#DalMedForward

STRATEGIC PLAN UPDATE

June 2019
#DalMedForward Status as of June 2019

## Introduction

Significant strides are being made towards the implementation of the Faculty of Medicine’s strategic plan, #DalMedForward, under the leadership of our executive sponsors: Dr. Jennifer Hall, Associate Dean, Dalhousie Medicine New Brunswick who is leading Education; Dr. Roger McLeod, Associate Dean, Research who is leading Research; and Senior Associate Dean, Dr. Darrell White who is leading Serving and Engaging Society. This report highlights the details of our strategic plan goals, some success stories, and updates about how things are proceeding with our priority initiatives.

I am pleased with the progress to date and recognize that there are many more opportunities ahead that must be fulfilled before the completion of our priority initiatives for the 2021 #DalMedForward timeline. This plan paves the way for fulfilling our vision to be internationally leading in medical education and research, and being responsive to the health needs across the Maritimes.

To illustrate our progress with implementation of #DalMedForward, we have colour-coded the priority initiatives for focus areas within each of Research, Education and Serving and Engaging Society, using the legend below. This represents our internal self-assessment of the progress to date. As always we highly value and welcome your feedback which you can send by email to dean.medicine@dal.ca.

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Dean, Faculty of Medicine

### The Status of our Priority Initiatives

#### Research

- RED: 2

#### Education

- YELLOW: 3
- GREEN: 5

#### Serving & Engaging Society

- GREEN: 4
- RED: 2

#### What do the symbols mean?

**RED**
Not yet started or in early development

**YELLOW**
Gaining momentum

**GREEN**
Good progress: outcomes as expected at this time
Research

Goal and success stories:

Our strategic goals are to

1. enhance our international competitiveness at health research
   - We have assessed FoM research teams’ potential to be internationally leading, based on the quality of their past work and their preparedness for new opportunities to come. The analysis has identified significant strengths that will inform near and longer-term FoM research priorities and also areas where supports are required to support growth and renewal of research initiatives.
   - In the fall of 2017, we announced the four WAVE teams that were felt to be internationally competitive currently (WAVE 1) or could be in the next five years (WAVE II). In June of 2018, Brain Repair was added as the third WAVE 1 team. The Faculty WAVE teams have identified their priorities to realize our goals in Focus Area 1 and supports have been added for their success. Faculty recruitments are supporting these areas, and 6 Canada research chairs have been allocated to WAVE priority areas.
   - Our WAVE I Infection, Immunology, Inflammation & Vaccinology (I3V) has added one Tier 1 Canada Research Chair (CRC) in Translational Immunology and Vaccinology (Dr. David Kelvin) and one Tier 2 CRC in Human Immunology and Host-Pathogen Interactions (Dr. Francesca Di Cara). An additional Tier 1 CRC in Immunotherapeutics will be recruited to this team in the coming year. This team has also received $750,000 over 5 years in DMRF support for graduate scholarships and networking supports.
   - Our WAVE 1 Genomics is starting the recruitment of a Tier 1 CRC in the Genomics of Disease and is also nearing completion of a faculty recruitment in Pharmacogenomics. This team is also receiving networking supports for its activities from DMRF.
   - The Brain Repair WAVE 1 is concluding recruitment of a junior faculty position in Molecular Mechanisms of Neural Circuit Function and will begin recruitment of a Tier 2 CRC in Surgical Bioinformatics shortly. These recruitments will bring increasing recognition of our international strength in these research areas.
   - Our WAVE 2 team in cardiovascular research is an exciting group in part because of its maritime scope and breadth of expertise of its scientists. This team is completing the recruitment of an electrophysiology faculty member. More investment in this team is expected in the coming year.
   - Success of these investments will be marked by: increased research productivity and funding capture; private sector relationships realised; commercial ventures launched; industry research partnerships; and adoption of research in clinical practice and policy decisions.

2. perform research that improves the health of people in the Maritime region
   - Enhancement in collaborative research is essential for us to achieve our second strategic goal, improving the health of the people of the Maritimes. The Faculty of Medicine has been key in the formation of the Nova Scotia Health Research and Innovation Strategy (IHRIS). We are working closely with the Faculty of Health, provincial Health Authorities and government in this proposal and members of our second WAVE 2 team focused on health priority initiatives are key to this strategy within Focus Area 2. Space on the fourth and fifth floors of the CHEB have been designated in part to support IHRIS and this group is working on a multi-faculty Canada Foundation for Innovation Infrastructure proposal (CFI-IF) with a Letter of Intent submission in the fall of 2018. In collaboration with the Faculties of Health and Computer Science,
we will be working on the recruitments for two Tier 2 CRCs in Health Economics and Artificial Intelligence and Health. We are also recruiting a Tier 1 CRC in Interventional Psychiatry and a Tier 2 CRC in Primary Health Care and Primary Care.

