Downar J, Fitzgibbon E, **Howard M,** Isenberg S, Kyeremanteng K, Lawlor P, Manuel D, Maxwell C, Quinn K, Webber C (Co-investigators). Evaluating the palliative and end-of-life care of older Canadians living and dying with dementia. Canadian Institutes of Health Research. \$378,675.00. October 2020 to October 2024.

Weir MA, Beaucage MB, Chanchlani R, Clark EG, Clemens KK, Coghlan C, Dixon SN, Field B, Harel Z, Jain AK, Molnar A, Silver S,

Sood MM, Zappitelli M, Al-Jaishi A, Bhasin AA, Blake Peter G, Garg A, Harvey-Rioux L, Kitchlu A, Knoll G, Kurdyak P, Muanda F, Nash DM, Naylor K, Nesrallah G, Oliver M, Ordon M, **Paterson JM,** Perl J, Roshanov P; Wald R, Walsh MW, Welk BK, Young A. Filling Knowledge Gaps for the Success of Ontario Renal Plan 3. Canadian Institutes of Health Research. \$1,500,000.00. April 2021 to March 2026.

Wycliffe-Jones K, Hamza DM, Onyura B, **Grierson L,** Oswald A, Vergel de Dios J, Card C. Exploring the normalization of Competency-based Medical Education across Canada. OHMES (University of Calgary) Health Science and Medical Education Research and Innovation Funding Competition. \$10,000.00.

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