

DALHOUSIE FACULTY OF MEDICINE

2023-2024

# ANNUAL REPORT



**DALHOUSIE**  
UNIVERSITY

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# A BRIEF HISTORY



Dalhousie Medical School's roots stretch back to September of 1843, when the Dalhousie College Act specified that a medical faculty be established within the college.

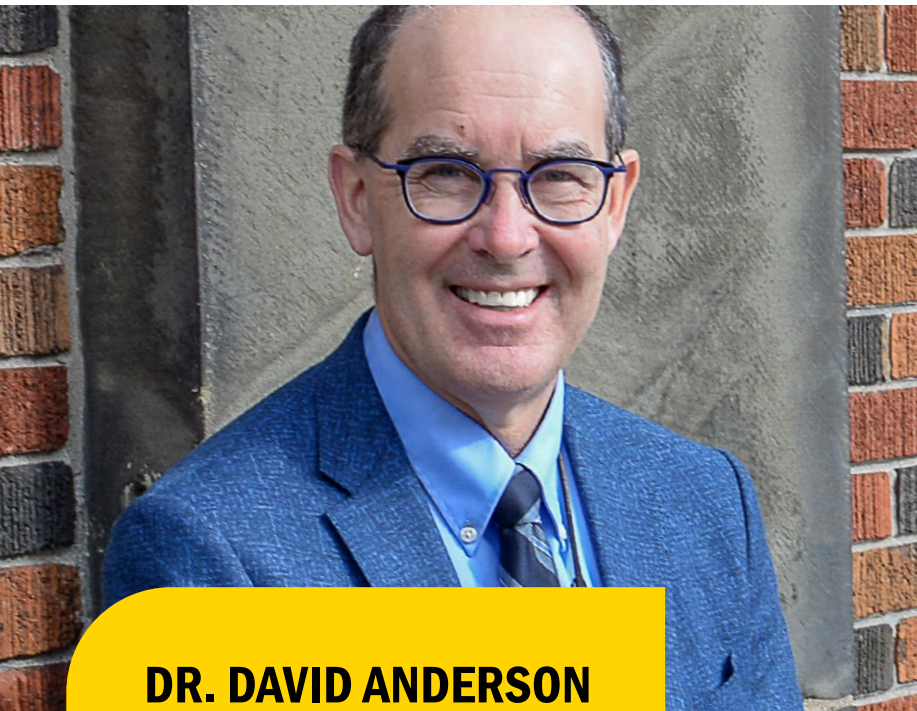
With the support of the premier and a provincially-funded hospital located on the South Common, the Faculty of Medicine began its work in 1868, about 50 years after the founding of Dalhousie University.

The Dalhousie University Medical School's rich and diverse history has culminated in our position today as one of Canada's leading medical schools. The medical school has long focused on excellence in medical education. For 154 years, the faculty has

been training students to become physicians and scientists, many of whom have made their mark on the national and international stage. Almost as old as the country itself, Dalhousie Medical School has endured two world wars, the Halifax Explosion, and numerous government and physical changes.

An integral part of Maritime Canada since 1868, Dalhousie Medical School's success has always been linked to our relevance to the communities we serve. Dalhousie Medicine New Brunswick, a distributed medical education program based in Saint John, was launched in 2010 and trains 40 medical students each year. While most Maritime doctors earned their MDs at Dalhousie, our well-trained, highly skilled graduates can be found caring for people of all ages throughout Canada and around the world.

# MESSAGE FROM THE DEAN



**DR. DAVID ANDERSON**  
*Dean, Faculty of Medicine*

It has been a busy and exciting year in Dalhousie's Faculty of Medicine, with many noteworthy accomplishments as faculty, staff, and students worked tirelessly towards our mission to drive excellence in health and healthcare through world-class medical education and research, and our commitment to social accountability.

February 1 marked one year since we proudly launched our new strategic plan, **Realizing our Ambition: Defining a New Era at Dalhousie Medicine**. The plan signals the Faculty of Medicine's long-term aspirations while providing a clear, actionable strategy to guide us through the next five years. It builds on our achievements, while guiding us in new, and exciting directions. Over the past year, we have taken meaningful steps to address areas of focus within our four streams of work: Valuing People, Excellence in Education, High-Impact Research, and Serving and Engaging Society.

On January 5, 2024, we welcomed the first class of 24 students to the Master of Physician Assistant Studies Program (MPAS). Announced in August 2023, the MPAS is the first of its kind in the Maritime Provinces, and is aimed at providing

exceptional training, recruitment, and retention of physician assistants to Nova Scotia. This two-year program provides students with the skills, knowledge, and training required to increase access to care and make a significant contribution to the health and wellbeing of Nova Scotians.

And earlier this year, we were pleased to announce the partnership we have formed with Cape Breton University to establish a new medical school campus in Cape Breton. The campus, the province's second and the third campus for Dalhousie Medical School, is scheduled to open in 2025 and will focus on family medicine and rural health and will train up to 30 new doctors every year.



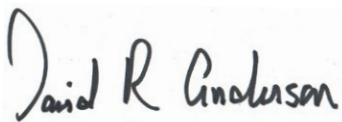
In the spring Dalhousie Senate approved the rural applicant pathway for the Cape Breton Medical Campus (CBMC), paving the way for qualified Nova Scotia students with lived experience in rural Nova Scotia communities to receive their medical education at the CBMC. We believe that this partnership with CBU has great potential to provide excellent medical education and health research in Cape Breton and to benefit the region for years to come.

I am immensely proud of what we have achieved over the past year. Our success and progress would not have been possible without the collective efforts of our faculty, staff, and students, who dedicate themselves each day to making the Faculty of Medicine a leader in education and research, and a positive place to work and learn.

I am so pleased to share some of the numerous highlights and accomplishments achieved by our exceptional faculty members, staff, and students. This report showcases stories that demonstrate the significant progress we are making in addressing the healthcare needs of the diverse communities in our region.

I want to express my sincere appreciation to everyone in the Dalhousie Faculty of Medicine community for your perseverance and dedication throughout the past year. Your contributions have been critical to our achievements, and I am deeply grateful for your unwavering support and commitment. Thank you all.

Sincerely,



**David Anderson, MD**

Dean, Dalhousie Medical School





# RESEARCH AT DALHOUSIE'S FACULTY OF MEDICINE

Research is integral to our mission to drive excellence in health and healthcare through world-class medical education and research, our commitment to social accountability, and our vision of healthier communities.





## REPORT FROM **DR. EILEEN DENOVA-WRIGHT** *Associate Dean, Research*

It has been a successful year of research in the Faculty of Medicine with improvements in faculty and student programs and in the Faculty of Medicine's CORES facilities, which aim to minimize administrative burdens and provide sustainable infrastructure. Our varied graduate programs in the medical sciences offer several exciting and challenging opportunities for master's and PhD. students.

Innovative research programs and initiatives at Dalhousie and our affiliated institutions are leading their fields in Canada and around the world. For example, in collaboration with the Faculty of Medicine's Advancement team, the MRDO launched two significant funding programs to enhance research capabilities within the Faculty of Medicine. The Sustaining Excellence Grant Program, backed by a \$500,000 contribution from the River Philip Foundation, and the Transformational Medical Research Grant Program, also funded by the River Philip Foundation with \$2 million.

The Research Advisory Committee (RAC) and its subcommittees provide an invaluable platform for clinical and basic science departments and the Dalhousie Medical New Brunswick (DMNB) campus faculty, along with partners (NSH and IWK), to provide thoughtful input on research-related issues. This membership ensures effective strategic direction on institutional alignment, collaboration, and funding to strengthen our healthcare research ecosystem and foster healthcare improvements around the region.



Further, the Scientific Advisory Committee (SAC), established in fall 2023, played a crucial role in the application for the Faculty of Medicine's CORES program to the Office of Research Services (ORS) to join the university's central CORE system and launched the first user surveys to enhance system and financial support.

Plans are underway for a biomanufacturing and innovation pipeline in partnership with Dalhousie, Nova Scotia Health, and IWK, and we look forward to sharing more details about it soon.

It has been over a year since an extreme weather event caused the water pipes in the Sir Charles Tupper Medical building to rupture, which resulted in flooding and significant water damage throughout the building. The rebuild has been a slower process than anticipated, though we are optimistic that all researchers will be able to return to full capacity in the rebuilt space in the fall.



## Researcher tackling violence against women from inside Nova Scotia's healthcare system

Community health researcher **Dr. Alexa Yakubovich** is addressing Nova Scotia's high rate of violence against women by embedding within IWK Health to work more closely with frontline health professionals.

### THE CHALLENGE

It's a public health epidemic that doesn't grab headlines like COVID or the opioid crisis. But when faced with the data, the urgency is hard to deny.