- In the past year, we have become home to two national networks: Solutions for Kids in Pain (SKIP, an NCE-KM program), and Univenture (a SSHRC Partnership program). In addition, we are now the host of the CIHR Institute of Genetics.

- Our local impact will be evident by joint Maritime research initiatives developed in partnership with other faculties, Maritime Health Authorities, Ministries of Health and Education, Research Foundations, along with the public/communities and the private sector. We are building alliances one at a time and assess success by our progress toward a Maritime Academic Health Sciences Network at the end of 4 years.

- Our investigators will be motivated, successful, and actively engaged with our supporting initiatives. Early career investigators and trainees will be using our resources and there will be sustainable and enhanced levels of success.

- The collegiality that supports team building has increased our stature and is now increasing our research capacity. We have begun to address common themes around requirements for success, including better FoM support for preparing large-scale grant proposals and improvements to our core facilities. Our national grant funding success rates are improving.

- #DalMedForward has generated new levels of collaboration, as work with Research Services, with other faculties, and with health authorities’ research leaders has bolstered this effort.

**Priority Initiative Updates - Research**

- **Priority Initiative 1.1: Identify relative potential and mobilize.**
  - WAVE clusters have identified priorities to enhance research success
  - The teams are working with individual departments synergistically for recruitments
  - Significant large-scale opportunities have been identified and success is evident
  - Our funding partners are engaged and supporting WAVE initiatives

- **Priority Initiative 1.2: Strengthen infrastructure and supports.**
  - Policies are in place for recruitment and leadership appointments respecting diversity and research priorities
  - Key performance indicators have been identified and tools for data analysis are being implemented (SciVal, UniWeb)
  - More effective communication strategies have been prioritized
  - Targets for protection of research time are being developed and assessed in the context of other institutions
  - Enhancement of research supports to faculty, including staff enhancement, are in place
  - Changes to CORES access, operations and governance are in progress
Priority Initiative 2.1: *Partner to establish focus and momentum.*

- Senior leaders from the University and the Health Authorities are meeting regularly
- Lead investigators from WAVE teams that work in the application/implementation initiatives are meeting regularly with senior leadership and have developed a strategic approach
- Collaborative plan with the wider community is being developed

Priority Initiative 2.2: *Build capacity in implementation research.*

- A collaborative policy on recruitment and leadership, respecting diversity and strategic directions is in place and has the financial support of the faculty
- Research mentorship is recognized as a deliverable in annual faculty evaluations
- Protected time for research is recognized as an important part of all positions
- An assessment process to identify and act on unsuccessful funding requests is in development
- Utilization of outcomes research support infrastructure is increasing and is enhancing collaborative activities
Education

Goal and success stories:

By building on educational excellence,

1. Our programs will exceed accreditation standards:
   - The Postgraduate Medical Education office has achieved the status of “Accredited with Follow-up at next regular visit in 8 years”. Dalhousie is the first school to be accredited under a new Accreditation process by the RCPSC and CFPC and this status demonstrates the robustness of the faculty’s continuous quality improvement process (Priority Initiative 3.1).

2. Be responsive to the evolving health care needs of the Maritimes.
   - It was noted that in the 2018 graduating class, the number of Dalhousie medical school students choosing a career in Family Medicine was very low. With this information, the faculty investigated the reasons why and developed a Project Charter to address the issues uncovered. Initiatives such as increasing the number of community based family doctors participating in the small group sessions at the medical school and the introduction of a new family medicine experience in Med 1, where all students spend 6 half days with a family doctor are ways in which students will gain an increased exposure to this medical speciality. In addition, the faculty is working with its partners in government, medical associations and community to explore other areas to increase family medicine exposure early in the curriculum. The 2019 graduating class has matched 40% of the students to family medicine. The work continues. (Priority initiative 4.1, 4.2)

3. Demonstrate leadership in medical education with an enhanced focus on scholarship in key areas of focus.
   - Scholarly Presentations by residents in postgraduate programs increased by 5%.
   - Our partnership with Acadia University to offer a Master of Education in Curriculum for Health Professionals continues to be a strength. Of note, the number of candidates who are opting to pursue a thesis-based degree is steadily increasing, building local education research/scholarship capacity.

