



TOP 20

PIONEERS OF FAMILY MEDICINE RESEARCH IN CANADA

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

SECTION OF RESEARCHERS • SECTION DES CHERCHEURS



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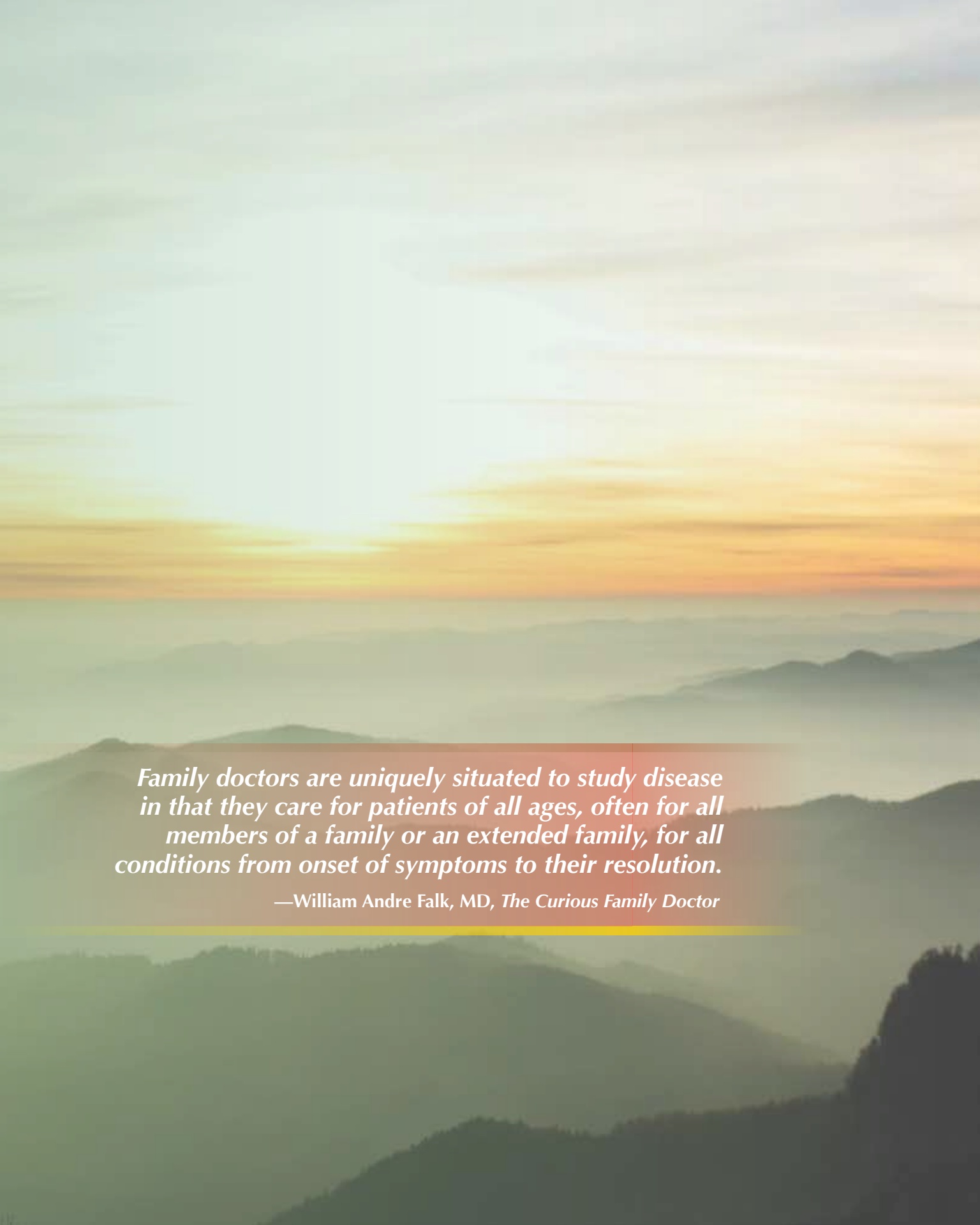


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A scenic landscape of rolling mountains at sunset or sunrise. The sky is filled with soft, warm colors of orange, yellow, and light blue. The mountains are layered, creating a sense of depth and distance. A semi-transparent red box is overlaid on the lower half of the image, containing text.

Family doctors are uniquely situated to study disease in that they care for patients of all ages, often for all members of a family or an extended family, for all conditions from onset of symptoms to their resolution.

—William Andre Falk, MD, *The Curious Family Doctor*



Introduction from Dr Wendy Norman

IN 1995, THE COLLEGE OF FAMILY PHYSICIANS OF CANADA (CFPC) introduced the Section of Researchers to advocate for, and support, family medicine research in Canada. The College is proud of the Section's progress to date and the positive impact it has had in advancing family medicine research.

This year, 2015, marks the 20th anniversary of the Section of Researchers. To celebrate this important milestone, and recognize those who have dedicated their work to family medicine research over the years, the CFPC is pleased to honour the Top 20 Pioneers of Family Medicine Research in Canada for their respective contributions to advancing health care in Canada and around the world.

The CFPC defines these “pioneers” as family medicine researchers who were among the first to apply new research methodologies, laying the ground work for the advancement of our discipline in Canada. They have all contributed to making Canada's health care system stronger, healthier, and more resilient.

While there are many worthy candidates for this honour, 20 researchers have been selected who meet the criteria of what it means to be a pioneer within

their respective fields of work. The research of the 20 pioneers is strongly aligned with six strategic goals of our College:

1. **Quality patient-centred care**
2. **Rewarding and valued careers**
3. **Relevant and progressive educational standards**
4. **Research capacity**
5. **Organizational effectiveness**
6. **Social accountability and equity**

These researchers, listed in no particular order, have pioneered new paths in innovative fields, extending our discipline of family medicine toward a brighter future.

Congratulations and thank you to the Top 20 Pioneers—and to all other family doctors who dedicate their work to family medicine research—for pioneering the pathways that have led to enhanced health care for all Canadians, and for populations around the world.

Wendy V. Norman

MD, MHSc, CCFP, FCFP

Chair, Section of Researchers, CFPC

THE **TOP 20** PIONEERS OF FAMILY MEDICINE RESEARCH IN CANADA



1

Dr Marie-Dominique Beaulieu

MY RESEARCH HAS *always been deeply connected to my practice. My research nurtured my practice and vice versa. It helped me become a reflective practitioner.*

DR MARIE-DOMINIQUE BEAULIEU is a health services researcher who has advocated for the development of a culture of research in family medicine in the health care system and at universities. Her commitment to family medicine research and its promotion while serving as president of the College of Family Physicians of Canada (CFPC) and department chair, among other leadership roles, sets Dr Beaulieu apart and makes her a pioneer in family medicine research.

Dr Beaulieu has always been motivated to participate in the “enterprise” of knowledge production to blaze new trails in family medicine. Since her time in residency, she has battled for the recognition of family medicine research as a discipline with its own expertise and knowledge base. She trained in the Kellogg Centre for Advanced Studies in Primary Care at McGill University and completed her master’s degree in epidemiology at Laval University. She has worked with the CFPC as a member of the Research Committee and with the *Canadian Family Physician* Editorial Committee. She was a member of the Canadian Task Force on the Periodic Health Examination, and is currently the CEO and scientific director of the Quebec Support for People and Patient-Oriented Research and Trials (SUPPORT) Units.

As CFPC president and executive committee member for four years, Dr Beaulieu provided wise council regarding relationships between the CFPC and the Canadian research environment—including the Canadian Institutes of Health Research—and expert defence of the unique role of the Section of Researchers (SOR). She enabled the SOR to support and nurture a community of practice for family medicine researchers and researchers from other disciplines.

Dr Beaulieu is thrilled to examine new and important questions in family medicine and finds herself greatly



inspired by the collaborative nature of teamwork that is essential in research. Her work in promoting and facilitating family medicine research in her leadership roles allows her to reconcile her passions for both the scientific method, along with its promise to advance knowledge, and the practice of clinical family medicine. Her research, specifically her work on evidence-based medicine, has raised the profile of family medicine research, allowing it to be recognized as a distinct and rigorous field of research that has a significant positive impact on patients and the health care system. ■

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2
Dr Richard Birtwhistle

DR BIRTWHISTLE HAS BEEN a research colleague and at times a mentor to me for the past 20 years, and we have both grown in our research careers together. Rick's vision for CPCSSN, and his steadfast determination to make it succeed, has resulted in the creation of one of the most useful resources for primary care research that exists in Canada today.

—Dr Marshall Godwin

IN THE FIELD of family medicine research, Dr Richard Birtwhistle has been a pioneer in advancing technology, specifically electronic medical records (EMRs), through the development of the Canadian Primary Care Sentinel Surveillance Network (CPCSSN). CPCSSN extracts data from primary care EMRs for research, chronic disease surveillance, and practice improvements.

Dr Birtwhistle, along with Dr Walter Rosser, Dr Craig Jones, and other Canadian researchers, realized a national research network would provide beneficial information. As the idea gained traction and the Public Health Agency of Canada accepted a proposal for the development of a primary care network, the real development of CPCSSN began. In 2008, CPCSSN was established with the first of three contribution agreements signed by the College of Family Physicians of Canada, the funding of which underpinned the development of 11 primary care practice-based networks in seven provinces, which would be included in CPCSSN's ever-expanding pan-Canadian network.

Dr Birtwhistle and his colleagues persuaded family physicians across the country to join CPCSSN and share de-identified patient health information from their EMRs to allow for the collection of data for relevant and important research. As the first national EMR network in Canada, methods for the extraction, cleaning, and coding of EMR data have been developed. CPCSSN also has a

unique database and a research platform that provides longitudinal patient data not available in other databases.