According to Statistics Canada, 44 per cent of women who have had an intimate partner relationship report experiencing abuse. Nova Scotian women report a higher rate of victimization from intimate partner violence than women living in Canada's other provinces. This striking distinction gives Dalhousie's Dr. Yakubovich a sense of resolve in her work to build interventions in women's care that have the potential to improve and save lives.



“Violence against women has a lot of negative health outcomes — injuries, mental health problems, chronic pain, disease and more. And many times, healthcare is the only formal service victims will access,” says Dr. Yakubovich. “Because we know that these women are more likely to access healthcare, it’s a really important intervention point that can allow us to connect them to a wider array of supports that can help.”

### THE CONTEXT

Beyond those immediately impacted, Dr. Yakubovich describes an expansive web of costs for society. The pressure of repeated visits to health providers in an already oversubscribed system. Missed days at work and job loss. A legacy of trauma for children who experience violence in their homes. She says all of it has a corrosive effect on quality of life and productivity that stretches well beyond the victims.

To provide stark clarity on what can result from unaddressed intimate partner violence, she details the example of the 2020 mass shooting in Portapique, Nova Scotia, which ended in the deaths of 22 people and began with the shooter assaulting his common-law wife.

“The mass shooting provides an example of a situation where there was a history of intimate partner violence. There was contact with different social, health service, and justice systems and, unfortunately, there were gaps in the response,” says Dr. Yakubovich.

“But out of the mass shooting, there have been recommendations made provincially around how to strengthen the response to violence against women. This has led to a lot more space in terms of what we can do with research, policy, and practice.”

### THE SOLUTION

To get closer to the issue, Dr. Yakubovich has started a new program funded by Canadian Institutes of Health Research that embeds her with IWK Health, the leading provider of health services to women, children and families in Nova Scotia. The new

partnership will allow her to work with programs most likely to see patients experiencing violence.

“Being immersed within the IWK and establishing this formal partnership facilitates the work that is going to be needed to get programs and providers on board with what is going to be a bit of a sea change,” says Dr. Yakubovich. “It gives us more capacity to work directly with providers in their own environment and get their buy-in than if we were coming to them as outsiders.”

Dr. Yakubovich says health providers cannot be faulted for not having the risk of intimate partner violence top of mind when caring for their patients. Their jobs are intensely busy and focused on addressing specific needs. She says the key is to help them notice the signs of abuse and catch it by creating processes to routinely inquire about the subject. Further, she says care providers need to be equipped with training, information, and tools to assist victims and connect them with available support and services.

While the primary partnership is with the IWK, Dr. Yakubovich notes that it extends to Nova Scotia Health and provincial government, especially in priority areas such as women’s and newborn health, mental health and addictions, primary health, emergency, and trauma.

“Being immersed within the IWK and establishing this formal partnership facilitates the work that is going to be needed to get programs and providers on board.”

The initial goal of the work is to understand what initiatives are currently in place at the IWK and other organizations to link them and maximize their impact. She is also aiming to develop processes to capture reported violence safely and privately on health records. She says this will help reveal the burden of the problem within the health system, which programs are most likely to see patients experiencing violence, and how to better connect patients with available supports.

## Spotlight on Research

In tandem with this focus on data collection, she is working with the IWK and other partners to improve interventions.

“This includes healthcare provider training and the establishment of screening and referral interventions, so patients are asked questions and providers know what to do when they get responses,” says Dr. Yakubovich. “They need to know how to connect patients to available supports within the health system, including sexual assault nurse examiners trained to respond to domestic and sexualized violence.”

### THE IMPACT

Dr. Yakubovich has made partnerships with healthcare providers and communities a major focus of her research career, noting that it’s the best way for health researchers to have a positive influence.

“Ultimately, this way of working with organizations and with partners is the best way to create a pathway for research to move into policy. This is really the only way to have the latest evidence put immediately into practice,” she says.

She aims for changes implemented by the program to create a new culture in Nova Scotia healthcare that is primed to support victims of intimate partner violence. But ultimately her goal is focused on preventing the violence from occurring in the first place.

“In 10 years, that’s really where I want to see the research program moving. But it involves other systems, as well. And so, the more we prepare the health system in terms of knowledge and capacity to respond to these issues, the more prepared they will be to play a role in that primary prevention strategy.”







## **Bridging the Gap: Biomedical Innovation for a Healthier Tomorrow**

Dalhousie University and its partners are establishing a cutting-edge biomanufacturing facility in Dartmouth to advance healthcare innovation. This facility will operate under stringent Good Manufacturing Practices (GMP) standards, ensuring the quality and safety of therapies like vaccines and cancer treatments.

By creating purpose-built labs and small-scale manufacturing spaces, researchers can conduct essential preclinical studies and produce small batches for proof-of-concept testing, helping bridge the gap between groundbreaking research and real-world application.

This initiative is timely, as the Atlantic region faces significant healthcare challenges, including an aging population, rising cancer rates, and increased vulnerability to infectious diseases. Dalhousie, along

with Nova Scotia Health, IWK Health Centre, and Life Sciences Nova Scotia, is dedicated to addressing these issues through local biomanufacturing. Previously, a lack of infrastructure forced Atlantic Canada's medical innovations to be tested elsewhere, delaying their impact. The COVID-19 pandemic underscored this need, demonstrating the value of local manufacturing capabilities to accelerate healthcare solutions.

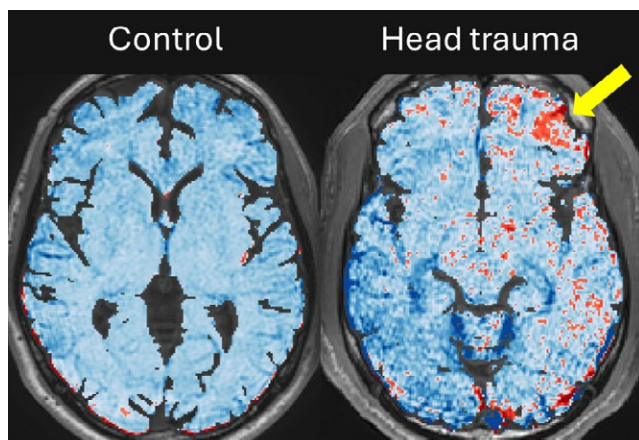
Led by Dalhousie's I3V team (Infection, Immunity, Inflammation, and Vaccinology), the facility will foster collaboration with other Canadian biomanufacturing hubs. It will also train a skilled workforce in bioscience and biomanufacturing, enhancing the regional bioeconomy and strengthening Canada's health innovation capacity.

Supported by federal investments in Canada's Biomanufacturing and Life Sciences Strategy, Dalhousie's facility is set to play a crucial role in the country's biomanufacturing infrastructure. By providing the necessary expertise, resources, and advanced spaces, this facility is poised to transform scientific discoveries into vital health solutions, creating a brighter, healthier future for Atlantic Canada and beyond.

## Dal scientists find **repeated, small hits to head** in football players can **damage blood vessels in the brain**

Repeated blows to the heads of football players can damage the small blood vessels of the brain, according to research by Dalhousie University scientists from the Brain Repair Centre who believe this damage may contribute to brain dysfunction in some athletes years after play has ended.

The neuroscientists found that the brain's blood vessels can get damaged by a succession of small hits and not necessarily a single, intense blow to the head. Based on their studies in experimental animals they hypothesize that players whose blood vessels don't heal over time may develop long-term inflammation in the brain and a greater risk of future brain dysfunction and degeneration. That can include mobility and emotional issues, and cognitive decline.



The research centred on the blood-brain barrier (BBB) — the lining of the brain's blood vessels that blocks harmful substances from entering the brain. When that barrier leaks due to injury (or other diseases), molecules from the blood can seep into the brain and trigger inflammation that can undermine brain function.

The study was led by [Dr. Alon Friedman](#), the Dennis Chair of Epilepsy research at Dal's Department of Medical Neuroscience; [Dr. David Clarke](#), chief of Neurosurgery at the Nova Scotia Health Authority; Dr. Casey Jones, resident physician in the Emergency Medicine program at Dalhousie; and, Dr. Lyna Kaminsky, a post-doctoral fellow in Dr. Friedman's lab.

The work, which was funded by the Canadian Institutes of Health Research, involved specialized helmets that were used to monitor head impacts in 60 university football players. The helmets were purchased by Dalhousie Football in 2019 with help from a projectDal campaign. Five athletes who sustained a concussion during the football season underwent MRI scanning to detect BBB leakage. The leakage was found to be more linked to impacts sustained in all games and practices leading up to the concussion, rather than the last pre-concussion impact.

