

Dalhousie University
Faculty of Medicine
Senate Review Self-Study



2019 -2020

Faculty of Medicine Self-Study

Executive Summary	i
Institutional Alignment	1
Dalhousie Strategic Direction	1
Equity, Diversity and Inclusion	3
Academic Plan.....	4
Research Plan.....	4
International Strategy	4
Planning Processes	6
Strategic Plan	6
Program and Curricular Planning and Evaluation	9
Quality Indicators	12
Strategic Plan (includes education, research, and social accountability)	12
Annual Performance Reviews	12
Departmental Surveys (virtual and in-person)	13
Dean’s Office Unit Reviews	13
AFP deliverables.....	14
Equity, Diversity and Inclusion	16
Strategic Plan	16
Diversity & Inclusion Guidelines	16
Outreach with African Nova Scotian Youth	17
Outreach with Indigenous Communities	17
Johnson Scholarship Foundation (JSF)	18
Recruitment Visits.....	18
Academic Advising	19
Bursaries for students from traditionally underrepresented-in-medicine backgrounds	20
Selection criteria preference for traditionally underrepresented-in-medicine backgrounds	21
Dalhousie Medicine’s Diversity Survey	22
Curriculum content associated with diverse cultures/belief systems, cultural biases, and health disparities.....	22
Faculty	23

Senior academic and educational leadership	24
Governance, Organizational, Management and Administrative	28
Overview	28
Recent Governance and Organizational Reviews	29
Organizational Chart	30
Governance & Decision Making.....	30
Communication Mechanisms	32
Town Hall Meetings (virtual and in-person)	33
Departmental Surveys (virtual and in-person)	34
Annual Faculty Meeting (virtual and in-person).....	34
Undergraduate Program Review Mechanisms.....	35
Admissions	35
Curriculum.....	36
Graduate Program Review Mechanisms	38
Structure	38
Equity, Diversity and Inclusion (EDI)	40
Interactions between Departments and FGS.....	40
Accreditation Reviews.....	42
Undergraduate Medical Education (UGME) Accreditation	42
Postgraduate Medical Education Accreditation	43
CPD Accreditation	43
Academic Career Progression	44
Tenure Stream	45
Continuing Appointment with Annual Academic Career Development.....	45
Developmental Resources and Opportunities.....	46
Annual Reappointment, Tenure and Promotion Statistics.....	47
Faculty Budget.....	48
Faculty of Medicine Budget Process	48
Multi-Year Budget.....	49
Relationships and Collaborations.....	50
Research.....	50
Education	52

Serving & Engaging Society.....	54
Physical Facilities	56
Education	56
Research.....	57
Administration	58
Space Allocation.....	59
Faculty of Medicine 2012 Senate Review Recommendations.....	61
List of Acronyms	81

Executive Summary

The Faculty of Medicine has seen many great changes as we have evolved and grown since the [last senate review](#). In 2010, the Way Forward was put into action to provide clarity during a time of urgency to implement change. Its strong focus on measuring and monitoring achievement resulted in successfully accomplishing the clear and achievable 12-month priorities. This process saw the successful launch and implementation of Dalhousie Medicine New Brunswick, a renewed undergraduate medical curriculum, expanded regional and rural medicine opportunities, advancements in interprofessional education, increased collaborations, organizational and operations renewal, as well as increased research space supports and infrastructure.

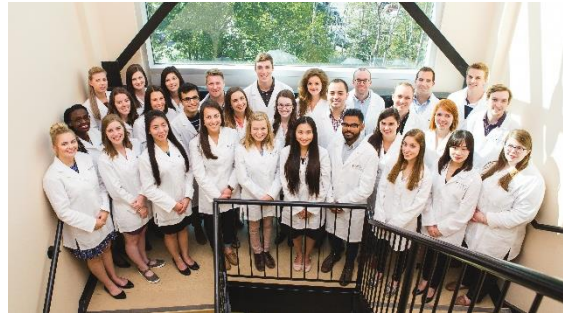
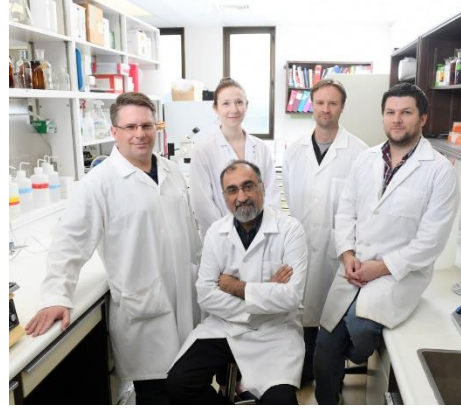
These successes led us to the development a new strategic plan in 2015, #DalMedForward, while aligned to the university's plan it represents the unique goals and vision of the Faculty. This plan has seen the development of our WAVE teams, groups of researchers that were felt to be internationally competitive currently (WAVE I) or could be in the next five years (WAVE II), resulting in increased research productivity and funding capture as well as helping to create collaborative opportunities. Since the launch of the Education pillar we have had three successful accreditations, seen an increase in medical student seats and Family Medicine and Internal Medicine Resident sites, as well as more exposure to rural and community practice. The new pillar, Serving & Engaging Society, has helped us focus on areas where we have been doing important work and plan strategically towards future initiatives. Since the launch of this plan we have welcomed the inaugural Assistant Dean Serving and Engaging Society, identified current champions and achievements, and increased community engagement.

As part of the strategic plan, the Faculty of Medicine set a vision to be responsive to the health needs across the Maritimes. As we work to that vision, we need to strive to accurately represent our Maritime communities and understanding their needs. To do this, the Faculty of Medicine has taken great strides to address equity, diversity, and inclusion within our administrative processes, curriculum, outreach activities, and community impacts. While these efforts have been ongoing for years, with the new strategic plan it is now woven throughout all three key areas, with identified outcomes and performance measures. The Faculty is on its way to becoming a leader in EDI, both within the university and nationally, as we continue to look for new opportunities to evaluate our current activities and foster new strategies and endeavors.

This openness to new opportunities and drive to evaluate our current situation is evident throughout the Faculty. Our ability to adapt and change, foster new relationships, and support new ideas has been the driving force of the Faculty of Medicine for the last ten years. A systemic process of continuous quality improvement has been developed and is demonstrate through our continuous curriculum renewal, department and program reviews, and accreditation success. Collaborations and relationships have been fostered such as the Nova Scotia Health Research and Innovation Strategy (IHRIS), our many interprofessional education partners, and community teaching sites. We also continue to align with the university through updated Graduate Program reviews, career progressions policies, and multi-year budget process.