While it is still early days in terms of the development of the database for research purposes and there remains work to be done in quality improvement of EMR data, CPCSSN has opened up many possibilities with its ability to answer research questions that are important to primary care physicians. CPCSSN's approach provides important feedback to practitioners about their own practices and highlights changes to consider to improve their practices. It is the hope that in the future CPCSSN will develop a research infrastructure to include patient-centred outcomes, clinical trials, and other useful data.

As most family medicine research had been done locally, Dr Birtwhistle was frustrated by the small sample sizes and tedious methods for extracting information from family physicians' written records. He realized that a large primary care network would provide an opportunity for researchers to find much valuable primary care information from electronic records, creating a primary care "laboratory" for research. It would give researchers a mechanism to follow larger primary care populations over time, looking for trends in chronic diseases and management. It is for these reasons that Dr Birtwhistle was inspired to conduct his work with EMRs in the continually growing CPCSSN.

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3

Dr Ian Cameron

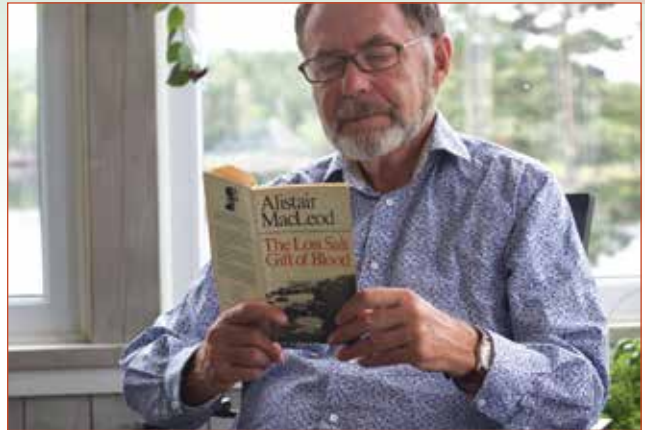
IAN CAMERON WAS *one of the pioneers at Dalhousie University in Halifax, NS, using published works to encourage reflection more than 30 years ago.*

—Dr Carol Herbert

IN A FIELD full of traditional scientific approaches to family medicine research, Dr Ian Cameron stands out. Through the use of stories, poems, art, and history, Dr Cameron has worked to broaden family physicians' understanding of the human experience of illness. His work led to the development of what is now called narrative medicine, which uses reflection and artful writing to reach a deeper understanding of patients' experiences of illness, contributing to the "evidence base" of practice. Dr Cameron's inventive development and use of narrative medicine make him a true pioneer in family medicine research.

Dr Cameron believes that "we can vastly expand our formal education and clinical experience by carefully observing good writing, art, and the lessons of history." He uses examples of these observations in his teaching practice, seminars, and presentations across the country, as well as internationally. He encourages learning and understanding through the examination of stories that have incredibly relevant lessons.

In 1976, Dr Cameron was teaching family medicine at the University of Mississippi. It was here that he began developing narrative medicine, using an excerpt from a William Faulkner story in which the character had features of a condition that was not named in Faulkner's time (fetal alcohol syndrome). However, Faulkner's observations and description of this undiscovered condition served as a lesson in careful observation. Dr Cameron used *Escape from Eden* by Alden Nowlan to describe the susceptibility of becoming caught up in physician and nursing agendas when patient-centred care should be the goal. In 1979, Dr Cameron was hired by Dalhousie's Department of Family Medicine. Here



he started to expand his use of narrative medicine for teaching, and began writing.

Dr Cameron has stated, "If you don't have mentors your inspiration will often die on the vine." He credits Dr Brian Hennen and Dr Jock Murray at Dalhousie University, and Dr Reg Perkin on the national level, for providing him encouragement and teaching time. The insightful writing of Dr Ian McWhinney continues to inspire him, along with the keen observations and powerful prose of the works of Anton Chekhov, William Carlos Williams, Alastair MacLeod, Jacques Ferron, and Margaret Atwood. They, much like Dr Cameron, are able to make the ordinary real, memorable, and important.

Dr Cameron's work has created an awareness of the importance of the art of medicine. His many articles on teaching examples in *Canadian Family Physician (CFP)* and stories published in *CFP* and the *Canadian Medical Association Journal (CMAJ)* have inspired countless family medicine researchers around the world. He has provided health care professionals not only with facts but also with a method for introspection from which they can learn about themselves, their practice, and their patients. ■

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4

Dr Earl Dunn

(Posthumous Recognition)

EARL WAS CURIOUS. *He watched everything and always asked the question 'why.' Then he proceeded to find out.*

—Dr Peter Norton



WITH DR EARL DUNN'S ability to make deep connections with his patients and his work in both urban and rural or remote communities, he was an advocate for equal health care for all Canadians, regardless of where they lived. His discovery and utilization of telemedicine led to his role as a proponent of increased access to quality health care for Canadians. As a result of Dr Dunn's leadership in bringing telemedicine to Canada, he is remembered as the "father of telemedicine" and has become a posthumous Canadian pioneer in family medicine research.

Professor David Conrath at the University of Waterloo presented a research idea comparing alternative communication technologies in the delivery of health care to remote areas. Dr Dunn, who held degrees in both engineering and medicine, was very interested in the clinical aspects of what would eventually be called "telemedicine." To gauge validity, Professor Conrath's PhD students recorded the amount of physical interaction between physicians and their patients in doctors' offices. They discovered that about 50 per cent of the time the doctor never actually touched the patient; it was often nurses that performed most of the physical duties. This prompted Dr Dunn to believe telemedicine was a viable pursuit in rural or remote areas and to begin researching this new field.

Clinical patients from Flemingdon Health Centre volunteered to consult with a physician physically

with them in Flemingdon as well as a physician from Sunnybrook Medical Centre in Toronto via telephone or television. For each remote consultation a nurse performed the physical aspects of the examination. By comparing the diagnoses, actions, and comments of the physicians, Dr Dunn was able to conclusively find that whether or not the doctor was physically present made no difference in 95 per cent of the consultations.

From this finding, Dr Dunn and his research team were able to obtain funding for researching telemedicine using slow-scan television technology. They connected several northern aboriginal communities that did not have doctors with Sioux Lookout's hospital, where Helen Acton managed the network, and Sunnybrook Medical Centre. While Dr Dunn and his team were not able to prove there were economic savings, it was clear that both health care workers and the aboriginal peoples who had access to the network felt that health care had improved significantly. As evidence, the average stays of the nurses in the remote communities increased by 30 per cent. While the research focused on clinical applications, many psychological, educational, and administrative applications came into use as well. Dr Dunn developed the first research-based telemedicine program in Canada providing general medical care, forever changing family medicine research. It led to the incredible applications and programs that are available in telemedicine today. ■


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5

Dr Rick Glazier

I'M EXTREMELY GRATEFUL to have been supported as a researcher in family medicine at a time when that was rare and even more now to have an opportunity to help others succeed in this important work.



DR RICK GLAZIER is a pioneer in research of primary care health services delivery models, the health of disadvantaged populations, and equity in health. His research focus has changed over time, starting with primary care management of common conditions such as arthritis and diabetes, and later shifting to health services and health systems research. At the beginning of this century, various health care policies were implemented across Canada. Dr Glazier proposed to the Institute for Clinical Evaluative Sciences (ICES) that the focus of his research for their new Primary Care and Population Health program be on primary care transformation, and he obtained a large Canadian Institutes of Health Research grant. The primary care policy makers in the Ontario Ministry of Health took a major interest, commissioning a number of analyses.

Before Dr Glazier's research, there had been little evidence available about the effectiveness of changes such as funding reforms and inter-professional teams. Dr Glazier's main contribution has been to begin to understand the impact of these changes on access to care, quality of care, and equity, with a focus on reforms in Ontario. This work has involved developing new measures and approaches to analysis of linked provincial datasets, and extensive engagement with policy makers. He also contributed through training and mentorship of a large number of primary care researchers.

The major impact of Dr Glazier's work has been on helping to build primary care research capacity in Canada. Since he started in 1990, there has been enormous growth in the number of researchers, the breadth and depth of their work, and its substantial impact on policy and care. He has supervised numerous graduate students, served as a mentor for many junior faculty members, and led a number of major research grant projects. Canada now has remarkable capacity to use administrative data to answer clinical and policy questions in primary care that can lead to better health care.

Dr Glazier's research interest arose from having lived through major changes in funding and organization of care in his own practice. He could see that these changes were beneficial for providers like him and his team, but he could also see that they were costly for the system and he wondered if patients were benefiting. Dr Glazier also became concerned that resources were not being directed to the neediest populations but rather to those providers and groups that could best organize to take advantage of the new funding. Those were the major motivators of his desire to understand the impact on access to care, quality of care, and equity for patients. He was also very fortunate to have a supportive research team and colleagues and policy makers who were receptive to investigating his concerns. ■

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6

Dr Marshall Godwin

I AM A FAMILY DOCTOR and a generalist and I bring that to my research. The idea of being able to improve what we do as family doctors by studying what we do as family doctors is where my passion lies.

HYPERTENSION, A CONDITION commonly presented in family practice, affects many Canadians each year. Diagnosis and treatment of hypertension have been shown to make a significant difference to cardiovascular outcomes. While most research in this area had been done in tertiary care specialty hypertension clinics, Dr Marshall Godwin focused on diagnosis and treatment in community practices. As one of the first in his field to base his research in community practice, focusing on how family physicians can better their understanding and treatment of hypertension, Dr Godwin is a pioneer in family medicine research.