The findings add to the understanding of concussions, while also influencing decisions about when players are safe to return to play.





## CIHR awards Dalhousie researcher for work in metabolic interventions to prevent neonatal sepsis

Each year, nearly three million newborns are diagnosed with sepsis, a severe response to infection in the bloodstream. Nineteen percent of those babies never recover.

Neonatal sepsis is a critical issue globally, especially in low-resourced populations worldwide, where a considerable number of deaths occur within the first four weeks of life.

But what if we could prevent millions of those deaths, simply by linking feeding practices with vaccinations?

That is exactly what **Dr. Nelly Amenogbe**, a research fellow in the Department of Microbiology and Immunology at Dalhousie, is trying to do. She is a recipient of the **Canadian Institute of Health Research's (CIHR) Research Excellence, Diversity, and Independence (REDI) Early Career Transition Award**.

The REDI award supports post-doctoral researchers, clinicians, and research associates from underrepresented groups in launching their research faculty careers in Canada. The program focuses on addressing the impact of racism and gender inequality on early career researchers.

Racialized women and individuals from equity-deserving backgrounds are significantly underrepresented in science and medical faculties in Canada, despite the country's overall diversity. The REDI award aims to change that. The first of its kind for CIHR, it provides recipients with funding during two phases of their career. The first, lasting two to three years, is the postdoctoral stage. Awardees are expected to transition to an independent research faculty position during phase two, or within two to three years of the funding start date.

Dr. Amenogbe's current project, "Fuel for Survival: Metabolic interventions to prevent neonatal sepsis," will explore how breastfeeding may influence vaccine effectiveness in infants, particularly focusing on the BCG vaccine and its varying efficacy. The study aims to address uncertainties surrounding newborn immunity and the role of breastfeeding in this context.

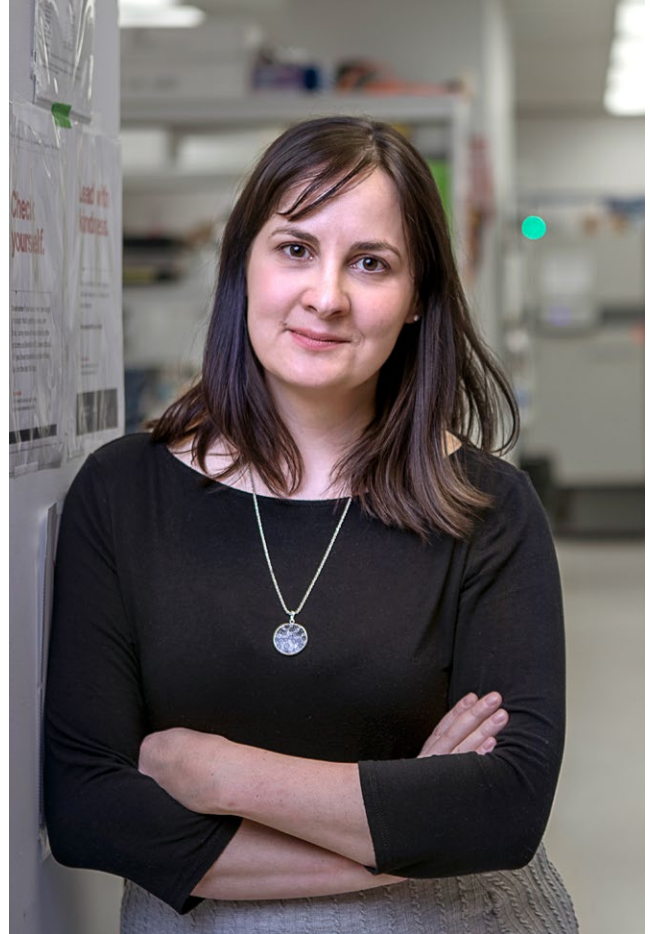
## Bridging the gap

A cure for cancer. It's long been a holy grail for researchers like **Dr. Jeanette Boudreau**. But the associate professor with Dalhousie's departments of Microbiology & Immunology and Pathology may be on the verge of better treatments using one of the most powerful weapons we have in this ongoing fight: the human immune system.

Dr. Boudreau is exploring the potential of using natural killer cells as immunotherapies for cancer. Her research shows promise, particularly in treating leukemia. However, the absence of biomanufacturing facilities in Atlantic Canada poses a significant challenge in advancing her work from the lab to clinical applications.

Thanks to Dalhousie's Faculty of Medicine, that facility could soon be a reality. Supported by the fundraising efforts of the **Bringing Worlds Together campaign**, the faculty is collaborating with Nova Scotia Health, the IWK Health Centre, the Canadian Center for Vaccinology (CCfV), and Life Sciences Nova Scotia to bring the facility, to be called GMP BioLabs East, to life. This biomanufacturing facility will provide essential infrastructure for turning scientific discoveries into life-saving treatments.

The health solutions that Dalhousie Faculty of Medicine researchers envision range from vaccines that treat influenza to ways to ramp up or calm the immune system to fight infections. But before GMP BioLabs East can run with new ideas, it will need to demonstrate that it is capable of producing the same high-quality biomaterials that other facilities create.

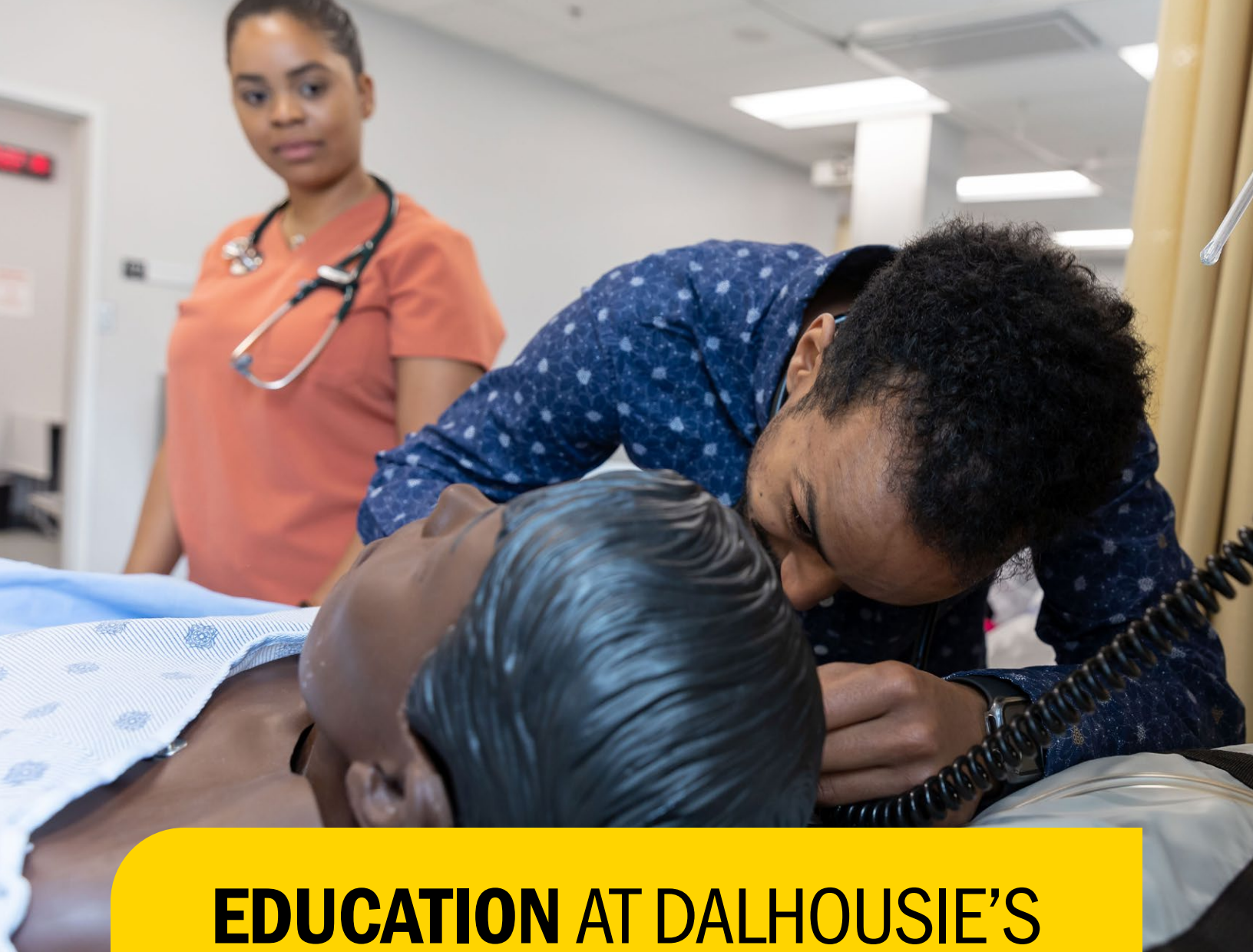


Enter **Dr. Mahmoud Elsayy**, an assistant professor and hematologist, who is pioneering CAR T-cell therapy in Nova Scotia. Currently, Dr. Elsayy must send patients' T-cells to the United States for reprogramming, resulting in costly delays. The new facility will allow for faster, more affordable production of these therapies, potentially reducing turnaround time from weeks to days and expanding the use of CAR T-cell therapy to other cancers.