Since our last review we have also seen major improvements in our physical space with renovations to

the Sir Charles Tupper Medical Building, Tupper Link and CRC buildings. The opening of the Collaborative Health Education Building (CHEB) has provided state of the art interprofessional learning spaces for our students. These renovations improved learning experiences, updated research laboratories, and revitalized lounge space. A major energy refit project also resulted in increased efficiency and comfort within these spaces.

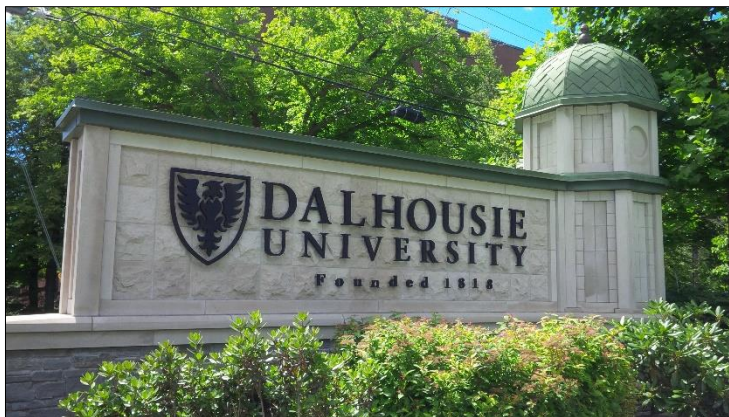


Institutional Alignment

How closely aligned are the Faculty's plans with institutional strategies and plans (e.g., Dalhousie strategic directions, equity, diversity and inclusion, academic plan, research plan, international strategy)?

Dalhousie Strategic Direction

The Faculty of Medicine strategic plan termed #DalMedForward was created through an intensive and collaborative process. Using the university strategic plan as a framework, working groups consisting of stakeholders from the FoM including faculty, staff and students, other Dalhousie faculties specifically Dentistry and Health, the Health Authorities, government including the Departments of Labour and Advanced Education and Health and Wellness were



created for each of Research, Education, and Serving & Engaging Society. Over a 5-month period, information on significant issues and trends were gathered through a focused retreat, and a larger environment scan. This information was developed into two or three consolidated Areas of Focus for each theme; proposed Goals, Component Outcomes and Priority Initiatives were developed. Thoughtful reflections in the form of basic planning assumptions, issues and questions, and existing foundations for the work were captured for the implementation phase.

In April 2016, Steering Committee members and Working Group leaders used Town Hall sessions, surveys, and written submissions to engage our faculty, our staff and our learners throughout the Maritimes. The process also informed the update of the Faculty Mission, Vision and Values.

This work resulted in a clear vision for the Faculty of Medicine which closely aligns with the university. The full strategic plan can be reviewed here: <https://medicine.dal.ca/about/dalmedforward.html>

The Steering Committee which oversaw the development of the plan continues to oversee and monitor its implementation. Strategic Area Advisory Committees provide feedback and support for the implementation of #DalMedForward using key performance indicators which have been developed and approved. Alignment is continually ensured through annual reports Department Heads submit to the Dean, which include progress updates on their own strategic plans as well as how they align with Faculty initiatives. Progress on implementation of the strategic plan is updated twice yearly on the Faculty of Medicine website. Faculty are also updated on yearly progress at the annual Faculty meeting. The Faculty in turn, reports annually to the Provost on the success of Faculty initiatives in support of the university plan. This process ensures that activities of the departments, as well as the overall Faculty, align with the institutional strategies.

Our three strategic areas, Education, Research and Serving and Engaging Society align with the university strategic areas and relate directly to the university mission. An example of this alignment and reporting can be seen below.

FROM: 2014-18 Summary Report on Strategic Initiatives Alignment with University (report to President's Office)

1. Teaching and Learning
 - Successful undergraduate accreditation with CACMS achieved in 2016
 - Graduation of first cohorts of BMedSci graduates
 - Successful Postgraduate Accreditation survey with recommendation for Accredited Program status for all Postgraduate programs and the Postgraduate office under the new CanERA Accreditation standards in 2018.
 - Successful undergraduate accreditation with CACMS achieved in 2016.
 - Graduation of first cohorts of BMedSci graduates.
 - Initiative to increase interest in family medicine as a career choice among undergraduate medical students and expand family medicine postgraduate training seats.
 - Hiring of PhD positions in Medical Education to increase scholarship in medical education broadly.
 - Expansion of distributed educational opportunities in undergraduate and postgraduate medical education.
2. Research
 - Through the WAVE process our three areas of research priority including Infection, Immunity, Inflammation and Vaccinology (I3V), Genomics in Medicine, and Brain Repair have been recognized as major, internationally leading research clusters. In the past year, these areas have been enhanced through funding of workshops, training programs and addition of new faculty members.
 - Research priorities for the next 3-5 years were also recognized as our Health Priorities Research Cluster and our Cardiovascular Research Group. These teams are mobilizing in preparation for anticipated opportunities with the support of the Medical Research Development office, with anticipated recruitments and alignment with provincial health priorities, health authorities and collaboration with faculties of Health and Computer Science. Participation in the IHRIS initiative is key for these initiatives.
3. Service
 - Hiring of Dr. Gaynor Watson-Creed as the inaugural Assistant Dean Serving and Engaging Society to oversee the Faculty of Medicine's strategic direction of partnering with communities and leading health systems change.
 - Ongoing implementation of the Service Learning program for first and second year medical students which includes preparation, orientation, critical reflection, and community-based service learning experiences.
 - In an effort to improve the Faculty of Medicine's outreach and pathways programs, in March 2018, the first Kitpu Wise March Break Health Sciences camp was offered to 12 Indigenous youth from the HRM, in 2019 there were 24 Indigenous youth participants.
 - Hiring of James R. Johnston Chair in Black Studies, Dr. OmiShore Dryden, to the Faculty of Medicine.
4. Partnership and Reputation
 - Development of the Cape Breton Longitudinal Integrated Curriculum site with students matched to begin training in 2019. Additionally, a partnership and plan has been developed with faculty based in Nova Scotia's South Shore communities.
 - The Faculty of Medicine has been an active participant in the Integrated Health Research and Innovation Strategy (IHRIS) for the Province of Nova Scotia.
5. Infrastructure and Support
 - The CORES program (Centralized Operation of Research Equipment and Support) has been enhanced in space on the first floor of the LSRI. The facilities have expanded and are undergoing renewal following an external review of our services.
 - New staffing to deal with the support of the IHRIS strategy, to support the activities of the WAVE teams, and to assist the national initiatives in the Faculty of Medicine. This includes the acquisition of the CIHR Institute of Genetics, the SKIP NCE-KM and a new Univenture SSHRC Partnership.