Dr Godwin conducted groundbreaking studies utilizing community-based pragmatic randomized clinical trials in hypertension research and analyzing automated office blood pressure measurement. In 1993, he became the Director of Research for the Department of Family Medicine at Queen's University. He worked on a study with Dr Richard Birtwhistle to determine if following up with patients every three months was necessary if their blood pressure was controlled. This project eventually received MRC funding and was published in the *BMJ*. Dr Godwin received two grants from the Heart and Stroke Foundation to study hypertension. Thus, in 2001, he began two studies, one on home blood pressure monitoring and the other involving the use of a structured algorithm to rapidly bring blood pressure under control. In 2010, the publication for the former study was chosen as one of the 10 Most Notable Family Medicine Research Studies in Canada for a retrospective. His research has resulted in improved hypertension diagnosis and management to ensure better patient health outcomes.



In particular, his research on the use of automated office blood pressure (AOBP) measurement has greatly impacted family medicine. He was the first to publish an article that showed a high correlation between measurements on the BpTRU device and ambulatory blood pressure. This finding determined that the notorious inaccuracy and widely variable manual measurements of blood pressure in family physicians' offices could be more accurately measured if an AOBP device similar to the BpTRU was used. This study and his subsequent research using AOBP confirmed that the "white-coat effect" and its resulting over-diagnosis and over-treatment can be nearly eliminated in office practice if AOBP rather than manual measurements are used.

While Dr Godwin had always been interested in hypertension, his study with Dr Birtwhistle piqued his interest in the topic and inspired him to examine it further. Dr Godwin also credits his wife for inspiring him, saying that without her support and encouragement, he would never have gone on his pioneering trip through life as a family medicine researcher.

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7

Dr Stefan Grzybowski

IT'S ALL ABOUT *meeting the needs of rural women and families.*

DR STEFAN GRZYBOWSKI is named a family medicine research pioneer for his extraordinary work in rural health services and policy making. He began his career in Haida Gwaii (then, the Queen Charlotte Islands) on the northwest coast of British Columbia. Working as a physician and providing maternity care to this remote community, Dr Grzybowski soon developed an appreciation of the long and rich history of the birthing process there, which inspired him to do a small population-based study of the safety record of birthing services performed on the island. This work led him to conduct further studies of population-based outcomes related to service level across a broad band of rural communities.

Dr Grzybowski's research has provided extensive support to the family medicine community in Canada. He is credited with implementing a systematic approach to planning safe and appropriate rural services, particularly maternity care. The sustainability of rural health services is built on a foundation of proven safety, appropriateness, and cost-effectiveness. To date his work has demonstrated the safety of generalist models of rural maternity care, both with and without cesarean section. His work in system modeling has demonstrated a rational approach to defining a service level for a given rural community population and generated policy support in both Canada and Australia. The interest in associated health service areas and in training and supporting family physicians with enhanced surgical skills has been influenced by this work. Ultimately, lessons from the natural experiments of rural communities could also influence how services are organized in suburban and urban centres.

Barriers to health care access in rural and remote communities can profoundly impact their population's health. Dr Grzybowski's research shows that it is possible to rebalance the system and increase the availability of health care within these communities. His research in rural maternity care has been published and endorsed by the Society of Rural Physicians of Canada (SRPC), the Society



of Obstetricians and Gynaecologists of Canada (SOGC), and the College of Family Physicians of Canada (CFPC), proving its national value to the health care systems across Canada. Internationally, the Rural Birth Index developed in British Columbia has been the subject of a study assessing the model's potential for use across rural Australia.

Dr Grzybowski found early inspiration in his mother, an obstetrician, and his father, a specialist physician and clinical researcher; later, his colleagues and teachers at Western University, where he attended the Master of Clinical Science program, were major influences along his path in Canadian family medicine. Dr Grzybowski describes working with the women and families living in rural Canadian communities as a privilege and a source of endless satisfaction and inspiration. He looks forward to continuing and developing this work in his ongoing dedication to rural family practice and research. ■

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8

Dr Carol Herbert

***I CANNOT IMAGINE** practice which isn't research-informed, or research which isn't practice-informed. The research questions we ask in community-based practice are essential to the development of the discipline of Family Medicine, but also to the creation of better health care strategies and outcomes for our patients and our communities.*

DR CAROL HERBERT is known internationally as a leader, teacher, and mentor in the world of family medicine research. Her position of Dean of the Schulich School of Medicine and Dentistry at Western University from 1999 to 2010 provided the opportunity for her not only to continue to develop and nurture family medicine researchers as she has done throughout her career but also to ensure that the achievements and importance of family medicine research were recognized by academic medicine more broadly. As one of the first two family physicians and one of the first two women to be dean of a Canadian medical school, she was instrumental in paving the way for family physicians and women to become recognized as prominent academic leaders in Canada.

During her term as dean, members of the Department of Family Medicine were successfully nominated for prestigious awards, including distinguished university professor and national research chairs. She continues to mentor academic leaders nationally and internationally. Her resolute commitment to education exemplifies Dr Herbert as a pioneer in Canadian family medicine research.

Dr Herbert concentrated on three major areas as a family medicine researcher: (1) family violence and sexual assault; (2) clinical health promotion, behaviour change, and physician-patient decision-making; and (3) health care and education as complex adaptive systems. In all three areas, research questions originated from her identification of unaddressed issues in practice, many of which related to social deprivation and poverty. Her passion for family medicine research and her commitment to improving care for the underserved motivated her to become Chair of Family Practice at the University of British Columbia and then dean at Schulich in order to promote social responsibility in medical schools, develop a positive attitude to research among learners, and enable them to ask and answer practice-based research questions.



Dr Herbert applied her firm belief in the concepts and action of participatory research to everything she did. She conducted community-based participatory research within Haida Gwaii, where she led the creation of one of the earliest examples of a Code of Research Ethics; such codes are now required. She has worked alongside Dr Ann Macaulay in teaching participatory research workshops for decades. Her commitment to collaboration and partnership carried over into her work with students, faculty, and staff in her role as dean.

Dr Herbert's commitment to social justice and equity, and her innate curiosity about how individuals, families, and communities make choices continue to inspire her leadership, research, teaching, and policy work. Dr Carol Herbert epitomizes what it means to be a mentor, an educator, and a true pioneer in the world of family medicine research through her compassion and dedication to bettering the lives of Canadians. ■

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9

Dr Brian Hutchison

BRIAN HUTCHISON HAS NOT ONLY *made a major contribution to research and practice in primary care but has provided vision and leadership in linking these two worlds.... Brian exhibits a generosity of spirit and intellect that has drawn students, colleagues, policy makers, and patients to him and his work.*

—Selection panel for the 2004 Health Services Research Advancement Award presented by the Canadian Health Services Research Foundation

THERE EXISTS A broad range of health services and policy issues in primary care. Dr Brian Hutchison has examined many of these issues, including models of health care delivery, access to care, quality improvement, and health system reform, to name a few. It is his creative application of research methods to these issues in family medicine that has made him a stand-out physician and researcher. As a result of his early work, in particular using simulated office patients as an innovative research methodology, he is a pioneer in family medicine research in Canada.

As a family physician and clinical teacher during the 1970s and early 1980s, Dr Hutchison questioned some of the ways primary health care was funded, organized, and delivered. His desire to explore these issues motivated him to become formally trained to conduct research that could make useful and meaningful contributions to the field. He was introduced to health services and policy research in the mid-1980s through his course work in the Department of Clinical Epidemiology and Biostatistics master's program at McMaster University. Getting his master's degree enabled him to write successful research proposals as well as develop collaborative relationships with health services and policy researchers who provided him with crucial mentorship.

In the mid-1990s, Dr Hutchison and his colleagues obtained funding from Health Canada's National Research and Development Programme to study the provision of preventive care by family physicians. The

research team recognized that traditional methods to assess the delivery of preventive care, such as patient surveys, clinical records review, and physician self-reporting, are limited by potential bias, measurement error, and incomplete documentation. Accordingly, they developed an innovative methodology using unannounced standardized patients to assess the extent to which family physicians provided age- and gender-appropriate evidence-based preventive care. Posing as new patients, the standardized patients visited the practices of consenting, randomly selected family physicians with open practices and portrayed four scenarios: a 48-year-old man, a 70-year-old man, a 28-year-old woman, and a 52-year-old woman. This approach allowed for the examination of the association between preventive care performance and physician and practice characteristics. The approach was so effectively implemented that only 2 per cent of encounters were detected by the practising physician.

The main paper reporting on the study, "Provision of preventive care to unannounced standardized patients" (*CMAJ* 1998;158:185-193), has been frequently cited and sourced. In fact, the specific methodology was subsequently adapted by Quebec researchers in a randomized controlled trial evaluating a workshop to enhance the appropriate use of screening tests by family physicians.

For the past 30 years, Dr Hutchison's research has helped shape the evolution of primary care and family medicine in Canada. ■

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10

Dr Janusz Kaczorowski

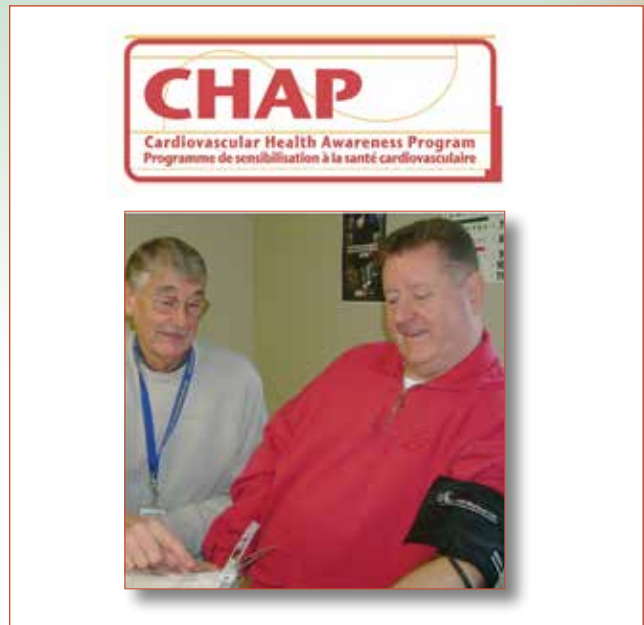
NOT EVERYTHING THAT *can be counted counts, and not everything that counts can be counted.*

—Albert Einstein (attributed)

DR JANUSZ KACZOROWSKI has an active, collaborative, and multidisciplinary research career, which has spanned across 25 years and four departments of family medicine. His research interests and contributions are numerous: his collaboration with Dr Michael Klein on the first North American randomized controlled trial of episiotomies resulted in a significant reduction of unnecessary episiotomies; his work with Drs John Sellors and Lisa Dolovich led to wide-scale integration of pharmacists within family health teams; and his leadership in the development of community-based cardiovascular prevention and management programs is credited with the significant reduction of cardiovascular morbidity at the population level. As a result of the latter remarkable achievement, Dr Kaczorowski is being honoured as a pioneer in family medicine research.