GMP BioLabs East will initially focus on supporting Dalhousie's Infection, Immunity, Inflammation, and Vaccinology (I3V) research team but aims to serve researchers and life sciences organizations across Atlantic Canada. According to Sean Awalt, CEO of Life Sciences Nova Scotia, this facility will prevent companies from having to leave the region to commercialize their innovations. It will also attract biomanufacturing talent and foster collaborations with global biopharmaceutical companies, driving growth in the region's life sciences sector and economy.

GMP BioLabs East will position Atlantic Canada at the forefront of medical innovation, ensuring the availability of cutting-edge treatments in the region.





# EDUCATION AT DALHOUSIE'S FACULTY OF MEDICINE

Dalhousie Medical School trains the next generation of physicians and scientists through undergraduate, postgraduate, continuing professional development, and graduate and postdoctoral training programs.



## REPORT FROM **DR. STEPHEN MILLER** *Senior Associate Dean, Medical Education*

This has been another transformative year for the Faculty of Medicine, as Dalhousie Medicine New Brunswick welcomed 40 first-year students, the largest in DMNB history, and we welcomed the first class of 24 students to the Master of Physician Assistant Studies Program (MPAS).

The development of the Cape Breton Medical Campus (CBMC) is progressing well, with the campus set to start training 30 students in family medicine and rural health in August 2025. Nova Scotia Premier Tim Houston announced \$11.6 million in operational funding for the first two years, with plans for sustainable funding thereafter. On June 15, 2024, applications opened for the 2025-2026 admissions cycle, marking another milestone in the project.

There has been an expansion of residency positions in family medicine and the establishment of new training sites in Internal Medicine in Moncton and Family Medicine in Miramichi. Key advancements in postgraduate education have led to an improved learning experience for our residents, and new initiatives have been launched to enhance support for resident well-being.

Dalhousie's Family Medicine residency program has seen success, filling all available residency positions for the second year in a row. While many programs nationwide face challenges in filling positions, this accomplishment is a testament to the hard work and collective commitment of faculty, staff, and community members who see the value in medical education in their communities.



The admission of the second cohort of the Inclusive Pathways to Medical Professions (IPMP) in the Medical Sciences program has been enhanced with expanded student supports, including a robust tutoring and exam preparation program. The IPMP initiative has gained recognition, being presented at various higher education conferences and continues to reach out to Indigenous and African Nova Scotian communities. An agreement with the Faculty of Science has secured a John Dingle Science Communications Internship for IPMP students every summer, aimed at developing outreach and recruiting materials.



## **Fully Matched: Dalhousie grads headed for family medicine**

This year, students graduating from Dalhousie Medical School are opting for careers in family medicine in impressive numbers.

In fact, half of the graduating class began their residency training in family medicine this summer, marking a significant increase since 2018 when only 25 per cent of the class chose to enter a career path in family medicine.

Dalhousie's Family Medicine program has also seen success, once again filling all available residency positions, a remarkable feat, especially considering the expansion of our residency seats from 70 in 2022 to 91 in 2024. While many programs nationwide face challenges in filling positions, this accomplishment is not merely fortuitous but rather the result of systematic changes implemented five years ago.

In 2018, concern arose when the Faculty of Medicine graduating class witnessed only a 25 per cent match rate to family medicine. Recognizing the pivotal role of family medicine in healthcare, the Faculty of Medicine identified the need for deliberate and sustained efforts to elevate it as a career choice.

## Spotlight on Education

The Family Medicine Project Charter was launched in response later that year, led by Dr. Jennifer Hall, family physician and then associate dean of Dalhousie Medicine New Brunswick, with a goal of achieving a 50 per cent match rate by 2023.

Under the guidance of the charter, initiatives were developed to boost exposure to family medicine across the Dalhousie medicine curriculum. Among them, the longitudinal family medicine clinical exposure experience was introduced for first year medical students; a two-week rural rotation based largely in family medicine was created; enhanced Longitudinal Integrated Clerkship (LIC) opportunities were offered; and career nights were organized for medical students to explore career options within family medicine. Efforts were also made to acknowledge and reward the contributions of family medicine residents and faculty. Continuous feedback from students and tracking career choice data has informed subsequent strategies.

### HIDDEN CURRICULUM

“Addressing the notion of the ‘hidden curriculum’ in which family medicine is seen as the least desirable career choice, was a challenging yet essential objective,” states Dr. Kath Stringer, family medicine department head. “By intentionally integrating family physicians as educators and role models in the undergraduate curriculum we aimed to shift perceptions.”

The results of the Charter’s efforts were promising. One year after its implementation in 2018, the match rate had climbed to 41 per cent.

In 2023, the Faculty of Medicine transitioned to a more systematic approach to address the hidden curriculum, with the progression from the Family Medicine Project Charter to the Family Medicine Specialty Committee.

The Family Medicine Specialty Committee led by Dr. Stringer and comprised of various leaders across the Faculty of Medicine, continues to identify and find solutions to the multifactorial barriers students face in choosing family medicine as a desired career.





## Spotlight on Education

The committee's work is integral to the Faculty of Medicine's strategic plan, Realizing Our Ambition, which affirms the university's commitment to advancing family medicine education and recognizing family medicine as a specialty of choice.

"The solutions lie within both the educational and practice environments, such as deliberate changes to the curricular structure, the development of well supported interprofessional team based primary care clinics and appropriate remuneration models for community-based academic physicians," says Dr. Stringer, "All of these are being worked on by the Family Medicine Specialty Committee in collaboration with supporting stakeholders."



### A GROUP EFFORT

The work does not end when students choose family medicine as a specialty. Producing competent family doctors, is not possible without the many practicing family physicians across the Maritimes who choose to share their time and expertise with these students.

"Taking on the role of preceptors, and welcoming learners into their practices, is a clear indicator that these doctors understand the value of medical education for themselves and their communities" says Dr. Stringer. "I am grateful to our preceptors for the work they do as educators and mentors, and to the learners who see the value in pursuing the impactful and rewarding career that is family medicine."

### A WAY FORWARD

With half of Dalhousie's medical graduates opting for family medicine in 2024, the efforts initiated by the Family Medicine Project Charter and now carried forward by the Family Medicine Specialty Committee are yielding significant results.

"The choice to pursue family medicine reflects our learners' dedication to the field and embodies their profound understanding of the pivotal role family medicine plays in healthcare," says Dr. David Anderson, dean of the Faculty of Medicine. "I congratulate each of them on making this very important decision, and want to express sincere gratitude to the dedicated staff and faculty who helped achieve this impressive accomplishment,"

These positive developments come at a critical time for the Faculty of Medicine, as the Cape Breton Medical Campus, in partnership with Cape Breton University, is slated to open in the fall of 2025. With a focus on rural and family medicine, future students will reap the benefits of a curriculum that values and prioritizes the speciality of family medicine.

The remarkable increase in Dalhousie's Family Medicine match rate underscores the collective commitment of stakeholders who, over the past five years, have reshaped the narrative around family medicine. Thanks to their efforts, the necessity for continued investment and collaboration in healthcare education reform have been highlighted, and continue to be addressed to meet the ever changing needs of Maritime communities.



## Dalhousie Medical School offers **innovative leadership elective** to residents

An initiative at Dalhousie aimed at nurturing the next generation of healthcare leaders is empowering residents with invaluable skills in health and academic leadership.

The leadership elective, developed by [Dr. David Bowes](#), assistant dean, Postgraduate Medical Education and co-led by PGME curriculum specialist Jenny Acuna and evaluation specialist Dr. Cindy Shearer, is a four-week rotation made available to residents in any specialty and year of study, that provides opportunity for them to explore essential skills in healthcare and academic leadership.

The elective, which was first run as a pilot in fall 2022, was developed in response to a growing appetite for training in skills required of physician leaders. After an enthusiastic response from the first cohort of residents, the leadership elective has become a permanent offering for postgraduate learners.