Equity, Diversity and Inclusion

The Faculty of Medicine has made equity, diversity and inclusion a priority. It has become an integral part of our admissions process, hiring and advancement, representation on committees, and in research.

More details on work in this area can be found in the [Equity, Diversity and Inclusion](#) section of the document.

As evident in the strategic plan, the Faculty of Medicine continues to address and support the universities EDI goals of Climate and Intergroup Relations, Student Access and Success, Education and Research, and Institutional Viability and Vitality. This can be seen within each of our key strategic areas.

Education

The strategic area of Education aligns targeted areas of focus with the focus areas in Research and Serving & Engaging Society. This is achieved through ensuring that our programs and curricula are up to date, with diversity and inclusion embedded throughout the educational continuum and longitudinal themes effectively aligned with the Faculty of Medicine's other focus areas.

Educational Units, through relevant committees, identify gaps and redundancies across the education continuum and develop strategies for addressing them. This includes looking at what we teach and how we teach it from the perspectives of diversity and inclusion.

We have been working to improve the diversity of our learners through efforts to expose under-represented populations to medicine and to create education equity programs to specifically address admission of African Nova Scotian and Indigenous students. Summer programs for both groups aimed at middle and high school students have been popular and successful and continue to grow. We have been successful in increasing our admission and graduation numbers of target populations. We intend to continue to work harder and partner to increase the number of students identifying as Status Mi'kmaq and will also begin to focus on increasing the number of students from socioeconomically disadvantaged backgrounds.

Research

Priority initiatives within the strategic area of research integrate diversity to help achieve our goals. To strengthen infrastructure and supports, policies were put in place for recruitment and leadership appointments which respect diversity as well as research priorities. This collaborative policy has the financial support of the Faculty, acknowledging that diversity is essential to helping build capacity in implementation research.

Serving and Engaging Society

The goals of this strategic area are to be a valuable agent of socially responsible change for Maritime health systems, and to see equitable health outcomes for diverse populations with underrepresented voices in health systems. To achieve this the Faculty of Medicine will work to engage communities to build sustainable relationships, seek diverse input, build inclusive collaborative spaces, and identify equitable health outcomes.

Academic Plan

The overall academic plan and vision is addressed within the strategic plan. Major progress has been made with prior Faculty of Medicine priorities such as: establishing a new medical campus in New Brunswick; enhancing our undergraduate, postgraduate and continuing medical education programs; and developing an undergraduate BSc Medical Sciences program.

While the new Education strategy targets international recognition and enhancing the health of Maritimers, this is accomplished in part by building on our traditional educational excellence in all areas of medical education. By making continuous quality improvement a focus of our education programs, all units will have met or exceeded the next accreditation cycle's requirements. In particular, our undergraduate medical education program was rigorously reviewed in 2017. Through a strong student recruitment process and student supports, we seek diversity of our student population, which aligns with the mission, vision, and values of the Faculty of Medicine and Dalhousie. (see [Equity, Diversity and Inclusion](#) for more details),

Research Plan

The Faculty of Medicine adds strength to our strategic direction by blending two Research Focus Areas: International leadership in health research; and Research that is responsive to health needs across the Maritimes. Achieving national/international recognition for accomplishments in important areas of health care research strengthens our role as the Medical School for the Maritimes. Conversely, research that is responsive to health needs across the Maritimes could lead to results that can be adapted for success in national and international settings. This directly helps the university achieve its goal to “direct and attract resources to priority research areas, with local, national, and international importance.”

As part of our strategic priorities, the development and support WAVE teams contributes to the success of the university with the recruitment of our Canada Research Chairs and strengthens our ability to attract and retain outstanding academics and attract and support excellent graduate students and postdoctoral fellows. We continue to foster undergraduate research with our innovative Research In Medicine (RIM) program. All of which is enhance with recent upgrades to our facilities and CORES resources.

International Strategy

The vision of the Faculty of Medicine is for international leadership in medical education and research, responsive to health needs across the Maritimes.

Education

The goal is to continue to be nationally and internationally recognized for scholarship in education which contributes to the health of the Maritime population and more broadly. We continue to lead and participate in international and national education research and other scholarly activities, particularly in our targeted focus areas (as per Focus Area 3).

Our priority is to create internationally recognized programs which produce excellent undergraduate and graduate scientists, and physicians who meet the needs of the Maritimes and are internationally

recognized and recruited both nationally and internationally. Our strong, innovative education programs will also attract and retain the best faculty, learners and staff. We support our faculty, who are skilled educators, seek academic promotion through scholarly work in education and increase their success in applications for national and educational research grant funding.

Recruitment of international learners is a focus of the Faculty of Medicine particularly at the post-graduate level. These residents are recruited to programs where training capacity exists, and they assist in ensuring a critical mass of learners are available to enrich program vitality.

Research

One of the research goals is to achieve national/international recognition for accomplishments in important areas of health research. While we will target international competitiveness, our research will continue to deliver health benefits for the Maritime region. The recent announcement of the New Frontiers Research Fund of Transformation is providing an opportunity to demonstrate our international reach and leadership.

Scientists in the Faculty of Medicine have strong international collaborations in areas of research focus including I3V (Immunology, Infection, Inflammation and Vaccinology), Genomics in Medicine and Medical Neurosciences. As Dalhousie refreshes its own international strategy, we look forward to future expansion of these opportunities.

Serving & Engaging Society

The long-term goal is to be a valuable agent of socially responsible change for Maritime health systems, with national and international centres of excellence in systems innovation and change. With that in mind, the Faculty is exploring innovative strategies around developing health system policy expertise with partners such as the MacEachen Institute for Policy and Governance, with the idea of building a reputation of excellence in systems change work. Similarly, the Faculty is looking to create excellence in working with marginalized populations by strategically focusing on populations where partnerships can naturally extend to national and potentially international platforms over time. One additional area of focus within the Serving and Engaging Society pillar that plans to take such an approach is the area related to health of underrepresented populations. Each of these strategies builds on previous successes of the Faculty of Medicine in the areas of Serving and Engaging, in particular related to our leadership in Social Accountability over the past several years.

Planning Processes

How successful are the Faculty's current planning processes?

This relates both to strategic planning and implementation, and to program and curricular planning and evaluation.

Strategic Plan

Developed with critical input from internal and external stakeholders, #DalMedForward sets the strategic direction of Dalhousie Faculty of Medicine. When embarking on the renewal of the strategic plan, the focus was not only on the development of a framework for prioritizing initiatives and allocating resources, but also to develop a planning and implementation process which would engage our broader community and create broad ownership and awareness of the plan.