The Cardiovascular Health Awareness Program (CHAP) got its start in 2000 while Dr Kaczorowski was at McMaster University. Dr Kaczorowski and his colleagues wanted to develop, implement, and rigorously evaluate a community-wide cardiovascular program that was inexpensive, easy to implement, made a better use of the existing resources, combined individual and population level strategies, and ultimately improved cardiovascular health at the population level. They started with several pilots and a proof of concepts project, adding and refining new elements to the intervention before testing the early versions of CHAP in Brockville and Grimsby, Ontario. The program was then implemented in 20 randomly selected medium-sized communities in Ontario and rigorously evaluated using a community cluster randomized controlled trial. After one year, CHAP was associated with a reduction in hospital admissions for stroke, acute myocardial infarction, and congestive heart failure among residents aged 65 years and over, relative to communities that did not implement CHAP.

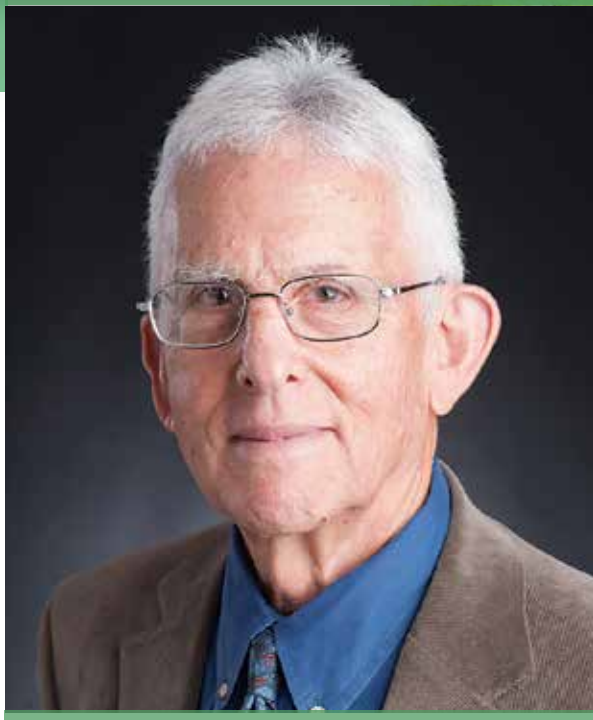
The CHAP program was inspired by an eminent epidemiologist, Geoffrey Rose, who put forward the notion that shifting the population distribution of a risk



factor prevents more burden of disease than targeting people at high risk.

CHAP provided the main evidence for supporting screening for hypertension in the recently published recommendations by the Canadian Task Force on Preventive Health Care (CTFPHC) and the US Preventive Services Task Force (USPSTF). CHAP was recognized internationally as exemplary in terms of its design, evaluation, and impact. In addition to presenting the study as a keynote paper at several national and international conferences, CHAP has received numerous awards. Most recently, the *BMJ*, one of the most highly regarded journals in the world, named the CHAP publication, Improving cardiovascular health at population level: 39 community cluster randomised trial of Cardiovascular Health Awareness Program (CHAP), as one of the “twenty top papers to mark the *BMJ*’s two digital decades.” The accumulated evidence over the past 15 years demonstrates how CHAP can improve integration of care, lower costs, and provide Canadians with better-quality health care.

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11

Dr Michael Klein

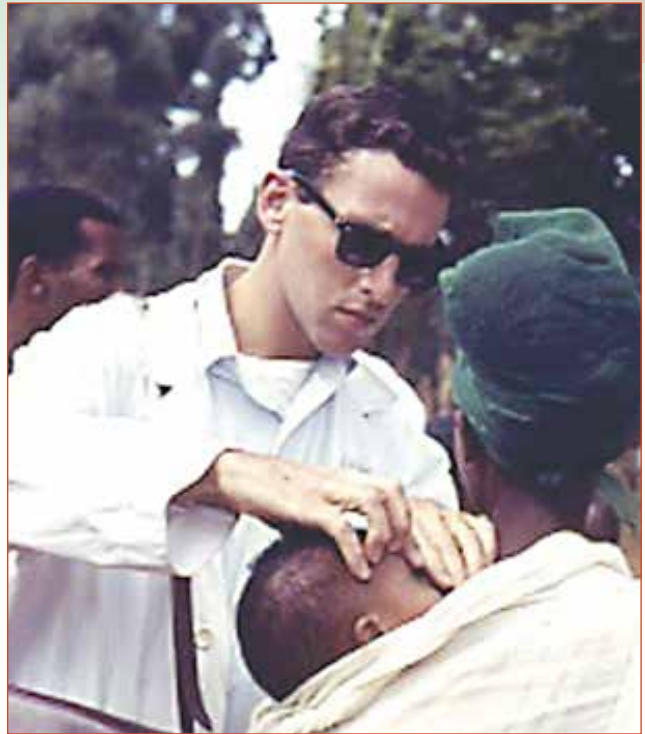
***I HAVE CONTINUED** to do research even after so-called retirement. One of my most gratifying roles has been as Director of The Clinical Scholars Program at UBC Family Practice. The program was designed to help practising family physicians realize their research questions, questions that come directly out of their practice life. Many of our trainees have been successful and some have become serious family physician researchers. I have done this work well into my mid-70s and I continue to mentor family physicians and midwives still.*

A PIONEER IN the field of maternity and newborn care, Dr Michael Klein exemplifies an outstanding family physician researcher. His experiences as a birth attendant and working with midwives motivated Dr Klein to pursue a career in maternity care. This drove him to study both old and new technologies and approaches employed in birthing practices.

Dr Klein initiated his research regarding routine episiotomy procedures in Montreal during his time as Chief of Family Medicine at the Jewish General Hospital and the Herzl Family Practice Centre, the latter a McGill teaching unit. He knew this research topic came with strong controversy and, with his colleagues, employed a rigorous scientific methodology.

Studying the effects of an episiotomy on the perineum and pelvic floor through the use of electromyographic perineometry, Dr Klein demonstrated that there was no benefit but some harm to the perineum and pelvic floor from this procedure. He took his research to the next level to study belief systems of physicians who used the procedure regularly versus those who did not. Through this, he discovered that those who used the episiotomy procedure routinely also used other procedures liberally, often resulting in problematic outcomes during birth.

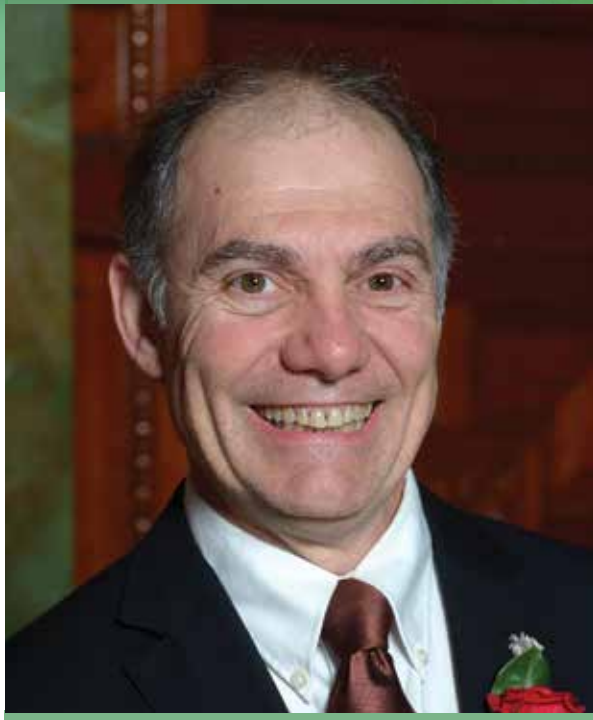
His research on episiotomy still remains the only randomized controlled trial (RCT) of the procedure in North America and demonstrated that this routine procedure was causing the very vaginal trauma it was intended to prevent. Dr Klein's study is credited with dramatically reducing the use of episiotomy, from 60 per cent of births to 12 per cent, with a parallel reduction in rectal trauma from 4.5 per cent to 1.5 per cent of births. Working alongside Dr Klein on this project was Dr Janusz Kaczorowski, who was credited and recognized by Dr Klein as "the perfect collaborator."



Dr Klein's research led to a series of supplementary studies, including one that remains controversial and shows that routine, as opposed to indicated, epidural analgesia can lead to adverse outcomes for mother and newborn.

Dr Klein's inspiration to study episiotomy stemmed from his work with midwives while spending a year and a half in Ethiopia in the 1960s where he was exposed to births being conducted without routine episiotomy and producing positive results. This encouraged Dr Klein to initiate his line of research in Montreal with the hopes of contributing to the evolution of family medicine as an academic discipline. Bringing substantial credibility to the field of maternity and newborn care, Dr Klein's groundbreaking research has improved the health care of women and newborns in Canada and around the world.