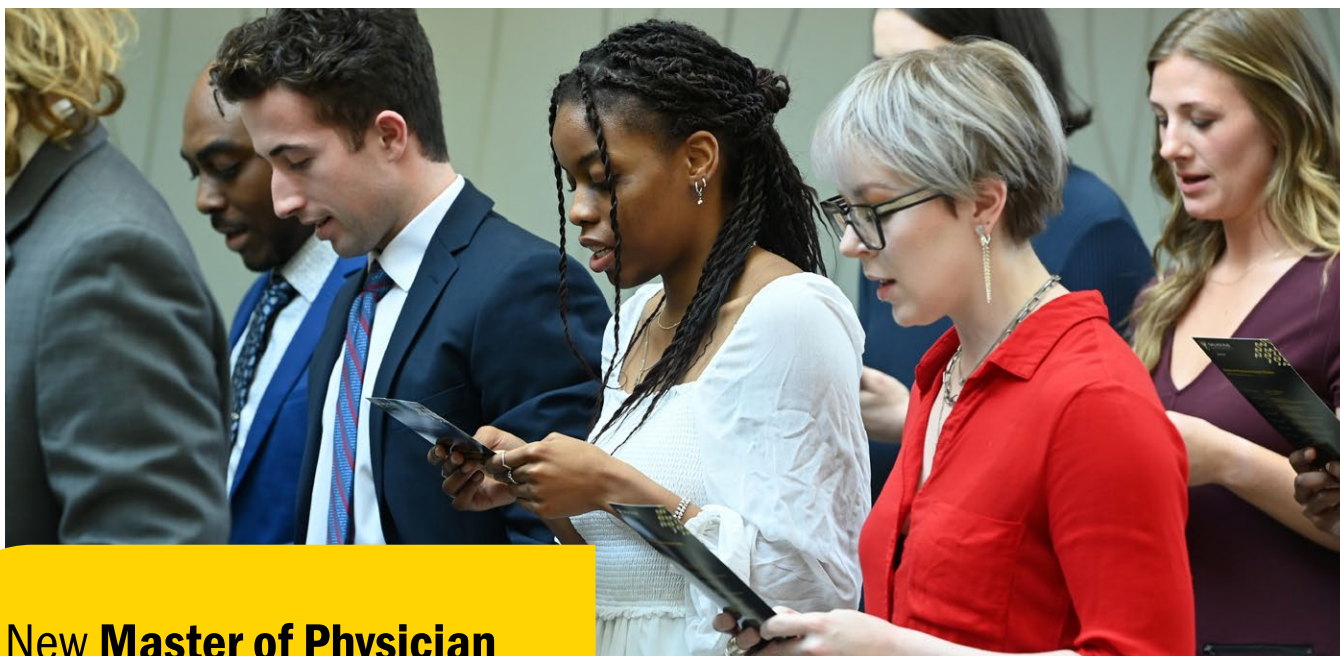
Residents participating in the elective receive a comprehensive learning experience, incorporating classroom-based workshops and leadership-based projects. The program's success is made possible through the support and collaboration of sponsors, including Doctors NS, MD Management, and Scotiabank, who are committed to enriching the leadership journey of Dalhousie residents.

In 2023, thanks to Doctors NS, residents received the added benefit of professional coaching, delivered by non-physicians specializing in the area. This unique and highly valuable experience provides residents with feedback on their strengths and weaknesses and offers opportunities and solutions for improvement.

On a Tuesday afternoon in October 2023, leadership elective residents, along with nearly 80 others, gathered in the Tupper Medical Building at Dalhousie to hear from author, public speaker, leadership consultant, international advisor, former Canadian Senator, and founder of the Dallaire Institute for Children, Peace, and Security, Lieutenant-General the Honorable Roméo A. Dallaire. The retired General, whose courage and leadership as Force Commander during the United Nations Assistance Mission for Rwanda during the 1994 genocide earned him the Order of Canada, spoke with both humility and humour, addressing the resiliency of healthcare professionals during the COVID-19 pandemic, and the importance of serving as physicians.

The presentation marked the end of the leadership elective for the second cohort of residents.





## New **Master of Physician Assistant Studies** program launched in Faculty of Medicine

A program at Dalhousie University is poised to make a significant contribution to the health and wellbeing of Nova Scotians.

On August 3, 2023, at Dalhousie's Collaborative Health Education Building (CHEB), the Province of Nova Scotia, represented by Minister of Health and Wellness, The Honourable Michelle Thompson, and Minister of Advanced Education, The Honourable Brian Wong, along with Dr. David Anderson, Dean, Faculty of Medicine, announced the development and funding of a **Master of Physician Assistant Studies (MPAS) program** in the Faculty of Medicine at Dalhousie University, which accepted its first cohort of students in January 2024.

The first of its kind in the Maritime provinces and only the fourth in the country, the MPAS provides graduates with the competencies needed to provide compassionate, evidence-based care and significantly contribute to interprofessional healthcare teams.

Physician assistants are highly skilled healthcare professionals who work collaboratively with physicians and other members of the healthcare team to provide high-quality patient care. Dalhousie's MPAS training is a condensed, two-year medical curriculum preparing students for direct entry into the profession. They receive comprehensive training in various areas such as clinical medicine, patient assessment, diagnosis, treatment planning, pharmacology, and surgical procedures. Students also gain practical experience through clinical rotations in various healthcare settings, including primary care, surgical services, medical services, psychiatric services, and emergency departments.

A stethoscope ceremony on Feb. 15, 2024, recognized the significance of the first class of MPAS students and how they will positively contribute to the healthcare system in Nova Scotia.

## **Dr. Julie Copeland** returns home to Saint John as **Senior Associate Dean, DMNB**

For years, Dr. Julie Copeland, a native of Hampton, New Brunswick, was waiting for the perfect opportunity to return home as a rural family physician.

Passionate about rural medicine and leadership, the former postgraduate director for family medicine at the Schulich School of Medicine and Dentistry at Western University in Ontario, joined the DMNB team as senior associate dean on Jan. 15, 2024, after nearly 20 years as an academic family physician at Western.

Dr. Copeland is focused on the role DMNB plays in addressing the primary care challenges in New Brunswick and understanding their role in the broader context of healthcare system change within the province. Despite the recent expansion of undergraduate seats from 30 to 40 in the medical training program, and a government that she expects would like to expand further, her focus remains on assessing the existing capacity and strategizing effectively.

Dr. Copeland sees immense value in training more people in generalism, so that they can diagnose and manage a wide range of diverse and complex clinical problems, a strategy that she believes can take pressure off other areas of the healthcare system. She acknowledges, however, the limitations of overburdening physicians and seeks to navigate this fine line by leveraging data and fostering collaboration in the Faculty of Medicine, the health authorities, and with governments.



And with that in mind, Dr. Copeland is working to gain a better understanding of the distributed faculty to help determine capacity in different areas. She hopes this information paired with regular visits to all DMNB sites, will allow her to provide the support and resources needed to maximize learning opportunities throughout the province.

Dr. Copeland has been impressed by the Faculty of Medicine's ability to make everyone, whether they're in Halifax, Saint John, or a more distributed location throughout the Maritimes, feel connected and heard.



Diana's golden ticket:  
**Dal's newest Rhodes Scholar** is Oxford-bound on a life-changing opportunity

Diana Adamo has always considered her education to be the closest she'd ever get to a golden ticket. It was a chance to overcome the challenges of her childhood — growing up in poverty, witnessing domestic abuse — and not only break out of that cycle of but find a way to help stop it for others.

Through hard work and perseverance, Diana has succeeded in carving a different path forward for forward for herself, one that took her from her home in the greater Toronto area to Canada's East Coast and to earning an exceptional academic record at Dalhousie.

Along the way, she's been lucky enough to experience a couple of those "golden ticket" moments. One was when she was offered a Chancellor's Entrance Scholarship to Dalhousie — without which she probably would never have been able to study at Dal in the first place.

The second was in mid-November 2023, when she got the phone call telling her she's going to become a Rhodes Scholar.

A Rhodes Scholarship is one of the most prestigious academic awards in the world. Eleven recipients are chosen from across Canada each year, joining



a global contingent of more than 100 scholars annually who receive full funding to cover travel, study, and expenses for postgraduate studies at Oxford University in the United Kingdom. Recipients are chosen based on academic achievement, moral character, leadership, and extracurricular activities.

With her scholarship, Diana became the 94th Rhodes Scholar to be selected from Dalhousie University since the awards were first created in 1902 — a number that exceeds all but a handful of other major North American universities and places Dal in the ranks of schools like Stanford, Princeton, McGill and the University of Toronto.

She hopes to study further in a master's program at Oxford. From there, she sees herself continuing her studies into either a MD or perhaps a PhD.

It's all about finding the best way to make a difference — the same drive that has pushed her to excel at Dalhousie, to achieve all that she has in her studies, and to cash her ticket to Oxford.