In 2015 the Strategic Plan Steering Committee was formed to provide direction and oversight for the development of the Faculty of Medicine's strategic direction. The committee's emphasis was on engagement and ownership by the faculty, staff and learners, and widespread awareness of the emerging strategy. This was the emphasis during the development phase, through multifaceted engagement with surveys, retreats, town halls, meetings, and ongoing consultations.

In the transition from development to implementation it was clearly recognized that that strategic plans need to be able to evolve and respond to changing priorities and that ongoing faculty engagement is necessary to create a living document. Early implementation plans included first going back to stakeholders, learners, staff and faculty through interactive town halls meetings during which plans were discussed and feedback taken back for consideration of change. Town halls were held for each of the Focus Areas. The Serving and Engaging discussion of implementation was slightly different as this represents a novel way to classify and organize this aspect of the Faculty of Medicine's work. Two Town Hall discussions were held, one for each of the focus areas of community engagement and catalyzing systems change. Communication around strategic plan implementation will continue to receive ongoing emphasis and attention as some faculty are still not aware of the plan and implementation process (see Appendix B-1 for results of faculty survey).

This approach resulted in a dynamic plan with clear goals and priorities reflecting the needs and aspirations of all stakeholders. The ownership of the plan resides with members of the Faculty of Medicine community, as implementation was driven through a distributed model, with working groups and key stakeholders taking the lead and driving success. The Steering Committee transformed into the #DalMedForward Oversight Committee that is responsible for monitoring progress and lending support to the governing bodies for Research, Education and Serving & Engaging Society.



Dr. Watson-Creed was selected as the inaugural Assistant Dean, Serving and Engaging Society.

This process has resulted in a well-developed and implemented plan with many successes, such as:

Research

- WAVE clusters have increased success by identifying priorities and enhanced readiness, with more than 200 individual investigators identifying with at least one of our WAVE teams.
 - Six Canada research chairs have been allocated to WAVE priority areas
 - 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).
 - Become the base for two national research networks: Solutions for Kids in Pain (SKIP, an NCE-KM program), and Univenture (a SSHRC Partnership program).
 - Host institution for the CIHR Institute of Genetics and the CIHR Institute of Human Development Child and Youth Health.
 - The Faculty of Medicine is working closely with the Faculty of Health, provincial Health Authorities and government in the formation of the Nova Scotia Health Research and Innovation Strategy (IHRIS). Members of our WAVE 2 team focused on health priority initiatives are key to this strategy within Focus Area 2.
 - The Wave teams are working closely with DMRF and the Associate Dean Research to develop funding priorities to support work of the Waves. DMRF has targeted new research funds towards the Wave teams as part of this strategic approach.
- A collaborative policy on recruitment and leadership, respecting diversity and strategic directions is in place and has the financial support of the Faculty
- Key performance indicators have been identified and tools for data acquisition and analysis are being implemented.
- Enhancement of research supports to faculty, including staff enhancement.
- Recruitment of Dr. John Sapp as assistant dean for clinical research to advance the research strategy within the health authorities and to address enhancement of clinician scientist roles.



Dr. McMaster opens the
CIHR Institute of Genetics

Education

- Successfully accredited Undergraduate, Postgraduate, and Continuing Professional Development programs.
- Increase student exposure and opportunities to experience family medicine
 - New family medicine experience in Med 1
 - Increased family doctor participating in small group sessions
 - 2019 graduating class 40% match to family medicine
 - New PGME distributed residency sites in Nova Scotia in internal and family medicine
- The first Nova Scotia-based Longitudinal Integrated Clerkship accepted students in August 2019 in Cape Breton, 5 students have been matched to the second Nova Scotia-based LIC in South Shore communities to begin in August 2020.
- The new Interprofessional Indigenous Health and Wellness curriculum for all Med 1, Nursing 1, and Dental 1 students was successfully implemented.
- The Dal-150 Symposium / 8th Annual Thomas Fear and Alice Morgans Fear Memorial Conference Held in Halifax focused on HEALTH AND HEALTHCARE SYSTEMS MEETING OUR NEEDS FOR THE FUTURE. This event included participants from the university community, healthcare, politicians and journalists.
- The Academic Detailing program that has been so successful in Nova Scotia is being expanded to include service across the Maritimes.
- Over 90% of residents describe a good to very good learning environment at Dalhousie University (annually administered Voice of the Resident survey).
- 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.

Serving & Engaging Society

- Alignment with other areas of the strategic plan.
- Dr. Watson-Creed selected as the inaugural Assistant Dean, Serving and Engaging Society.
- Identified champions or foci of excellence through structured interviews and highlighted their activities and achievements.
- Increase in learning opportunities in rural and community practice.
- Increased faculty engagement in community sites which has been shown to reduce burnout and improve retention.
- Doctors Nova Scotia Physician Leadership Development Program 2017-18 included a project entitled “Exploring Models of Community Engagement for the Nova Scotia Health System” which has provided Dalhousie Medicine with a recommended means of improving its social accountability mandate.

For more information on all progress updates see:

<https://medicine.dal.ca/about/dalmedforward/progress-updates0.html>

Program and Curricular Planning and Evaluation

UGME

The Undergraduate Medical Education Curriculum Committee (UMECC) oversees all matters pertaining to monitoring the overall quality and outcomes of the MD program, in consultation with its subcommittees and with broad-based input from the medical school community as a whole. This includes curriculum development and approval, review, and program evaluation, which in turn, includes objectives, course content and student assessments.

UMECC and its subcommittees hold monthly meetings which identify curricular issues, such gaps and unwanted/unplanned redundancies in curricular content. In addition to regular committee meetings, the four UMECC subcommittees hold annual planning retreats/meetings throughout the academic year. UMECC hosts an annual retreat to discuss current issues and provide recommendations for improvement with an outline of action items that are to be taken. Updates on the action items are then presented at the various committee meetings. The theme of the retreats is decided by the associate deans based on their experience with chairing UMECC and MED 1-2 and 3-4. From these meetings the curricular issues that are deemed the most prescient become the agenda item for the UGME retreat. This retreat invites all committee members and is the main planning session for UGME.

UMECC and its subcommittees use a variety of measures to monitor overall quality and outcomes. Each outcome measure (Canadian Graduate Questionnaire, MCC exam results, Clerkship Readiness Survey, Program Directors Survey) is reviewed by Program and Faculty Evaluation Committee (PFEC) in a separate report prepared by the UGME Evaluation Specialist. The report details findings and highlights any areas of concern. A summary of findings for each measure is presented to UMECC throughout the year (based on when data are received). An annual campus comparability report, which combines numerous evaluation and assessment outcomes in reviewing the curriculum, is also presented to UMECC for review and monitoring.

To establish a process of continuous program quality improvement (CQI) at the unit level, an annual unit review process formally outlines the procedures used to collect, analyze, disseminate and review recommendations for program improvement. This process ensures continual monitoring of program evaluation data, assessment of student performance data, alignment of learning objectives, identification of gaps and redundancies in the curriculum, and faculty performance.