THE **TOP 20** PIONEERS OF FAMILY MEDICINE RESEARCH IN CANADA



12

Dr Michel Labrecque

***IN 2010, I** was invited to conduct a Master Class for general medicine senior residents and young professors on writing research protocols and getting funding at a national meeting in France. After the seminar, one of the participants came to me and said: 'Professor Labrecque, I finally met a true family medicine researcher.' I was moved by these few words. They tell it all....*

DR MICHEL LABRECQUE has been instrumental in blazing a trail for the next generation of family medicine researchers. He was among the first family physicians to obtain a PhD in clinical research (epidemiology), the first family physician to receive a Senior Research Scholars Career Award from the Fonds de recherche du Québec – Santé, and the first Chair of the Section of Researchers of the College of Family Physicians of Canada.

As a result of Dr Labrecque’s vasectomy research, he is a pioneer in men’s health and bettering the Canadian family medicine world.

Dr Labrecque is recognized as an international expert on male sterilization. Providing vasectomy services in the Quebec City area for nearly 30 years, he has always been driven as a result of his experiences in clinical practice to further his research in the field. Dr Labrecque conducted a number of qualitative and quantitative studies, and the first systematic review on surgical techniques for performing a vasectomy. His research has led to major discoveries that improved vasectomy surgical techniques, prevention of vasectomy failure, and decisional processes involved with male sterilization.

From 2008 to 2012, Dr Labrecque sat on the American Urological Association’s Vasectomy Guideline Committee. Many of the guideline recommendations are based on his research findings. Dr Lauren Spooner, past president of the Association of Surgeons in Primary Care in UK, described Dr Labrecque and his impact on men’s health: “He stands out head and shoulders as the most influential colleague we have worked with to provide community No Scalpel Vasectomy services for the NHS in the UK... Dr Labrecque has used his research skills and teaching flair to improve the lot of many people in many parts



of the world. Through his own efforts and those of the practitioners he has taught, he has reduced the number of unwanted babies aborted or born, relieved women of the fear of further pregnancy, reduced food shortages and ultimately the size of mankind’s footprint on the environment—and this is by no means a comprehensive list of his achievements.”

His inspiration for research was sparked in 1982 when he conducted small projects—without any research training—in Comoros Islands in Africa, to better understand the health status of the population. He retrained in vasectomy after returning to Canada in 1984. Struck by the dearth of research on vasectomy, his passion for research ignited, allowing Dr Labrecque to find more effective vasectomy surgical approaches.

With over 60,000 men requesting a vasectomy each year in Canada, Dr Labrecque’s techniques are not only in high demand but indeed his research was also critical in improving the knowledge base on male sterilization, which ultimately advanced men’s health care, improving clinical practice, patient care, and population health around the world.

THE **TOP 20** PIONEERS OF FAMILY MEDICINE RESEARCH IN CANADA



13

Dr France Légaré

AS FAMILY MEDICINE researchers and health care practitioners, we all have days where we are deterred and fear our work will not reach its full potential. It is on these days that we must remember, as I often say to my team members, 'On lâche pas!' (We don't quit!). We remain optimistic and persevere for the betterment of our patients and the improvement of health care.

DR FRANCE LÉGARÉ is a large contributor to family medicine research through her involvement in the field of implementation science, or knowledge translation, and shared decision making (SDM) research. In fact, she has been recognized as one of the 25 International Champions of SDM by the Informed Medical Decisions Foundations, based in the United States, for her work. By being one of the first to research how decision aids can be implemented in primary care, Dr Légaré has become a pioneer in family medicine research.

She began her involvement in implementation research while she was trying to implement clinical practice guidelines (CPGs) in primary care but found CPGs did not take the specificity and uniqueness of each patient into account. This led her to begin looking into SDM. In particular, she began working with decision aids. Decision aids allow patients to be supported in making informed value-based decisions.

Dr Légaré has extensively contributed to the development of concepts and methods for SDM research in primary care. Her focus on primary health care professionals distinguishes her within the SDM field. She has been among the first researchers to conceptualize a relational approach to SDM, examining the dynamics of mutual influence between patient and physician in consultation. In addition, she has contributed to the implementation of SDM in clinical practice through the identification of clinicians' and patients' SDM needs. She is among the first to expand SDM to an inter-professional approach, and her team was the first to create an online inventory of SDM training programs that are updated on a regular basis.

Her extensive work with SDM and implementation science has allowed Dr Légaré to look into decision making in a multitude of situations and scenarios that are relevant to family physicians, such as prenatal screening for Down syndrome and treatment options



for menopausal symptoms. This has led to important discoveries in primary care research; for example, SDM can reduce overuse of antibiotics for acute respiratory infections. She has influenced the integration of decision aids to promote the idea of physicians sharing decisions with their patients. She has given family physicians better tools to support their patients to make quality decisions and understand the decision-making process.

Initially, Dr Légaré was inspired to become involved in SDM while examining the effects of uptake of hormone replacement therapy for menopausal women. In the 1990s most CPGs encouraged women to take this treatment, with the belief its benefits outweighed its harms in most cases. This finding was later contradicted by large trials, propelling Dr Légaré to collaborate with Professor Annette O'Connor, a developer of patient decision aids, to do research with implementation trials of decision aids in primary care. She became inspired to work with SDM because of her dedication to primary care research and the principles of family medicine and the patient-centred approach that are at its core. It is her strong belief that family physicians and health care teams can become great decision brokers for Canadians facing difficult health-related decisions that has driven her research.

THE **TOP 20** PIONEERS OF FAMILY MEDICINE RESEARCH IN CANADA



14

Dr Ann Macaulay

WE ARE ALL so proud of Dr Macaulay's pioneering work in diabetes prevention with the Mohawk community of Kahnawake and for promoting participatory research to engage patients, communities, clinicians, and policy makers that has made a major impact at McGill, nationally and internationally.

—Dr Howard Bergman, McGill University

DR ANN MACAULAY has dedicated her research career to the discipline of participatory research in primary health care. She promotes the philosophy that in participatory research everyone is an expert, meaning that patients, community members, policy makers, and clinicians all bring their own expertise, experiences, and knowledge to the table. This ideology is what moves Dr Macaulay to the forefront as a family medicine research pioneer and advances our health care system with her teachings.

In the mid-1980s, as a family physician practising in the Mohawk community of Kahnawake, outside Montreal, Dr Macaulay and a Mohawk colleague were struck by the high prevalence of patients with type 2 diabetes and its complications, which their original studies confirmed. After knowledge translation activities to share these results with the community, the elders requested that the physicians “do something” to combat this devastating disease. Thus, the seeds were sown for the Kahnawake Schools Diabetes Prevention Project to promote healthy lifestyles, incorporating community members with Kahnawake tradition and knowledge into all decision making. In the 1990s, very few family medicine researchers had ventured to explore the prevention of type 2 diabetes or used a participatory research approach. This ever-evolving project, now 21 years old, received the 2007 CIHR Partnership Award for combining scientific rigour with cultural relevance and developing innovative ethical guidelines. The project models a very successful community mobilization training program for other Indigenous communities.

In 2006, Dr Macaulay founded Participatory Research at McGill (PRAM), to provide expertise to national and international teams, build faculty academic capacity, promote the ethics of partnership research, advance the academic understanding of participatory research,



and train postgraduates in the McGill Family Medicine master’s and PhD programs.

The impact of Dr Macaulay’s work has been highly regarded globally. Her promotion of and dedication to participatory research in primary health care has instigated programs in Canada and across the world. She has received many awards including an Order of Canada and an honorary degree from the Royal College of Physicians and Surgeons of Canada. Today she is excited by the ever-increasing promotion of participatory research by funding agencies and policy makers.

As a clinical family physician, as a researcher, and as a human being, Dr Macaulay found the devastation of type 2 diabetes inspiration enough to begin her research with the Mohawk community of Kahnawake. Today, Dr Macaulay credits the cultural knowledge and wisdom of the Kahnawake community as her inspiration to continue to engage with the study participants and those who can use the results to effect change to promote a healthier future. Her perseverance in this regard has in turn made Dr Macaulay an inspiration to the world of family medicine.



15

Dr Vivian Ramsden

***I HAVE ALWAYS** been inspired by Dr Vivian Ramsden's participatory research approach, where she is always so respectful of the knowledge, experience, and insights of everyone else on the research team. Over the years team members have included community members, health professionals, and policy makers. Together their research has improved the lives of so many.*

In the early days there were very few of us using participatory research. As a result it was quite lonely and it was very validating for me to have Dr Ramsden as another family medicine participatory research colleague.

—Dr Ann Macaulay

DR VIVIAN RAMSDEN epitomizes what it takes to be a family medicine research pioneer in Canada through her work as a registered nurse (RN) with a PhD in interdisciplinary studies utilizing participatory health research. She addresses the needs of both individuals and communities while conducting health systems and policy research in rural and remote settings. She has studied the impact of determinants of health on communities and population health strategies, and extended her research principles to communities in India.

Beginning her nursing career in 1974 in northern Alberta, she worked with close-knit communities and soon understood the importance of working as a team with other nurses, physicians, patients, and the community at large. In 1980, Dr Ramsden returned to school and completed a Bachelor of Science in nursing followed by a Master of Science in community health administration and wellness promotion and a PhD in interdisciplinary studies. In 1995, Dr Ramsden was invited by Omaval Achi College of Nursing in India to set up an intensive care unit in a community hospital and teach cardiopulmonary resuscitation to nursing students. Here she solidified her knowledge of participatory processes while working within a framework that espoused transformation and action research.