# SERVING & ENGAGING SOCIETY AT DALHOUSIE'S FACULTY OF MEDICINE

The Faculty of Medicine has articulated a vision for improving health in the Maritimes that exceeds its traditional roles of educating physicians and conducting leading-edge research.

Our intentions are to examine and redefine the medical school's interactions with historically marginalized communities, and to work with our government partners and external stakeholders to meaningfully catalyze system change. We seek to build an inclusive faculty that welcomes diversity and appreciates diverse forms of excellence within its members. Our teams are continuously working to enhance equitable health outcomes for diverse populations with underrepresented voices in health systems and engage communities in the design and delivery of our educational programs and in identifying priorities in our research mission.



## REPORT FROM **DR. GAYNOR WATSON-CREED** *Associate Dean, Serving & Engaging Society*

We have seen significant success with the establishment of the Black Learners Admissions Pathway (BLAP) and the Indigenous Admissions Pathway (IAP), as well as completion of the Curriculum Refresh and the Case Diversification working group. This has resulted in a critical analysis of the curriculum related to anti-oppression and new curriculum content related to Indigenous and Black health. We are pleased to welcome 18 Black learners and 12 Indigenous learners into Dalhousie Medical School class of 2028. Our Academic Director, Indigenous Health, Dr. Brent Young has also collaborated with PGME to create an Indigenous validation policy for CaRMS applicants, and both Dr. Young and Academic Director, Black Health, Dr. Leah Jones participated in the creation of pathways for learners in the Master of Physician Assistant Studies (MPAS) program.

In an exciting announcement in the spring, the RBC Foundation donated \$600,000 to support Black and Indigenous learners, funding essential support services within the Faculty of Medicine.

Dr. Young led initiatives for Doctors Nova Scotia and the National Consortium for Indigenous Medical Education, collaborating with numerous health and academic organizations to advance Indigenous health and anti-racism efforts.

A Global Engagement Committee was approved by Faculty Council and has begun establishing its priorities, and a task force was created to develop guidelines for an Engaging & Valuing Communities initiative.

Dr. Leah Jones continued her work with the Nova Scotia Sisterhood to improve healthcare access for Black women and is leading the proposal for Centres of Excellence for Black Health in Nova Scotia.



Drs. Gaynor Watson-Creed and Brent Young celebrated the Wije'winen Health Centre's anniversary, securing ongoing funding for the Centre, which serves as an academic teaching site for Indigenous health.

The success of the systems change conference in 2023 has led to plans for a second conference in 2025, in collaboration with the Thomas and Alice Morgans Fear Conference and Continuing Professional Development and Medical Education.

Together, these dynamic initiatives and collaborations are both driving transformative change within the Faculty of Medicine and setting the stage for a more inclusive, innovative, and equitable future in healthcare.



## Indigenous representation in medicine

Fourth year medical student Jordin Fletcher hadn't met a practicing Indigenous physician until she encountered Dr. Brent Young in 2021 when she began medical school as an Indigenous learner.

She had been working in healthcare as a nurse for five years.

And recent family medicine graduate, Dr. Shanté Blackmore who grew up in Millbrook First Nation, hadn't worked with an Indigenous preceptor her entire medical training.

In the spring, this all changed.

For the first time, they found themselves working side-by-side with an Indigenous staff physician.

Dr. Young, who is Anishinaabe and a member of Sandy Bay First Nation and clinical lead at Wije'winen Health Centre and Sipekne'katik Health Centre, says it was a first for him to supervise an Indigenous medical student and resident together, and it is likely the first time this has ever happened in Mi'kma'ki.



## Spotlight on Serving & Engaging Society

“It was a very interesting and fulfilling experience for me. The biggest thing I noticed was the shared understanding we already had as Indigenous people in medicine. Being able to sit down with these learners and do more one-on-one mentorship, especially on how we can approach issues like racism in the healthcare system, was very valuable for both their learning and mine.”

Thanks to the hard work of Dr. Young and the Faculty of Medicine, learners have the opportunity to rotate through Wije’winen Health Centre and up to 50 other wrap-around services offered by the Mi’kmaw Native Friendship Centre, which partnered with the Faculty of Medicine in 2022 to provide primary care services to the urban Indigenous community of Halifax. At the Sipekne’katik Health Centre, which is located in Indian Brook, learners visit from across the province for electives in family medicine, psychiatry, and other health specialties providing care at the clinic.

### CULTURALLY RELEVANT CARE

Dr. Blackmore, who is Mi’kmaw and African Nova-Scotian just completed her family medicine training with plans to stay in Nova Scotia and practice in Indigenous communities. The last two months of her residency were spent at the Wije’winen Health Centre, an elective she chose with the motivation to have a consistent experience with Indigenous patients.

“Growing up on reserve has made me aware of the inequities that Indigenous Peoples face and while I anticipated this work to be challenging, it has been even more rewarding,” says Dr. Blackmore. “I really wanted to get more experience working directly in community. It has been a valuable experience that I otherwise would not have had in my training.”

Both the Wije’winen and Sipekne’katik Health Centres provide multidisciplinary primary care with a focus on services that are anti-racist and culturally relevant. This includes access to traditional medicines, Elders, and cultural programming such as drum-making, dancing, and language classes. This care model addresses barriers in the healthcare system, providing longer appointment times tailored to patient needs, particularly for chronic issues previously neglected.

“The key is that the learning and medicine we practice is of high quality,” says Dr. Young. “Our patient population can be hesitant to seek care in hospital settings or with other specialists, so we have to problem-solve in the primary care setting. This provides valuable learning experiences.”

With many patients presenting with histories of trauma, the clinics focus on trauma-informed care. Learners receive guidance on communication and how to approach the apprehensiveness or mistrust they might notice with some patients. With an emphasis on well-rounded primary care, learners also benefit from the experience of point-of-care ultrasound, EKGs, and other minor procedures.

Dr. Blackmore remarks on the added layer of complexity that patients present with at the clinics.

“You’re always thinking about how intergenerational trauma and systemic racism are underlying many chronic disease presentations,” she says. “It has been really good because I feel prepared to go out and start practicing in community and better manage those complex issues.”

“I had almost no role models going into medicine. Just walking into this clinical rotation felt completely different. For the first time in my training, I felt safe knowing they would understand me and how I approach things.”

### BUILDING RELATIONSHIPS

Jordin Fletcher applied to medical school recognizing the racism, harm, and overall structural violence, Indigenous people regularly face in healthcare. To then be in an environment where work is done to support Indigenous patients and communities, and the opportunity to work with Drs. Young and Blackmore is nothing short of extraordinary.

## Spotlight on Serving & Engaging Society

“It’s a really special space to be welcomed into, and you have to recognize that as an honour and treat it that way,” she says. “There’s a lot to learn and a lot of listening.”

Jordin is a member of the Missanabie Cree First Nation and Mi’kmaw through her grandfather, who is a member of Millbrook First Nation. Her grandmother is a survivor of Shingwauk residential school in Sault Ste. Marie, Ontario. Jordin finished her medical school rotation at the Wije’winen and Sipekne’katik Health Centres in June.

“I had never worked with an Indigenous staff physician before, so it takes some of the work out of it,” says Jordin. “I could focus on my learning because we’re at a different baseline with Indigenous experience and health. I don’t have to try to explain things to Dr. Young; he knows, so I can just focus on learning.”

Both the Wije’winen and Sipekne’katik Health Centres are embedded in culturally rich Indigenous communities. The healthcare teams who practice there develop trust and long-term relationships with more than just the patients accessing care, but with the wider community in which the clinics reside.

“In the health centres, many staff are members of the community, and that is impactful for the relationship between the health centre and community members, I can feel the difference just being in the space,” says Jordin. “When it’s truly community-run, it meets the needs of the community and helps shift that power dynamic between physicians and patients.”

### REPRESENTATION MATTERS

In 2022, Dalhousie Medical School announced the Indigenous Admissions Pathway to address the barriers that have prevented Indigenous applicants from entering medical school at Dalhousie. This fall, the second cohort of 12 students will be admitted under this initiative.

Dr. Blackmore, who was one of a self-proclaimed, ‘big group’ of five Indigenous medical students at Western University, is thrilled Indigenous youth are seeing themselves in medical careers.

“I had almost no role models going into medicine,” says Dr. Blackmore. “Just walking into this clinical rotation felt completely different. For the first time in my training, I felt safe knowing they would understand me and how I approach things.”

That understanding is mirrored in the patients she serves.

“People don’t automatically trust the healthcare system, but it’s easier for me to build rapport with patients when they see who I am and how I do things differently,” she says. “I think it just goes to show that increasing diversity in our healthcare system better serves patients.”