In addition to the annual monitoring of outcome measures and unit-level feedback to regular committee meetings, annual planning retreats/meetings are held throughout the academic year. These include members of the UMECC, its subcommittees, unit and component heads, clerkship directors, and other interested faculty members. The purpose of these retreats is to identify gaps and unwanted/unplanned redundancies in curricular content.

Over the past four years, IPE has become solidified into curriculum across the four years of UGME. With an identified role for leadership in this area (incorporated into the Assistant Dean Skilled Clinician role) the curriculum now includes multiple opportunities of students learning from, with, and about each other, to meet the interprofessional competencies identified by the Canadian Interprofessional Health

Collaborative (CIHC). To this end, the assistant dean sits on (as a co-chair) and interacts with all 20+ schools of health professions across Dalhousie University on the Interprofessional Education Collaborating Committee (IPECC).

Curriculum development occurs in concert with other health professions schools, and scholarly innovations and research have been presented locally, national, and internationally. Clear objectives for the program have been developed and program evaluation is now measured through administering a validated tool to students at key points in their medical education. With the opening of the Collaborative Health Education Building (CHEB) adjacent the medical school, it has created a rich learning environment for both IPE and simulation, with an eye to equity, diversity, and inclusiveness in much of the programming. The Tri-faculty IPE leads have recently embarked on a strategic planning process to look ahead at the next five years for IPE positioning at Dalhousie University to make sure we continue to innovate, lead, and promote scholarly activity on a national and international stage.

The Undergraduate Medical Education program curriculum planning process was extensively reviewed as part of the 2017 accreditation process and found to be satisfactory.

PGME

In PGME, the curriculum is primarily planned and delivered via the individual residency programs under the PGME umbrella – such is the nature of specialty training. However, some required competencies and skills are shared, and for these, we do have a central curriculum that is delivered mainly via e-learning modules. There are some centrally delivered, in-person curricular events, including our communication skills workshop, our transition to practice workshop, and our chief residents' leadership workshop. Optional learning activities for residents, including how to teach critical thinking skills and leadership training opportunities are also provided as webinar-based courses.

With respect to curricular planning, each program is required to deliver curriculum that meets the training standards for the specialty nationally. The required competencies in all domains of clinical and academic practice free specialty are defined by the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada. The programs adhere closely to these requirements as is required by the accreditation process.

Each program is also required to evaluate its own curriculum regularly. This is monitored through the internal and external accreditation process, both of which are detailed and very rigorous. There is a specific standard that relates to curricular evaluation which all programs are required to meet.



Resident clinical learning

The central curriculum is planned through regular needs assessments with program directors and residents. It has been evaluated systematically. In 2014, a major overhaul of all our centrally delivered e-learning modules were undertaken by then Assistant Dean, PGME, Dr. Geoff Williams. The 23 modules that were delivered at that time were reviewed for content and relevance, and 13 essential modules remained. Since then, based on identified needs within our postgraduate community, we have added e-learning modules to address specific issues. One such example is the resident as teacher which needed emphasis and enhancement. We are currently actively working on centrally delivered curriculum on topics to help us address our social accountability mandate, including cultural safety and Indigenous health.

The process of central curriculum planning and evaluation is also assessed through the internal and external accreditation process. The PGME office was found to be compliant with the standards related to both of those processes.

Graduate Studies

The Faculty of Graduate Studies (FGS) manages program reviews for quality and enrollment on set time - points, particularly at the time of program review and when changes are requested. Substantive changes to courses or programs also necessitate review by the FGS Academic Planning and Curriculum Committee and approval by FGS Faculty Council. These are dealt with on an ad hoc basis and upon Departmental initiative. These reviews are led by FGS with Faculty of Medicine's Faculty Council providing feedback, guidance and support (letters) for new programs or major revisions before it is submitted by Departments to FGS.

Individual Departments review their graduate programs regularly and revisit their strategic planning for recruitment of new students as well as success in degree completion. This is achieved by departmental Graduate Education committee. Reviews are normally conducted every five years by the Faculty of Medicine, in conjunction with Departmental surveys or when a search for a new Department Head is initiated. Self-study from Departments include a review of their Graduate Programs with an evaluation of key performance indicators and include an update on the previous survey's outcomes.

With recent changes in program reviews are working to adapt post-graduate review process to ensure it meets senate review process criteria. A member of FGS Faculty Council is appointed to sit on Department Survey Committees to report specifically on the Graduate Program structure, performance and if appropriate on changes made in response to previous recommendations. Department survey reports and recommendations are submitted to FGS Faculty Council for review and approval.

Ultimately, completion rate, attrition rate and success in each individual program are monitored by the Faculty of Graduate Studies. Enrollment at the Master and PhD levels have remained stable over the past five years or have slightly increased. See Appendix B-2 for enrollment data in the Senate Data file.

See [Graduate Program Review Mechanisms](#) for more detailed information on program evaluation

Quality Indicators

What quality indicators are used regularly by the Faculty, and what do these indicate in relation to progress since the last Senate Review?

Strategic Plan (includes education, research, and social accountability)

#DalMedForward outlines the faculty's focus areas and priority initiatives for our core pillars of activity – Research, Education and Serving & Engaging Society. The Executive Sponsors and supporting committees or working groups developed implementation plans for each priority initiative. Key performance indicators (KPIs) were also developed for Research and Education to measure success of these initiatives over time.

The KPIs are updated annually and presented to the #DalMedForward Oversight Committee for approval. Each KPI includes an indicator, goal, measurement and target. These are mapped to priority initiatives in the strategic plan. The KPIs are continuously monitored by the implementation groups and updates are provided to the Steering Committee. There are currently just under 40 KPIs for Education and just over 20 KPIs for Research. All KPIs and updates are available to all faculty, students, and staff online: <https://medicine.dal.ca/about/dalmedforward/progress-updates0.html>

The Serving & Engaging Society pillar is a new priority area for the Faculty of Medicine, so implementation of the strategic initiatives has followed a different path. The appointment of the new Assistant Dean for Serving & Engaging Society in August 2018 highlights the importance of this work for the Faculty and performance indicators will be developed as the implementation plan continues to unfold.

Strategic plan progress is provided in an update which is presented at the Annual Faculty Meeting and updated on the Faculty of Medicine website. Overall status of each priority initiative is assessed by each implementation committee and approved by the Steering Committee. The status is presented with red, yellow, and green symbols similar to the university updates.

Townhalls are held periodically for each strategic pillar, providing an opportunity for qualitative feedback. These townhalls are open to all members of the Faculty of Medicine community.