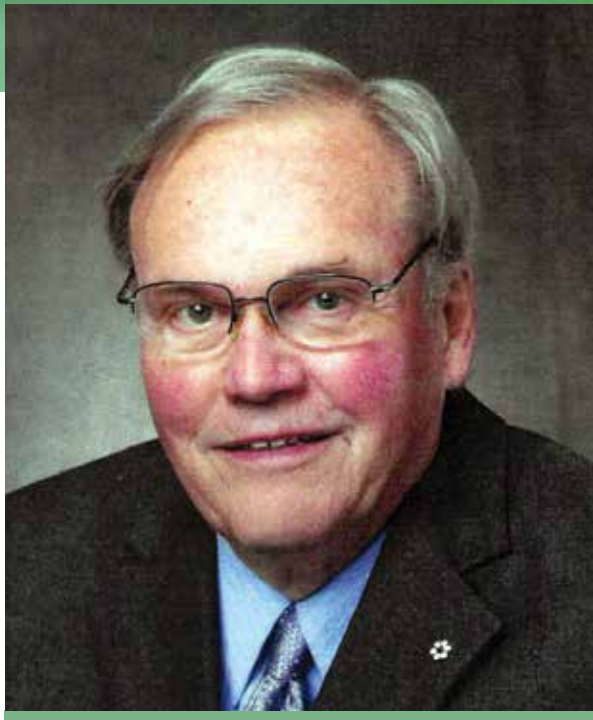
Dr Ramsden's remarkable research has led to tremendous accomplishments, such as the creation of an innovative competency-based curriculum related to scholarship in the Family Medicine Residency Training Program in Saskatchewan. Additionally, evidence-informed, community-chosen intervention and prevention programs have evolved from her community work, such as The Green Light Program in Canada. At the University of Saskatchewan, where she holds the position of Research Director, emphasis has been on



building capacity in participatory health research and scholarship with undergraduate medical students, family medicine residents, and graduate students. Her research has influenced the development of the Preparation for Research Education/Excitement/Enhancement/Engagement in Practice (PREEP) Action Group, which evolved from the Section of Researchers' Blueprint and strives to make research a core component of family medicine training, scholarship, and clinical practice.

Her inspiration stems from the fact that neither the patient nor the health care provider realizes the expertise that each brings to the first encounter. Motivated to bridge these incredible sources of knowledge, Dr Ramsden practises participatory health research as an RN and in every aspect of her career. This research ethic brings meaningful change, develops capacity, and provides opportunity to further develop research and skills at the local level. Dr Ramsden believes all parties gain a sense of confidence in their ability to create change and have faith in their personal success. This attitude and her tremendous research contributions allow us to celebrate Dr Vivian Ramsden as a pioneer in family medicine research.

THE **TOP 20** PIONEERS OF FAMILY MEDICINE RESEARCH IN CANADA




16

Dr Walter Rosser

“

DR ROSSER HAS been a lifelong supporter and leader in family medicine research. He was one of the original ASPN researchers—a group that led the development of practice-based research in North America. He has worked tirelessly in championing the necessity and importance of family medicine research to funding agencies and governments in Canada and the US. We are in his debt for his dedication to this task.

—Dr Richard Birtwhistle



AS A PIONEER in family medicine research, Dr Walter Rosser has made history by cultivating the success of practice-based research networks (PBRNs) in North America. His work has touched on many aspects of family medicine during his career in research and working with PBRNs, such as his achievements with the Ambulatory Sentinel Practice Network (ASPN), teaching evidence-based medicine, and building research capacity in family medicine.

His dedication to family medicine research was evident from the beginning of Dr Rosser's medical career. By the time he graduated from medical school, he had written a paper on the SGOT laboratory test, which was published in the *Canadian Medical Association Journal (CMAJ)* and won an award in the same year. His research contributions certainly did not end there as he continued into his medical residency. In 1970, *Canadian Family Physician* awarded Dr Rosser Best Research Paper for his publication on farmer's lung syndrome. Dr Rosser joined the ASPN board of directors in 1981, encouraging and further pursuing his work with practice-based research networks. His work with non-university-affiliated institutions propelled Dr Walter Rosser to the forefront as a family medicine research pioneer.

In the beginning of the 2000s, Dr Rosser helped found the Canadian Primary Care Sentinel Surveillance Network (CPCSSN). With the intent to collect health information from electronic medical records across Canada, Dr Rosser aimed high at providing primary care

and improving the quality of health care to Canadians. He focused on five major chronic and mental health conditions—hypertension, osteoarthritis, diabetes, chronic obstructive pulmonary disease, and depression—and three neurological conditions—Alzheimer disease, epilepsy, and Parkinson's disease.

Dr Walter Rosser has been the chair of four Departments of Family Medicine—the University of Ottawa, McMaster University, the University of Toronto, and Queen's University. With commanding influence over Canadian research, Dr Rosser has over 120 publications with international implications. Sharing his knowledge of PBRNs in over 16 countries, his research has clearly had an impact on the world of family medicine. He is the recipient of multiple research awards including the Maurice Wood Award from the North American Primary Care Research Group (NAPCRG) and the Order of Canada in 2010.

A humble Dr Rosser does not attribute his inspirations to anything other than the men and women he has collaborated with and met along his journey as a family medicine researcher. His early inspirations were David Sackett, Maurice Wood, and Larry Green. Dr Rosser credits Dr William Hogg, Dr Richard Glazier, and Dr Richard Birtwhistle as inspirational later in his career. "I find that I continue to be inspired by residents who have very interesting ideas for research," adds Dr Rosser of his continued appreciation of up-and-coming family medicine researchers. ■

THE **TOP 20** PIONEERS OF FAMILY MEDICINE RESEARCH IN CANADA



17

Dr Janet Smylie

INDIGENOUS COMMUNITIES SPEAK about ‘work in a good way’ to describe a process that reflects local Indigenous values, beliefs, knowledge, and skills.... Working collectively, I draw on both Indigenous and non-Indigenous “ways of knowing” to advance the health and well-being of Indigenous infant, child, family, and communities.

BEING BOTH METIS and a family medicine researcher, Dr Janet Smylie focuses primarily on partnering with Indigenous communities and organizations in order to optimize population-based health policies, services, and programs. It is her long-term work with and personal investment in the health care of Indigenous communities that makes her a pioneer in family medicine research.

Dr Smylie initially became involved with Indigenous health during medical school, where she participated in local Indigenous community events and organized clinical electives in Indigenous communities. Following completion of her residency in family medicine, she practised as a physician in Indigenous communities in northwestern Ontario and northern Saskatchewan as well as at Anishnawbe Health Toronto and the Wabano Centre in Ottawa. She continued to study extensively, completing the Women's Health Scholar R3 program in Toronto and obtaining her Master of Public Health (MPH) from John Hopkins University. Her extensive training, as well as her motivation to better contribute to Indigenous public health assessment and response, has allowed Dr Smylie the unique opportunity to conduct research with, rather than for, Indigenous populations.

Dr Smylie works in partnership with Indigenous groups and organizations, with a focus on co-developing and sharing knowledge and practice resources that are relevant and useful to local Indigenous communities. By applying innovative methods and technologies, she facilitates the coming together of Indigenous knowledge and practice with mainstream scientific approaches. In this way she supports the centralizing of Indigenous approaches in Indigenous health programs and services.

Through Dr Smylie's collaborations with Indigenous communities and organizations, she has been able to influence research, policy, and practice to better respond to



the needs of Indigenous individuals and communities. She has influenced the understanding of knowledge translation in Indigenous contexts; raised awareness of the impacts of the attitudinal and systemic racism on Indigenous health and health care access; influenced the development of some of the first population-based assessment databases for Indigenous peoples living in Canadian cities; and worked to support the demonstration of Indigenous midwifery as a best practice. In these ways, rather than speaking for the health care of the Indigenous communities and individuals, she has given them the tools they need to speak up on their own behalf for their health care.

As a Metis woman, Dr Smylie was raised to treat all persons with respect, regardless of their social positioning. She was also raised to value community and sharing with others. Her refusal to accept the striking inequities in health outcomes that Indigenous people in Canada continue to experience has inspired and influenced her approach to research. In her own family practice and public health training, it was apparent that there were many inefficiencies due to Indigenous approaches, knowledge, skills, and strengths being overlooked. It is this awareness and the refusal to accept Indigenous health inequities that has allowed her to become an incredible doctor, researcher, and pioneer in her field. ■

THE **TOP 20** PIONEERS OF FAMILY MEDICINE RESEARCH IN CANADA



18

Dr Ross Upshur

I HAVE HAD the great fortune of superb teachers and mentors throughout my life, starting in high school and in university. Giving thanks to teachers and mentors is very important to me... One cannot start a research career without adequate training and mentorship.

DR ROSS UPSHUR BELIEVES that having an expansive notion of evidence is beneficial to family medicine. Early on in his career, he became involved in diverse research traditions, but later he primarily focused on infectious disease management. His work in bioethics research deepened his understanding of public health. Dr Upshur used a robust mixed-methods approach that recognizes the important complexities of health and illness in family medicine. In order to develop interventions that can be refined and evaluated, he integrated various research methodologies (quantitative, qualitative, and conceptual) and perspectives (population, personal, and ethical). He substantially influenced public health perceptions of the management of older, complex adults in primary care, using in-clinic data as well as qualitative studies of patients, health care providers, and health practitioners. It is his appreciation for a wide variety of methodologies and approaches from a broad range of disciplines that has made Dr Upshur an innovator in research and a pioneer in his field.

Dr Upshur's research on health care providers' duty to care, use of restrictive measures (ie, quarantine), resource allocation, and global governance influenced the World Health Organization (WHO) and led to the development of guidelines for pandemic preparedness and drug-resistant tuberculosis. Dr Upshur chaired a committee for the WHO on clinical trial design and ethics during the Ebola virus disease outbreak in West Africa in 2014 and 2015 and was an advisor to Doctors Without Borders and the Public Health Agency of Canada. His resulting work on public health ethics has created a focus on global health and global health ethics in the family medicine research community as well as the Canadian biomedical



research community, and has caught the attention of policy makers. Dr Upshur's work has had an incredible worldwide impact on the advancement of public health.