Priority Initiative Updates - Education

- **Priority Initiative 3.1: Deepen our commitment to continuous improvement**
  - The joint on-site survey by the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC) has been successfully completed. This survey was the first conducted with an entirely new set of accreditation standards and was a significant undertaking for all of the PGME community. The university PGME enterprise as a whole received a recommendation of Accredited Institution with recommended follow-up in 8 years. Ratification by the Colleges’ Accreditation Committees is pending but expected in May, 2019.
  - Work is ongoing on a peer-review program for primary care providers in Nova Scotia. This work with the CPSNS has evolved from a pilot to a formal program. A peer-review program for physicians practicing in groups is currently being developed in collaboration with the CPSNS. These have informed programs offered in CPD.
The Medical Sciences Program has demonstrated a 93% retention rate in 2016-2017, which surpasses other similar programs.

The CPD office has planned, co-sponsored and granted credits to 125 quality programs in the last year. More than 1800 people have attended these conferences with approximately 20% attending more than one program.

Ongoing development and implementation of the PGME Level 2 opioid education modules (Management of Acute Pain) is progressing for a July 1, 2019 launch. The Level 2 modules are targeted to programs where residents most likely to need to manage acute pain and build on the Level 1 training. Work supported by the DOHW in Nova Scotia is underway to develop a toolkit to guide acute opioid prescribing.

Initiation of the PGME Continuous Quality Improvement / Patient Safety Committee which is working on ways to teach residents and PGME faculty how to incorporate CQI and patient into their practice.

Priority Initiative 3.2: Evolve, focus & transform

KPIs have been reported on UGME, PGME, CPD and the Medical Sciences units. Annual reporting on these KPIs will ensure program innovations are aligned with the targeted areas of focus.

New PGME distributed residency sites in Nova Scotia in Internal Medicine and Family Medicine will welcome their first cohort of residents in July 2019. This expansion of the residency programs allows the training to occur in environments that are looking to attract physicians in the future.

The first Nova Scotia-based Longitudinal Integrated Clerkship is set to accept students in August 2019 in Cape Breton. Extensive preparation has gone into this initiative involving staff and faculty from UGME, CPD and DMNB.

Priority Initiative 3.3: Build capacity for continuous improvement

Faculty development resources have been organized to explore and address areas of need in key programs.

Students of the two Dalhousie medical school campuses continue to demonstrate comparable outcomes using a variety of metrics.

Priority Initiative 4.1: Engage stakeholders as active partners in our Mission

Senior leadership meets with key stakeholders in the Maritimes through over 17 working groups and committees that include membership from health authorities, government, other postsecondary institutions.

The Dal-150 Symposium / 8th Annual Thomas Fear and Alice Morgans Fear Memorial Conference Held in Halifax focussed on HEALTH AND HEALTHCARE SYSTEMS MEETING OUR NEEDS FOR THE FUTURE. This event included participants from the university community, healthcare, politicians and journalists.
Priority Initiative 4.2: *Develop capabilities across the education continuum*
- Over 90% of residents describe a good to very good learning environment at Dalhousie University.
- The new Interprofessional Indigenous Health and Wellness curriculum for all Med 1, Nursing 1, and Dental 1 students was successfully implemented in the Med 1 year.

Priority Initiative 4.3: *Develop leaders in innovation & engagement*
- The Emerging Leaders in Academic Medicine (ELAM) program continues to be highly subscribed. Faculty over the Maritimes have benefited from this offering.
- More faculty from distributed sites have been engaged to take on key roles in the delivery of the medical school curriculum.
- We have continued to pursue development in information management, including RIM’s CREO. The first electronic system for OSCEs (SIM IQ) has been implemented in the UGME curriculum. A new electronic tutor-ask was launched allowing departments to have greater access to detailed unit information in real time.

Priority Initiative 5.1: *Focus (on education research and other scholarly work)*
- A second tenure track PhD researcher in Medical Education has been hired.
- The Academic Detailing program that has been so successful in Nova Scotia is being expanded to include service across the Maritimes.

Priority Initiative 5.2: *Build capacity for education research and continuously improve*
- Authors of Dalhousie medical education research projects were again encouraged to submit for presentation at CCME 2019. This resulted in the presentation of sixteen oral presentations, five workshops, one plenary and thirteen posters at CCME 2019 by Dalhousie faculty and students.
- Scholarly Presentations by residents in postgraduate programs increased by 5%
- Our partnership with Acadia University to offer a Master of Education in Curriculum for Health Professionals continues to be a strength. Of note, the number of candidates who are opting to pursue a thesis-based degree is steadily increasing, building local education research/scholarship capacity.
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## Serving & Engaging Society

### Goal

We will catalyze systems change to improve health outcomes at patient and population levels. To improve health outcomes, our partnering with communities will include engagement of diverse and underrepresented voices.

### Success Stories

Within the strategic pillar of Serving and Engaging Society we have included the focus areas of catalyzing systems change and partnering with communities, both to improve health outcomes of the population. One of the major health issues in the Maritimes currently is lack of primary care access, especially in communities distant from urban centres. Through partnerships, we have been working on a multi-layered approach to help improve this situation. Recognizing that Serving and Engaging Society both cross-cuts and is interwoven with the other strategic pillars of Education and Research, overlap is purposely present.