The performance of Dean's Office staff and Department Heads is outlined below:

Annual Performance Reviews

The Dean meets with Department Heads and Associate Deans annually to discuss their performance over the past academic year. The Senior Associate Dean or appropriate unit based associate dean meets with assistant deans to discuss annual performance. Individual faculty with continuing appointments meet annually with department heads or appropriate delegates for annual performance reviews and aggregate data is provided to the Dean. Department Heads either perform or oversee annual performance review of their members and data on academic and research contributions is collected. Department Heads are required to confirm with the Dean such reviews have taken place. These annual performance reviews require input and updates on progress to meet equity, diversity and inclusion within the department. After Annual Academic Activity Reports are

completed by faculty members in the Basic Science departments a summary report is created for the Dean's review with Department Heads. Clinical departments perform annual reports for Dean and MAC of IWK or NSHA that are reviewed with Dean annually. Annual deliverables scorecards are used to review contributions by clinical departments. The annual #DalMedForward progress report includes updates from each associate dean. The Dean provides a written assessment in follow up to meetings outlining any areas of concern.

Departmental Surveys (virtual and in-person)

The Faculty of Medicine conducts a comprehensive survey of each department approximately every five years. The purpose of the survey process is to review the overall functioning and performance of each department, with a particular focus on the domains of leadership and governance, clinical care (clinical departments only), teaching and research.

Membership of the survey committee includes faculty members from other departments and representation from affiliated health centres (for clinical departments) and the Faculty of Graduate Studies (for basic science departments) with consideration of meeting equity, diversity and inclusion across membership. The department undergoing review is given an opportunity to offer comments or express concerns about committee membership regarding conflicts of interest. Faculty Council approves the membership of these committees on behalf of the faculty.

Faculty members in departments under review are invited to meet with survey committees through department-wide emails. Faculty members are also invited to participate in electronic questionnaires, the results of which are provided to survey committees to inform their findings. Survey committees also meet with and encourage feedback from students and relevant stakeholder organizations.

The survey committees prepare detailed reports of their findings and submit them to the Dean and President/CEO of affiliated health authorities. The report and recommendations are reviewed and approved by Faculty Council and the executive of the relevant health authority for clinical departments, and by Faculty Council and the Faculty of Graduate Studies for basic science departments. Once approved, reports are distributed to all members of the relevant department and a meeting is scheduled with the Dean to discuss the results and recommendations from the survey committee. The Dean meets with the department as a whole to discuss recommendations contained in the final report. The Department Head is required to provide Faculty Council, the applicable health authority for clinical departments, and the Faculty of Graduate Studies for basic science departments, with a progress report 18 to 24 months after the approval of the survey report.

Divisions in clinical departments located within affiliated health authorities undergo a similar review process every five years. Survey committees include representation from the Faculty of Medicine. The Dean of Medicine receives a copy of the final report.

Dean's Office Unit Reviews

Dean's Office units are reviewed on a regular basis and usually coincides with the search for a new associate/assistant dean. The purpose of these reviews is to evaluate the overall functioning and performance of the unit with a particular focus on the domains of leadership, governance, administration and EDI. Membership on these review committees includes faculty members, senior

administrators and students with consideration of EDI principles. The review and recommendations are presented to the Dean, who prepares an action plan to address any gaps or areas of concern identified in the review.

In addition, when deans' terms are under review prior to renewal, or when there is a change in the deanship, the Provost & Vice President Academic undertakes a review of the governance structure and function of the Dean's Office and its units (as per the Senior Administrative Policy). This review is also in keeping with the Senate's Reviews of Faculty (Section D.2.d):

“Organizational and Management Structure: How effective and efficient are the governance, organizational, management and administrative structures within the Faculty, including human resource management, employment equity, leadership development of chairs/heads/directors and financial management?”

AFP deliverables

In Nova Scotia, Clinical Academic Funding Plans (C/AFP's) provide academic medical departments with funding in exchange for specialized services designed to meet the health care needs of the population they serve, educate and train medical students and residents, and advance research. As the healthcare needs of our population are ever evolving, the clinical care delivered by each department is to be adaptive, flexible and delivered in response to changing needs and in alignment with the priorities of the DHW, NSHA and/or IWK, all as agreed by Department Heads and within the capacity of available resources for each department.

The Dean of the Faculty of Medicine and the Vice Presidents of Medicine of NSHA and IWK or delegates, are responsible for working with Department Heads to establish core responsibilities and deliverables for each department. Department Heads work closely with the Dean and Vice Presidents to monitor progress annually and shift priorities as required and as agreed.

The process to develop the deliverables is designed to focus efforts on priorities and strategies which



Clinical teaching

have measurable impact in strengthening care, the health system, outcomes, teaching, research or policy development. The deliverables will be determined, and targets set in close collaboration between the NSHA and/or IWK, the FOM and the Department Heads. The deliverables are not designed to address every element of the work done through the C/AFP. The process will enable input and discussion of priorities with the whole group of Department Heads.

The academic deliverables are presented below.

Deliverable	Reporting Requirement
Undergraduate Medical Education	
Did the department meet target response times for elective requests?	Yes/No Confirming target 90%.
Proportion of students rated faculty teaching performance as at least good, 4 out of 5 on Likert scale (target 80% of Department's faculty will achieve this rating). Proportion of Department rotations rated as good (4 out of 5 on Likert scale) or above.	Average, on scale of 1-5: a. Lectures b. Tutorials c. Clinical Skills
Postgraduate Medical Education	
Percentage of resident rotations occurring outside of the Central Zone.	Target 10% of the total time for each PG trainee to be spent outside HRM where feasible based on resources and environment
Proportion of faculty rated performance for resident teaching as good (4 out of 5 on Likert scale) or above for overall performance.	Rated as good or excellent
Proportion of Department rotations rated as good (4 out of 5 on Likert scale) or above.	Rated as good or excellent
Continuing Professional Development	
The Department will provide high quality CPD teaching programs as judged by being rated as good (4 out of 5 on Likert scale) or above. Was there any bias in presentations/teaching?	Rated as good or excellent Less than 5% reported.
Research	
Proportion of junior faculty researchers who are given the opportunity to participate in a mentorship program within their first three years?	Target 80% Attach a list of mentors and mentees
Department formally evaluates productivity of researchers (.2 FTE or greater) at least every 5 years.	Target 90% so evaluated. Annual Research Report to the Associate Dean, Research
Serving and Engaging Society	
Department develops targets for diversity hiring. Department develops hiring process to reflect Dalhousie best practice in diversity hiring (for all Faculty hires).	Review of hiring practices and diversity. Monitor proportion of hires through Dalhousie best practice.