Dr Upshur credits his superb teachers and mentors throughout his life as his inspiration to explore the many fields of public health and family medicine research. He continues to be inspired by the joy of working with colleagues and teams from a variety of disciplines and backgrounds that allow the emergence of enriching and challenging research.

Through his early training in a variety of fields, philosophy in particular, he has been able to critically examine problems in medicine and public health in a broader, interdisciplinary way. Dr Upshur's wide-ranging curiosity and extensive training—from bioethics, ecological approaches, to health and disease, the importance of the environment and place in shaping health, the essential nature of social science approaches, to health research, to health services methodologies analyzing large data sets—have allowed him to become a methodological pluralist who has forged new ways and approaches to address and understand public health in family medicine research. ■

THE **TOP 20** PIONEERS OF FAMILY MEDICINE RESEARCH IN CANADA



19

Dr Gail Webber

MY RESEARCH IS *an example (among many others in Canada) of what Canadian physicians can contribute to improve the health of vulnerable populations elsewhere in the world.*



GLOBAL HEALTH IS an emerging field of importance in family medicine research, and often a challenging one. Lack of resources, such as time, money, and human resources, is among the many barriers to improving the health of vulnerable populations, particularly in developing countries. Dr Gail Webber is a community-based family physician from Ottawa who is striving to improve the health of mothers and babies in rural Tanzania through implementation research. Her rigorous research in global health, no matter the circumstances, makes her a pioneer in her field.

While maintaining her private practice in Ottawa, Dr Webber has worked collaboratively with her Tanzanian colleagues to reduce deaths from postpartum hemorrhage and infection in women living in rural Tanzania. After being funded by Grand Challenges Canada, Dr Webber and her Tanzanian colleague Dr Bwire Chirangi received the Rising Stars in Global Research award, which helped them conduct their first study distributing erythromycin and misoprostol in the Rorya District of Tanzania to rural women. Since then they received more funding from Grand Challenges Canada, and subsequently UK Aid, to develop and expand the project to distribute birth kits and misoprostol to two Tanzanian districts. Additionally, they received a grant from Canada's International Development and Research Centre for a participatory project in Rorya District to consult with the community and policy makers about their priorities and potential solutions to improve maternal and child health. The consultations will be followed by interventions to address these priorities. Dr Webber's research has paved the way for family medicine residents to get involved with global family



medicine research. Most importantly to her, her research has allowed her to work with her African colleagues and local non-governmental organizations to run programs and support changes to health policies affecting rural women.

Dr Webber's global research initiatives were a result of her interest in women's health and her concern about the huge numbers of women who die in childbirth in low-income countries. The global inequity in health status and opportunities for safe births is vast. This knowledge empowered Dr Webber to commit to the advancement of the health status of women and their babies during this important time of their lives. ■



APPLICABILITY

INTERDISCIPLINARY RESEARCH

RELEVANCE

METHODOLOGICAL SOUNDNESS

Thames Valley Family Practice Research Unit

20

THE FOUNDING OF THE THAMES VALLEY FAMILY PRACTICE RESEARCH UNIT (TVFPRU)

in 1989 marks the beginning of interdisciplinary family medicine research in Canada. At the TVFPRU, family medicine researchers from different research backgrounds came together to initiate interdisciplinary studies. It was largely due to their example that the family medicine research community came to recognize the importance of examining medicine from a variety of perspectives, and that this highly productive partnership model of research, which has influenced many Canadian researchers, was introduced.

The initial main contributors were Dr Martin Bass, Dr Judith Belle Brown, Dr Ian McWhinney, Dr Carol McWilliam, and Dr Moira Stewart, whose biographies appear on the following pages. Through their dedicated teamwork and leadership, the Thames Valley Family Practice Research Unit became a pioneering group in interdisciplinary research in family medicine—developing an approach now extolled for its applicability, methodological soundness, and relevance to health services.





Dr Martin Bass

(Posthumous Recognition)

THE PRACTICE IS the laboratory of family medicine research. This is when the family physician and the patient interact, whether it be in the office, the patient's home, or less frequent sites such as the nursing home, the school, or even the street (if the patient is homeless). Because the models of in-hospital and traditional laboratory research are not useful for family practice, new approaches with new variables and outcomes are essential.

DR MARTIN J. BASS, an icon in the world of family medicine research, joined the Department of Family Medicine at the University of Western Ontario in 1973. It was here where his relationship with Dr Ian McWhinney, and the cultivation of the interdisciplinary Thames Valley Family Practice Research Unit (TVFPRU), began. For the next 23 years, Dr Bass enriched the lives of his fellow physicians, colleagues, professors, and students in family medicine in Canada and across the world. His emphasis within family medicine research was on preventive medicine and the natural history of symptoms. His expertise in these areas, in addition to his work as a clinician and quantitative researcher, contributed immensely to the TVFPRU and its own legacy as a pioneering force in family medicine.



THAMES VALLEY FAMILY
PRACTICE RESEARCH UNIT

Throughout his research career, Dr Bass was committed to involving family physicians in all research initiatives. He set this course early on, in research projects such as the Headache Study Group and the Hypertension Study with Dr Ian McWhinney. However, the epitome of this partnership between researchers and practising family physicians was the formation of the Thames Valley Family Practice Research Unit, in 1989. Dr Bass, Director and Liaison Committee Chair of the TVFPRU (1989–1996), led the interdisciplinary team and encouraged partnerships with family physicians on every project they conducted. This exceptional model of research with an interdisciplinary team elevated the status of family medicine and had enormous influence on family medicine research in Canada.

Beyond his professional accomplishments with the TVFPRU, Dr Bass's tireless advocacy and generous intellectual and personal qualities have left lasting impressions that will inspire generations to come. Dr Bass's lifetime of work was a true testament to "pushing the limits" through his interdisciplinary approach and achieving new heights in family medicine. As a result of his research, he was involved with a project known as the Foundations of Primary Care Research Conference Series and Book Series, an initially small-scale project that turned global with the addition of a series of five international conferences. The Foundations of Primary Care Research books are now renowned textbooks in the field of research.

Energetic and passionate in his quest to transform clinical management and improve the practice of family medicine, Dr Bass was motivated by a true love of clinical family medicine. His goal of encouraging collaboration to enhance the relationship between researchers and family physicians compelled Dr Bass to create the TVFPRU and to establish its famous interdisciplinary research team. The team's success in collaborating with researchers and physicians across Canada illustrates why Dr Bass and his colleagues are considered pioneers in family medicine in Canada. ■

DR MARTIN BASS





Dr Judith Belle Brown

THE CRITIQUES AND REFLECTIONS that Dr Brown has contributed on the challenges of health care in Canada and the United States are some of the most innovative and cutting-edge thinking in the field. Her background in social work, and her knowledge of diverse research methods, has allowed her to explore complicated issues in a way that is not otherwise accessible. A real strength of her work has been her integration of perspectives and her ability to facilitate collaborations among diverse viewpoints. I feel she is the equivalent to what in Japan would be known as a 'National Treasure.'

—Dr Benjamin F. Crabtree, Department of Family Medicine,
Robert Wood Johnson Medical School, USA.

In September of 1990, Dr Judith Belle Brown joined the Thames Valley Family Practice Research Unit (TVFPRU), a division of the Centre for Studies in Family Medicine of the Department of Family Medicine at Western University. Interested in clinical and educational needs in regards to primary health care, Dr Brown was a key addition to the TVFPRU team. Her PhD in social work influenced her contributions as a qualitative researcher and led to the pioneering of this group as one of the first interdisciplinary research teams that demonstrated the value of utilizing varied research backgrounds in Canadian family medicine.



THAMES VALLEY FAMILY
PRACTICE RESEARCH UNIT

The TVFPRU team represented family medicine, epidemiology, nursing, and, with the arrival of Dr Brown, social work. This new role was the beginning of Dr Brown's full-time academic career and fueled her passion for family medicine research. By embracing the diversity within the group, the TVFPRU set out with the goal to initiate an important relationship with community-based family physicians in Canada. The TVFPRU conducted mixed-methods research in primary care before the notion even became popular. Dr Brown termed this "the marriage of town and gown" in order to bring communities together, write grants, conduct research, and provide evidence-based family medicine research to enhance the discipline. During her time with the TVFPRU, Dr Brown contributed immensely to the advancement of both the use and understanding of qualitative methodology in family medicine research.

DR JUDITH BELLE BROWN



A zealous advocate for the practice of interdisciplinary research, Dr Brown's influence on family medicine research continues to be exemplary. The TVFPRU came to a close in 2009; however, Dr Brown strongly believes the impact of this group is far from fading away. The number of researchers partaking in interdisciplinary research at the Centre for Studies in Family Medicine has doubled. Furthermore, the commitment to capacity building of interdisciplinary teams in primary care led to the success of interdisciplinary programs such as the Canadian Institutes of Health Research's Transdisciplinary Understanding and Training on Research – Primary Health Care (TUTOR-PHC), which influences health care across Canada.

As her career progressed, Dr Brown's inspirations have continued to grow along with her. She credits Dr Brian Hennen and Dr Thomas Freeman for supporting her research and providing direction along the course of her career. Dr Brown was inspired and encouraged to contribute to the newly defined interdisciplinary research group, TVFPRU, by her mentors and co-workers, Dr Ian McWhinney, Dr Martin Bass, Dr Carol McWilliam, and Dr Moira Stewart. These individuals inspired, challenged, and motivated Dr Brown. Her vigorous and continuous devotion to integrating qualitative methodologies and social work concepts into an interdisciplinary research approach led to her formidable influence on family medicine research in Canada.