### A NEW PATH

Jordin, who had always envisioned a career in surgery with a focus on community-based care, says her experience at the clinics has broadened her options for residency.

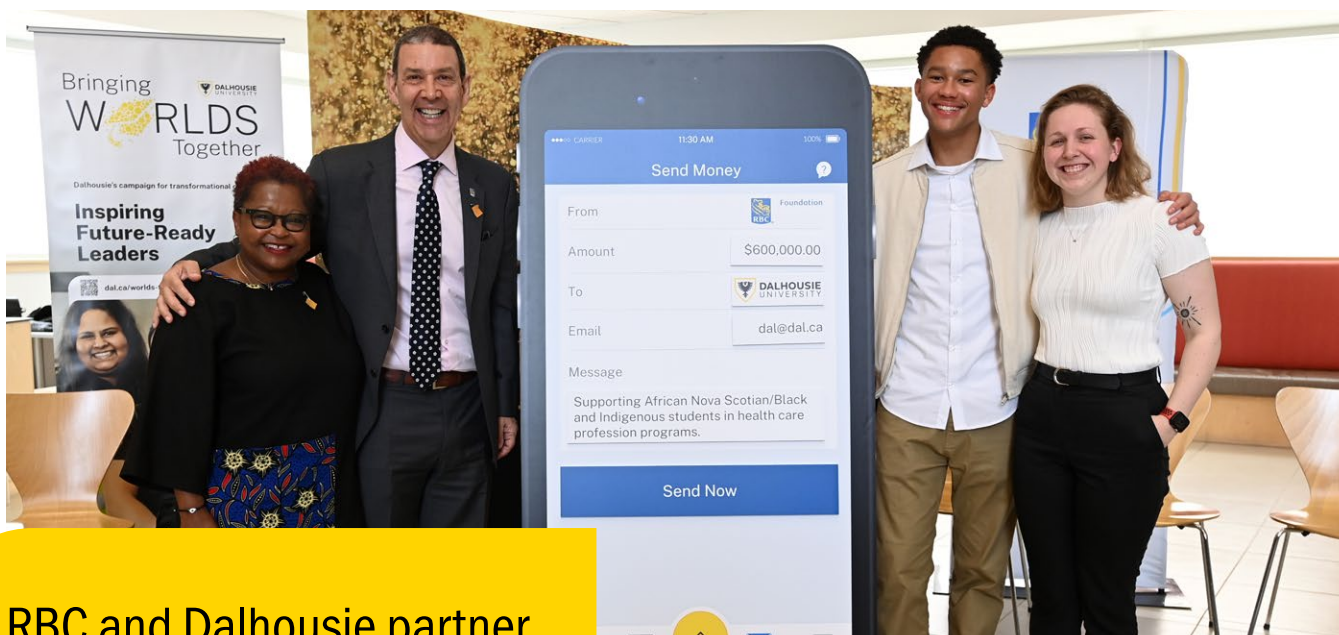
“Before this rotation, I was unlikely to consider family medicine but seeing the scope of what can be provided in community from a family physician perspective—I knew it existed—but to see it and live it, now I am thinking this can work.”

Though no decision has been made for her future, the rich experience provided at the Wije’winen Health and Sipekne’katik Health Centres has profoundly influenced her career path and showcases the transformative power of representation and mentorship.

Dr. Brent Young, who in addition to his clinical responsibilities, also serves as Academic Director, Indigenous Health at Dalhousie, believes that despite frequent discouragement and negative news in healthcare, the trajectory is improving with a new generation of Indigenous physicians emerging in the profession.

“If you had asked me in 2015, when I started medical school, if I would see this in less than ten years, I wouldn’t have thought so because there weren’t many, if any, other Indigenous medical students with me at the time,” he says. “And so, to see that progress from then to now, it speaks to some of the work that’s been done and the way that Dalhousie Medical School has been much more open to change and making things better.”





## RBC and Dalhousie partner to **transform healthcare education**

In May 2024, RBC Foundation announced a game-changing \$600,000 gift to Dalhousie University to bolster initiatives that foster inclusivity within the health professions.

The three-year commitment, announced May 16, 2024, intends to improve the participation of African Nova Scotian/Black (ANS/Black), and Indigenous students at Dalhousie by building on the university's existing programs.

The funding will support the Inclusive Pathways to Medical Professions (IPMP), Promoting Leadership in Health for African Nova Scotians (PLANS), and Keknu'tmasiek Ta'n Tel Welo'ltimk (KW) initiatives, which are designed to increase representation and participation of historically marginalized groups in healthcare education at Dalhousie. These initiatives will support more than 800 students, marking a significant step forward in the pursuit of inclusive and accessible health education.

In Atlantic Canada and the rest of the country, waitlists to access healthcare are long, but particularly acute for underserved populations. The lack of representation amongst healthcare professionals amplifies inequalities and access to care, especially for ANS/Black and Indigenous communities. Although improving representation amongst healthcare professionals and in programs is critical, Dalhousie believes robust support structures that ensure student success and retention must also accompany recruitment efforts.

Dalhousie's IPMP, PLANS, and KW initiatives provide culturally relevant support services to students. With RBC Foundation's support, Dalhousie will expand these wraparound services to include counselling, mentorship, tutoring, career development, safe spaces, community building, admissions support, and Elder-in-Residence programs. These initiatives will empower students throughout their educational journey and prepare them for successful careers in healthcare.

As Dalhousie University and RBC Foundation forge ahead in their collaborative efforts, they have set the stage for an important shift in the healthcare landscape, celebrating diversity and dismantling barriers to create a more inclusive and equitable future for all.

## More than Medicine: Community-Engaged Service Learning Program

There is more to being a physician than the skills needed to diagnose and treat disease. Critical thinking, patient advocacy and communication, collaboration, and community building are competencies that cannot be fully taught in the classroom.

At Dalhousie Medicine, medical students have the opportunity to build these integral abilities through the Community-Engaged Service Learning Program (CESL), offered during the first two years of their undergraduate education.

The program combines classroom-based learning with community experiences through service learning. Participating students are matched with organizations who work with underserved and equity-deserving communities and partner with them to develop impactful deliverables relevant to that population.

Part of the Faculty of Medicine's Office of Community Partnerships and Global Health, the CESL Program seeks to enhance student learning through testing classroom-learned skills and knowledge in a real-world setting. Students engage and collaborate with the organizations for a minimum of 20 hours to address real problems they are facing. In doing so, they contribute to social accountability in medicine and are inspired to become leaders in their communities.

Launched in 2015, this unique program now partners with both local and national partners such as Special Olympics New Brunswick, 211 Nova Scotia, Immigrant Services Association of Nova Scotia (ISANS), and Chebucto Connections.

There are currently 38 partner organizations (32 in Halifax and 6 in Saint John with Dalhousie Medicine New Brunswick) connected with the program, an increase of 10 from the previous year. They also had their highest enrollment in 2022, with 68 students participating, compared to 42 in 2021.

The CESL Program helps develop empathetic, service-driven, and well-rounded people who will become compassionate, patient-centric physicians. Physicians that will hopefully practice right here in Nova Scotia, compounding the positive impact they have in their communities.







## VALUING PEOPLE AT DALHOUSIE'S FACULTY OF MEDICINE

When we released the updated strategic plan, *Realizing Our Ambition*, last year, we introduced a new stream of work dedicated to showing respect and appreciation for the people who make our collective accomplishments possible. Valuing People focuses on what improvements or changes we can make as an organization to ensure the Faculty of Medicine is a great place to work and study.





## REPORT FROM **LINDA PENNY** *Chief Operating Officer*

Over the last year, we established the Valuing People Advisory Committee and staff sub-committee to help steer and guide this strategic stream within the framework of the strategic plan. The committee has endorsed five action items to take priority and has been working diligently to bring them to fruition.

The Faculty of Medicine is committed to creating a positive work environment, characterized by collaboration, respect, and well-being initiatives, with the goal of boosting morale and putting a priority focus on staff to increase levels of satisfaction. You may have already noticed some changes to the Tupper foyer, with more to come, all with the goal of making this a more welcoming and inclusive space.

Improving our processes within the Faculty of Medicine is essential for maintaining high standards and allowing us to continue to train the next generation of physicians and researchers. We rely on your feedback, and innovative practices and ideas for our longevity and success. By fostering a culture of continuous improvement, we can enhance our operational effectiveness, ultimately leading to greater employee satisfaction, better educational outcomes for students and improved care for patients.



## **Awarding excellence: Faculty of Medicine awards faculty and staff**

On May 28, 2024, members of the Faculty of Medicine community gathered to recognize the contributions of faculty in the areas of research, education, and community service. And then on June 19, 2024, they gathered once again to celebrate and acknowledge the incredible contributions of staff and those in senior academic leadership positions.