Equity, Diversity and Inclusion

How effective are the Faculty's plans to increase equity, diversity and inclusion?

What progress has been made since the last Senate Review?

Strategic Plan

Dalhousie Faculty of Medicine's mission, vision and values commit the medical school to educating a workforce prepared to address the health needs of the citizens of the Maritimes—this is a social accountability imperative that includes both representing and understanding the needs of diverse cultural, ethnic and racial communities. It is embedded in the Faculty of Medicine's strategic plan.

Dalhousie Faculty of Medicine's 2016-2021 strategic plan's (#DalMedForward) roots in social accountability are expressed in the mission, vision and values statements and actualized through the "Serving and Engaging" strategy. This strategy identifies two focus areas, *Catalyzing Systems Change to Improve Health Outcomes*, and *Partnering With Communities to Improve Health Outcomes*, and articulates specific goals, actions and outcomes measures within each, to guide the Faculty of Medicine in meeting its social accountability commitments across all facets of its operations. <http://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/DalMedForward.pdf>

Recruiting, retaining and advancing a medical student body that reflects the region's ethnic and racial diversity is central to achieving the medical school's social accountability mission. Bringing students from these diverse backgrounds and communities into the Faculty of Medicine will enhance the learning environment for all students, improving their understanding and knowledge of differing health values and needs in a diverse society. Their exposure to greater diversity, and the insights this will bring to them regarding the challenges that people in different communities face, will hopefully inspire them to address inequities in health status and access to services during their medical training and throughout their careers as physicians.

Diversity & Inclusion Guidelines

On December 6, 2016, Faculty Council approved the Diversity, Inclusion and Equity Guidelines for the Faculty of Medicine.

https://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/global-health/Diversity/gho_2016_diversity_inclusion_equity_guidelines_2016_dec_6%20.pdf

Diversity is the condition of having a broad range of differences in the Faculty, represented in its people, perspectives, policies, programs and practise.

Inclusion is an outcome where community members experience equal access to opportunities for education, employment, promotion and success in the Faculty and a sense of belonging and engagement in the life and work of the Faculty and the institution.

Equity is a process that takes diversity and differences into account through fair and non-discriminatory approaches and practices, to ensure inclusion.

Outreach with African Nova Scotian Youth

[Promoting Leadership in Health for African Nova Scotians](#) (PLANS) seeks to increase representation of African Nova Scotians in the health professions through recruitment and retention, community collaborations and partnerships to improve health outcomes within the African Nova Scotian community. PLANS offers programming (e.g. summer camp, mentorships), resources (e.g. health program and career information), and attends community and school events to provide health career preparation and support to:

- Youth in junior high and high school including parents/families.
- Community members, education and health organizations.
- Current post-secondary students.
- Teachers, student support workers, and guidance counsellors.
- Post-secondary staff and faculty.



2018 PLANS Campers

In 2019, PLANS held the sixth summer of programming for African Nova Scotian youth.

Article from Dal News on the African Nova Scotian (PLANS) Summer Camp:

- <https://blogs.dal.ca/globalhealth/2014/07/21/making-plans-for-careers-in-health-part-1/>
- <http://www.dal.ca/news/2015/07/15/african-nova-scotian-health-sciences-camp-opens-eyes-to-possibil.html>
- <http://www.dal.ca/news/2016/07/28/african-nova-scotian-health-sciences-camp-showcases-potential-an.html>

Outreach with Indigenous Communities

In October 2016, Dalhousie Medicine established an [Indigenous Health Program](#) to support the recruitment and retention of Indigenous students into medicine. The program also aims to address the recommendations made by the Truth and Reconciliation Commission and further Dalhousie's commitment to social accountability to the Maritime Indigenous population.

The Indigenous Health Program focuses on:

- Creating mentoring and outreach opportunities.
- Offering pathway programs for junior and senior high school students.
- Distributing bursary funds to support Indigenous students attending conferences and applying to health programs.
- Providing support for the academic success and graduation of Indigenous students.

In the summer of 2017, the Junior University program expanded and was held in three locations across Nova Scotia – Dalhousie University, Cape Breton University, and St. Francis Xavier University. The

program collaborated with the Nova Scotia Community College.

The Indigenous Health program supports and mentors summer and March break camp participants through the year. In addition to providing on-going support and information, the program teamed up with the Atlantic Indigenous Mentorship (AIM) Network. AIM is made up of researchers from eight Atlantic Canadian universities who share the goal of transforming the Indigenous health research landscape within and beyond the region. The goal is to initiate a shift towards meaningful, impactful health research that resonates with communities and Indigenous scholars.

Lecture Series

In 2019, the Weld Kernohan Lecture includes a keynote address by Dr. Ojistoh Horn and a panel discussion on Indigenous perspectives in Western medicine. The Weld Kernohan endowment was established by medical alumni and friends in memory of Dr. Elizabeth Weld and Dr. Mary Kernohan, graduates of Dalhousie Faculty of Medicine who practiced in Labrador, NL. The purpose of the endowment is to support a lecture series that is to be offered every three years at Dalhousie University.

Video on the Indigenous Health in Medicine

<https://www.youtube.com/watch?v=KorVq1EATis>

Johnson Scholarship Foundation (JSF)

JSF is a supporter of PLANS and the Indigenous Health Program at Dalhousie. Over the course of the five-year partnership, which began in 2015, JSF is committed to matching up to \$1 million raised by the University. This program is also in collaboration with Dalhousie's Faculties of Health, Dentistry, and Medicine, and Nova Scotia's Department of Labour and Advanced Education and African Canadian Services Division (Department of Early Childhood Development and Education). The JSF match funding will be completed in March 2020 while the programs will continue until 2022 with this funding.

Annual Reports for both the Indigenous and PLANS programs

https://cdn.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/global-health/Reports/gho_2017_jsf_report_2016_2017.pdf

https://cdn.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/global-health/Reports/gho_2018_jsf_report_2018_2019.pdf

Recruitment Visits

Dalhousie Medical School representatives visit high schools, universities and colleges to promote health and medicine as a career option. When possible, these representatives include students, faculty and staff from the Indigenous and African Nova Scotian communities.

The medical school developed and will continue to strengthen relationships with the school boards through student support workers and the Race Relations, Cross Cultural Understanding and Human Rights Facilitators. Additional recruitment efforts included community events (first table) and post-

secondary events (second table):

Event	Year	Attendees (Approx.)
Preston Area Community Health Fair	2014, 2015, 2016	200
Pathways to Education Mentor Event	2015	30
Pathways to Education: Education Session	2015	20
Hammonds Plains Community Centre	2016	30
Our Youth: Community Education Sessions (2)	2015	35

Event	Year	Attendees (Approx.)
Medical School Information Sessions (2)	2015-2019	5
Health Science Student Association National Conference	2016	75
Summer Student Research Program Information Session/Meetings	2015-2019	5
Transition Year Program Orientation	2015	25
ANS Student Visit to Dalhousie	2014-2019	150
Youth Expo	2017, 2018	1200

Academic Advising

The faculty and staff of the medical school provide intensive academic advising and supports for students needing help in progressing through the medical school's curriculum.