THE TOP 20 PIONEERS OF FAMILY MEDICINE RESEARCH IN CANADA

THAMES VALLEY FAMILY PRACTICE RESEARCH UNIT



Dr Ian McWhinney

(Posthumous Recognition)

WE AT NAPCRG owe a great debt to Dr Ian McWhinney for being, throughout his career, the philosopher king of family medicine, a role model and mentor for several generations of family physician researchers. He has been described as the discipline's benevolent leader.

—Dr Moira Stewart, on the occasion of Dr McWhinney's winning of the Maurice Wood Award for Lifetime Contribution to Primary Care Research, 2001

KNOWN AS THE “FATHER OF FAMILY MEDICINE,” Dr Ian McWhinney is a legend in the world of family medicine research. Alongside Dr Martin Bass, he was the driving force in establishing the Thames Valley Family Practice Research Unit (TVFPRU) at Western University. He dedicated his research to the fields of early presentation of illness in family practice and the organization of services for hypertension and palliative care, leading to a body of work that contributed to the recognition of this interdisciplinary group from London, Ontario, as a pioneering force in family medicine in Canada.



THAMES VALLEY FAMILY PRACTICE RESEARCH UNIT

Long after Dr McWhinney’s passing, his influence continues to be felt in family medicine research. In 1986, Dr McWhinney founded the Centre for Studies in Family Medicine at Western University, which today is recognized as one of the top centres of its kind in family medicine and primary care in the world.

DR IAN MCWHINNEY

One of the two guiding principles of this centre was that research should be conducted by interdisciplinary teams of researchers. In 1989, this guideline became more of a reality, as Dr McWhinney, alongside Dr Bass, mentored his successors as they received a grant and officially established the Thames Valley Family Practice Research Unit, an interdisciplinary team of researchers, family physicians, and policy makers—representing a significant leap forward in family medicine research. Dr McWhinney was also responsible for laying the intellectual groundwork for the patient-centred clinical method, which is now used worldwide.



Dr McWhinney’s impact on family medicine research is unmistakable. He is credited with defining the discipline of family medicine as a distinct field of medicine, on the basis of the knowledge he gained during his long-term relationships with his patients and their families and the trust placed in those relationships. It is this patient-centred ethic, and his passion for family medicine, that led to the success of the TVFPRU and its pioneering role in Canadian health care.

When Dr McWhinney was a young boy living in Lancashire, England, his father, a general practitioner in the village, would take him for walks and point out the house and medical office of Sir James Mackenzie. Mackenzie was the “father of modern cardiology” because of his accomplishments in the study of cardiac arrhythmias. It was his father and Sir James Mackenzie who inspired Dr McWhinney to not only enter the world of family medicine but to study and shape his career around practice-based research. This desire and curiosity for research propelled Dr McWhinney into a long and successful career in family medicine, and contributed to the cultivation of the TVFPRU as an interdisciplinary powerhouse and pioneer in Canadian family medicine.



Dr Carol McWilliam

CHANGE COMES THROUGH a combination of critical and innovative thinking, an openness to new ideas, and a willingness to question and alter socio-historically and culturally engrained values, attitudes, beliefs, and norms at societal, political, organizational, and individual levels. Through my research, I have endeavoured to promote change in how we involve seniors in their health care with the aim of optimizing their health and independence.

—Dr McWilliam, from her article “Patients, Persons or Partners? Involving those with chronic disease in their care” (*Chronic Illn* 2009;5:277-292).



THAMES VALLEY FAMILY
PRACTICE RESEARCH UNIT

DR CAROL MCWILLIAM joined the Thames Valley Family Practice Research Unit (TVFPRU) in 1990. The expertise she brought as a nurse, doctor of education, and qualitative researcher made her an ideal addition to the recently developed interdisciplinary group. She focused her research on promoting health and the independence of older adults with chronic illness, with a particular emphasis on relational strategies. Through this research, she employed patient-centred communication to approaches to health promotion and in-home care. With the arrival of Dr McWilliam and her proficiency in the health care of seniors with chronic illness, the TVFPRU attained a new branch of research with which to continue its pioneering work as an interdisciplinary unit.

Working with the TVFPRU, Dr McWilliam aimed to optimize the partnership between senior patients and their health care professionals. She sought to understand and communicate the relational process of empowering and optimizing older adults' involvement in managing their lives and health while living with chronic illness. The interdisciplinary research method allowed Dr McWilliam to deepen and enhance her nursing lens, while her knowledge and expertise as a registered nurse and qualitative researcher added valuable dimensions to the group.



DR CAROL MCWILLIAM

Due to Dr McWilliam's contributions, the Thames Valley Family Practice Research Unit promoted the health and independence of seniors on a large scale. This work has impacted widely used current medical literature such as the textbook *Patient-Centered Medicine: Transforming the Clinical Method* (now in its third edition). As well, this interdisciplinary team's work has led to practice changes that reflect a greater integration of primary health care and empowering strategies in the provision of in-home care.

Dr McWilliam's initial interest in research about the care of older patients, specifically about their transition from hospital to home, intensified after she discovered that the general consensus among elderly patients was that their self-confidence and own involvement in their care were being undermined by medical professionals. The TVFPRU provided Dr McWilliam with an interdisciplinary methodology to conduct research into this problem so as to enhance understanding of older people's health care concerns and to improve the health care of this patient population. Her dedication and passion contributed immensely to the pioneering methodologies of the TVFPRU, while her research flourished there, to the great benefit of Canadian family medicine. ■



Dr Moira Stewart

DR STEWART IS ONE of the world's premier primary care researchers. She has made seminal and highly impactful discoveries on the patient-centred clinical method, doctor-patient communication, and effective health service delivery. She is a tremendously generative and innovative educator, and has performed extraordinary service to her country and the world. Her research represents original contributions that make a difference in improving health care and health for Canadians and for peoples around the world.

—Dr Kurt Stange

IN 1970, DR MOIRA STEWART began her master's degree in epidemiology at Western University eager to study the correlation between psychological, social, and physical factors in health and health care. Her supervisor immediately introduced her to Dr Ian McWhinney because they seemed to “speak the same language” in relation to health care. That meeting sparked in her a keen interest in health service interventions and the patient-centred clinical method. Working with Dr McWhinney inspired her to focus her PhD on the world of family medicine, convinced that non-clinical research could contribute to that world.



THAMES VALLEY FAMILY PRACTICE RESEARCH UNIT

From these beginnings, Dr Moira Stewart went on to the role of research director (1996–2009) and quantitative researcher with the renowned interdisciplinary Thames Valley Family Practice Research Unit (TVFPRU) in London, Ontario. This pioneering team, part of the Centre for Studies in Family Medicine at Western, made historical strides in Canadian family medicine, and its research is still used as an exemplary model of an interdisciplinary research approach to family medicine.

At the TVFPRU, Dr Stewart's research interests focused on the importance of delivery of patient-centred care. She viewed this approach as a critical force in family medicine; “it matters to patient recovery, to patients' feeling better,” she explains. In 1998, Dr Stewart gave a keynote lecture at the Global Conference of the World Organization of Family Doctors (WONCA) on the evidence supporting person-centred interventions. Since the founding of national colleges, the discipline of family medicine had been working toward supporting the paradigm shift in health care from “the disease in the person, to the person with the disease,” and it was Dr Stewart and the interdisciplinary TVFPRU that conducted this ground-breaking research and brought it to light.

Dr Stewart's work with the TVFPRU continues to inspire and encourage family medicine researchers all over the world. Since 2002, Dr Stewart has led TUTOR-PHC, a national primary health care interdisciplinary research training program, which has had more than 140 graduates who have gone on to leadership positions in family practice and primary health care research organizations across the country. Dr Stewart's work has been recognized on a global scale, and she has been invited to more than 170 conferences to discuss her interdisciplinary research approach.

Accompanying Dr McWhinney to doctors' offices and observing patients' visits provided Dr Stewart with the perspective that “this is what every patient in Canada deserves—integrated, respectful, excellent medicine, and excellent professional relationships”—an ideology that inspired and fostered the extraordinary interdisciplinary research and success of the TVFPRU.

DR MOIRA STEWART





Thank you from Dr Garey Mazowita and Dr Francine Lemire

ON BEHALF OF THE COLLEGE OF FAMILY PHYSICIANS OF CANADA, we wish to thank the outstanding family medicine researchers who are recognized as the Top 20 Pioneers of Family Medicine Research in Canada.

Each pioneer has made significant contributions to their respective fields as well as the discipline of family medicine and family practice. Their work is often done quietly and behind the scenes, but without it we would not have the quality of health care that we are so privileged to have in our country. It is an honour to recognize the outstanding work that has been done by our pioneers in the fields of public health research, maternity and newborn care, narrative medicine techniques, decision aids in primary care, guidelines for pandemic preparedness and drug-resistant tuberculosis, and the value of interdisciplinary research—to name a few.

To the Top 20 Pioneers in Family Medicine Research in Canada: Our sincere thanks for your dedication, passion, and commitment to your work. The outcomes of your research support all family doctors and health professionals to provide quality care to their patients and communities across Canada and around the world. You inspire us all to value the importance of your work.

Happy 20th anniversary to the Section of Researchers! You have created a community of practice that has inspired family medicine researchers to work together, learn from one another, and impose positive change. We commend all the members who have contributed to the Section and its success over the last 20 years. Your commitment has led us to a new era of recognition of the importance of primary care research. We look forward to your continued dedication to further advance family medicine research in the years ahead!

Garey Mazowita, MD, CCFP, FCFP
President

Francine Lemire, MD CM, CCFP, FCFP, CAE
Executive Director and CEO