In undergraduate medical education we have increased emphasis on primary care career planning beginning early in medical training. A committee led by Dr Jennifer Hall is working to increase exposure to family physicians in the teaching curriculum of first and second year. All students are exposed to rural practice in their first year and in New Brunswick approximately half of the third-year class at DMNB spend their clerkship year in a community based longitudinal integrated clerkship. The DMNB clerkship model has been longstanding and successful. Through partnership with the Department of Health and Wellness, Nova Scotia Health Authority, Doctors NS and the communities themselves, we have begun rolling out LIC sites in Nova Scotia and will have medical students based in New Waterford and North Sydney as of August 2019. For August 2020 we will have 5 students based in three South Shore communities. Goals include increasing the number of students ultimately practicing in primary care and generalist specialties particularly with an interest in community based practice.

In postgraduate medical education we have worked with partners to also increase our focus on distributed education intended to expose trainees to community practice. Through Department of Health and Wellness funding we have increased the number of family medicine residency positions with a new site in Northern Nova Scotia as well as additional Royal College specialty positions with a requirement for increased training at peripheral sites. These residency positions successfully matched in the 2019 CaRMS match and will begin in July.

Beyond the long terms goals of increasing primary care and generalist physicians and increasing interest in community practice, shorter term benefits include increased faculty engagement in community sites which has been shown to reduce burnout and improve retention.

Aligned with the clinical and education innovations which have the ultimate goal of improving the health outcomes of the Maritime population, we have research plans which will compliment current actions and intend to lead to longer term health improvements. A Tier 2 Canada Research Chair (CRC) in primary care is planned. We will create a responsive program of research that is aligned with the provincial priorities and vision in primary health care to improve access and care for Nova Scotians, and that supports advancement of this priority research area collectively though Dalhousie University, NSHA and DHW within NS IHRIS. The CRC will support the broader vision for research to develop the infrastructure and processes to aid in the evaluation of large scale system transformation, and to develop a blueprint for a learning health system.
Priority Initiative Updates – Serving & Engaging Society

- **Priority Initiatives 6.1 and 7.1: Take Stock and Get Beyond Concepts**
  - Structured interviews using a modified “Holland Matrix” with faculty, staff and community in the Maritime provinces were completed and themes identified.
  - “1-pager” summary with definitions and nuances of “service” and “engagement” as they pertain to our strategic plan was completed and shared with participants prior to scheduled interviews.
  - Identified champions or foci of excellence through structured interviews and highlighted their activities and achievements.
  - Developed list of community partners and interested faculty and community members resulting from semi-structured interviews; developed guidelines, principles and tools for interaction with partners.
  - The Serving and Engaging Society Town Hall on May 28, 2019 revisited our working definition of serving and engaging and we will continue to critically consider priority initiatives with a view to creating key performance indicators to direct further work.

- **Priority Initiative 6.2 and 7.2: Partnering & Challenging the Status Quo**
  - Identify early, practical steps for building partnerships with government, health authorities and others. Use both top-down and bottom-up approaches to explore the parameters of these partnerships.
  - Dalhousie Faculty of Medicine continues to partner with Doctors Nova Scotia, the Department of Health and Wellness and the Nova Scotia and IWK Health Authorities to further develop physician leadership in Nova Scotia. A series of engagement events has been initiated with an abstract of the group’s activities accepted for presentation at a national conference as well as a new section of Doctors NS having been proposed for Physician Leaders.
  - The Medical School currently collaborates with a group of external stakeholders including: the Department of Labour and Advanced Education, the Department of Health and Wellness, the Health Authorities of the Maritime Provinces including direct engagement of the CEO’s and Vice Presidents of Medicine, Doctors Nova Scotia and communities directly or through community representatives.

- **Priority Initiatives 6.3 and 7.3: Enhance our Own Capacity**
  - Clarify roles and responsibilities to establish accountability for results under these Focus Areas including an Oversight Committee for both community engagement and systems change.
  - Dr. Gaynor Watson-Creed has been selected as the inaugural Assistant Dean, Serving and Engaging Society. As we revisit our initiatives and indicators, a structure of support will need to be further developed for operationalization of plans.
  - Dr. OmiSoore H. Dryden has been named Dalhousie’s James Robinson Johnston (JRJ) Chair in Black Canadian Studies within the Faculty of Medicine’s Department of Community Health & Epidemiology.
  - A Tier 2 Canada Research Chair (CRC) in primary care is planned. A first for Dalhousie, this will focus on improving access and care for Nova Scotians as well as advancing systematic systems transformation.