Our strategic plan, *Realizing Our Ambition*, launched in 2023, articulates our commitment to respecting and appreciating the people who make our collective accomplishments possible. The strategic stream, *Valuing People*, focuses on what improvements or changes we can make as an organization to make the Faculty of Medicine a great place to work and study.

The faculty and leadership awards, presented annually, are an opportunity to acknowledge hard work and ensure we create a positive work environment that fosters well-being and supports career growth. Importantly, this is just one way that we are striving for this goal.



## Spotlight on Valuing People

### FACULTY AWARDS

**Dalhousie Program Director Awards – Innovation:**

Dr. Cheng Wang, Department of Pathology

**Dalhousie Program Director Awards – Leadership:**

Dr. David Horne, Division of Cardiac Surgery,  
Department of Surgery

**Faculty of Medicine Award of Excellence in Education:**

Dr. David Gardner, Department of Psychiatry

**Faculty of Medicine Early Career Award of Excellence**

**in Education:** Dr. Jaclyn LeBlanc, Department of  
Medicine, Division of Infectious Diseases, DMNB

**Faculty of Medicine Award of Excellence in Clinical**

**Practice:** Dr. Michiel Van den Hof, Department of  
Department of Obstetrics & Gynaecology

**Faculty of Medicine Early Career Award of**

**Excellence in Clinical Practice:** Dr. Alison Dixon,  
Division of Geriatric Medicine, Department of Medicine

**Faculty of Medicine Community Teacher of the Year**

**Award:** Dr. Kendra Gilmore, Department of Family  
Medicine in Sussex, New Brunswick

**Faculty of Medicine Award of Excellence in**

**Teaching (PhD Faculty):** Dr. Ross Davidson,  
Department of Pathology

**Faculty of Medicine Early Career Excellence**

**in Teaching (PhD Faculty):** Dr. Shawn Xiong,  
Department of Biochemistry and Molecular Biology

**Allan Cohen Memorial Award for Community Service:**

Dr. Aruna Dhara, Department of Family Medicine

**Dr. Wayne Putnam Award:** Dr. Babar Haroon,

Department of Critical Care

**Faculty of Medicine Excellence in Basic Research**

**Award:** Dr. Graham Dellaire, Department of Pathology

**Faculty of Medicine Early Career Investigator**

**Award:** Dr. Alexa Yakubovich, Department of  
Community Health and Epidemiology

**Faculty of Medicine Excellence in Clinical Research**

**Award:** Dr. Rudolf Uher, Department of Psychiatry

**Faculty of Medicine Excellence in Research**

**Mentorship of Trainees:** Dr. Leah Cahill, Department  
of Community Health and Epidemiology

**Faculty of Medicine Excellence in Research**

**Mentorship of Faculty:** Dr. James Fawcett,  
Departments of Pharmacology and Surgery

**Faculty of Medicine Excellence in Research**

**Mentorship - Equity, Diversity, and Inclusion:** Dr.  
Sandra Meier, Department of Psychiatry

**Faculty of Medicine Career Excellence in Research**

**Mentorship:** Dr. Susan Howlett, Department of  
Pharmacology



### LEADERSHIP AWARDS

**Award of Excellence, Professional & Managerial**

**Leadership:** Dr. Shawna O'Hearn (Global Health)

**Award of Excellence, Academic Leadership:** Dr.

Jennifer Hall (Dalhousie Medicine New Brunswick)

**Award of Excellence, Leadership in Administrative,**

**Clerical & Technical Support:** Rattina Dasse

Nadaradjan (Dalhousie Medicine New Brunswick)

**Award of Excellence, Emerging Leader:** Timi Idris

(Global Health - PLANS)

**The Ryan Clow Team Collaboration Award:**

Inclusive Pathways to Medical Professions - IPMP  
(Medical Sciences)

# DALHOUSIE UNIVERSITY-WIDE AWARDS

## Faculty and staff honoured with Dalhousie Legacy Awards

On Nov. 7, 2023, Dalhousie recognized faculty and staff with the annual Legacy Awards. This university-wide awards ceremony was first held in 2018 as part of the university's 200th anniversary celebration. The awards aim to help Dalhousie create a culture of respect and recognition for all employees at the university.

### IN 2023, FACULTY AND STAFF IN THE FACULTY OF MEDICINE WERE HONOURED WITH SEVERAL AWARDS:

- **Distinguished Research Professors (formerly University Research Professors)** – Dr. Graham Dellaire
- **Dr. Allan Cohen Memorial Award for Community Service, Faculty, Medicine** – Dr. Nicholas Giacomantonio
- **Rosemary Gill Award** – Michelle Patrick
- **President's Awards for the Advancement of Equity, Diversity, Inclusion and Accessibility (EDIA)** – Promoting Leadership in Health for African Nova Scotians (PLANS)

## DR. NIKHIL THOMAS RECEIVES UNIVERSITY-WIDE TEACHING AWARD

Dr. Nikhil Thomas from the Department of Microbiology and Immunology at Dalhousie University received the Award for Excellence in Graduate Supervision from Dal's Centre for Learning and Teaching. His research on food and water-borne pathogens and ocean microorganisms has significantly advanced these fields. Dr. Thomas is also committed to promoting Equity, Diversity, and Inclusion (EDI), participating in initiatives like the Dalhousie Graduate Student BIPOC mentoring academy.





## Cape Breton Medical Campus

Just over one year ago, we joined forces as the two largest educational institutions in Nova Scotia to overcome the challenges that were creating barriers to access to family medicine in Cape Breton and other rural communities across our province. The answer was born when the idea of the Cape Breton Medical Campus became a reality.

Working together to make the Cape Breton Medical Campus possible has been an incredibly exciting and rewarding journey. Much work has taken place already, and yet there is much more work to do in the coming months as we prepare to accept the first cohort of students in 2025.

Those students will become much-needed and much-valued family doctors in rural areas across our province and join the ranks of the exceptional physicians already working in Nova Scotia. That is an extremely important legacy that Nova Scotians will benefit from.

We look forward to continued engagement with physicians and community members in preparation of the campus opening. We have said from the beginning that healthy communities are thriving, and we are thrilled, and grateful, to contribute to Nova Scotia's communities in this way.

Thank you for your continued support.

**Dr. David Anderson**

*Dean, Faculty of Medicine  
Dalhousie University*

**David C. Dingwall**

*President and Vice-Chancellor  
Cape Breton University*



# DALHOUSIE MEDICAL SCHOOL BY THE NUMBERS

552

**MEDICAL  
STUDENTS**

265

**GRADUATE STUDENTS**  
102 Doctoral | 163 Master's

63

**POSTDOCTORAL  
FELLOWS**

687

**RESIDENTS**  
191 Family Medicine  
496 Royal College

40

**RESEARCH CHAIRS**  
25 Endowed Chairs  
15 Canada Research Chairs

22

**DEPARTMENTS**

78

**BASIC SCIENCE FACULTY**  
*Full-time equivalent*

2422

**CLINICAL FACULTY  
MEMBERS**

488

**STAFF MEMBERS**  
*Full-time equivalent*

9

**FAMILY MEDICINE  
POSTGRADUATE  
TEACHING SITES**  
in urban and rural communities  
throughout Nova Scotia,  
New Brunswick, and Prince  
Edward Island

40

**NEW BRUNSWICK  
STUDENTS ADMITTED**  
to Dalhousie Medicine New  
Brunswick (DMNB) each year

5

**UNDERGRADUATE  
TEACHING SITES**  
throughout Dalhousie Medicine  
New Brunswick (DMNB) including  
Fredericton, Miramichi, Moncton,  
Saint John, and Waterville  
(Upper River Valley)

# RESEARCH FUNDING HIGHLIGHTS

## Total Research Funding

**\$81M**

TOTAL FUNDING

**\$55.8M**

IN GRANTS

**\$25.2M**

CLINICAL TRIALS  
& CONTRACTS

## CIHR Spring 2023 Competition

**18%** NATIONAL SUCCESS RATE

**15.4%** FoM SUCCESS RATE

## CIHR Fall 2023 Competition

**17.2%** NATIONAL SUCCESS RATE

**25.7%** FoM SUCCESS RATE

## Research Chairs

- Recruitment underway for one Canada Research Chair (CRC)
- One CRC renewal in progress
- Successful recruitment of two endowed chairs
- Recruitment of four endowed chairs in progress
- Two endowed chairs renewed
- Two endowed chair renewals in progress



**DALHOUSIE  
UNIVERSITY**

**FACULTY OF MEDICINE**

**[medicine.dal.ca/annual-report](http://medicine.dal.ca/annual-report)**

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