Through the PLANS program, faculty members contact students at the beginning of each academic year and arrange to meet with them to discuss medical school experience, career pathways and to identify any supports that may be required.

Students are also provided with information about the Black Student Advising Centre, which supports all black students of African descent in pursuit of post-secondary education at Dalhousie.

http://www.dal.ca/campus_life/communities/black-student-advising.html

In December 2015, Dalhousie launched the Elders in Residence program. This program provides any and all Dalhousie students with access to Indigenous elders for guidance, counsel and support.

<http://www.dal.ca/academics/programs/undergraduate/indigenous-studies/a-day-in-the-life/elders-in-residence.html>

Bursaries for students from traditionally underrepresented-in-medicine backgrounds

The medical school offers needs-based bursaries and advises all medical students about other scholarships and loan programs. The medical school will continue its efforts to connect students with financial assistance, while exploring means and opportunities of expanding its scholarship resources so that more students have help overcoming financial barriers to pursuing a career in medicine.

Through endowments, Dalhousie Faculty of Medicine provides funding support to African Nova Scotian (ANS) and Indigenous students. There was a funding increase between the 2013-14 and 2014-15 academic years:

- 2013-14 – Total of \$12,000 in bursaries to ANS and Indigenous students (2 per cent of total available \$689,227)
- 2014-15 – Total of \$48,384 in bursaries to ANS and Indigenous students (8 per cent of total available \$638,800)

Each year, the medical school awards up to 12 per cent of the total general bursary pool to this group of students, representing approximately \$47K annually. The bursary committee awards a maximum of \$12K per student.

In addition to these medical-school specific bursaries, the Johnson Scholarship Foundation is providing \$500,000 over five years (2016-2021) to increase funding for bursaries for Indigenous and African Nova Scotian youth entering a health profession studies including medicine at Dalhousie University. This funding will be available for students entering Dalhousie in September 2021.

Conference Bursary

As a part of the Johnson Scholarship Foundation (2016-2021) funding the Dalhousie's Indigenous and African Nova Scotia Conference bursary program is designed as an initiative for Indigenous students (First Nation, Inuit, and Métis) and African Nova Scotians at Dalhousie University. The goal of the program is to enable students to attend extracurricular programming such as conferences as part of their professional development (does not include courses).

Entrance Requirements Bursary

As a part of the Johnson Scholarship Foundation (2016-2021) funding, Dalhousie designed a bursary to support Indigenous students (First Nation, Inuit, and Métis) and African Nova Scotians applying to health programs requiring entrance exams (i.e., medicine and dentistry). The goal of the program is to reduce or eliminate the financial burden associated with application requirements. Bursaries will be awarded as a reimbursement of cost. Applicants may apply more than once for this program, funding will be subject to availability and application review.

Selection criteria preference for traditionally underrepresented-in-medicine backgrounds

Dalhousie Faculty of Medicine will continue the selection criteria preferences in its admissions process for students from backgrounds traditionally underrepresented in medicine

The medical school recognizes that education equity is required to increase the numbers of students from underrepresented groups— specifically African Nova Scotians and Indigenous persons in the Maritimes with substantial connections to the Indigenous community—who are admitted to and graduated from the MD program. Applicants must self-identify in section 4 of the application form that they wish to be considered for admission under the school's [Affirmative Action Statement](#). All applicants must meet admission prerequisites. However, the Admissions Committee considers applicants who apply under the Affirmative Action Statement on the basis of their qualifications for the study of medicine rather than in relation to other candidates.

Our affirmative action policy is shared with applicants through the Dalhousie Faculty of Medicine website: <http://medicine.dal.ca/departments/core-units/admissions/about/affirmative-action-policy.html>

Individuals who self-identify as Indigenous (from a Maritime community) and African Nova Scotian are evaluated on their merit and not in comparison to other applicants. Candidates who self-identify and meet minimum academic requirements, as well as minimum supplemental and MMI scores, are offered admission. This policy has been widely communicated (on the website and through presentations in communities). This has led to increased admissions of African Nova Scotian and Indigenous individuals over the past six years.

The Admissions Committee is a faculty-appointed committee with broad-based representation from clinical faculty, basic scientists, allied health professions, medical students, the community-at-large, and the legal profession and since 2008, New Brunswick (three representatives). Non-faculty members are recruited from individuals in the broader community who have expressed an interest in participation. The Assistant Dean Admissions and Manager of Admissions work collaboratively with the Program Managers of the Indigenous Health in Medicine and Promoting Leadership in Health for African Nova Scotians to recruit individuals from regional Indigenous and African Nova Scotian communities respectively to participate on the Admissions Committee. This broad based representation is important when considering social accountability factors related to the admissions process and selecting the best candidates for the study of medicine at Dalhousie University.

The Admissions Committee also recognizes that appropriate preparation for the study of medicine can be acquired through varied educational backgrounds. There are no specific course requirements to apply to the MD program, which might otherwise restrict some applicants who come from diverse backgrounds and experiences.

The social consciousness of applicants themselves is also important, as demonstrated through outstanding achievements, contributions and breadth of life experience. The Admissions Committee places a high value on such achievements, which play a very important part in its assessment of potential candidates. Applicants describe their experiences, contributions and values in their personal essay and in the Supplementary Information Form. The Admissions Committee considers each candidate's attributes of emotional stability, intellectual curiosity, social values, initiative, leadership, reliability, personal maturity, motivation and communication skills.

Dalhousie Medicine's Diversity Survey

Since 2011, Dalhousie Faculty of Medicine has collaborated with McGill University and other Canadian medical schools to conduct a Diversity Research Questionnaire of first-year medical students. The main purpose of Dalhousie's participation is to determine whether its medical students reflect the community that the medical school serves. The questionnaire is a comprehensive anonymous survey that collects information on a number of factors and demographics. Since its implementation, the response rate has been 77 per cent or higher. Dalhousie's Research Ethics Board has approved this investigation each year. Five years of data collection (2012-2016) show 15 per cent of the students surveyed identify as a visible minority. Looking at the medical school's current diversity priority areas, there were a total of 12 indigenous and 15 African Nova Scotian students during this time period.

Curriculum content associated with diverse cultures/belief systems, cultural biases, and health disparities

The undergraduate medical education program includes opportunities for educating medical students about health topics associated with diverse populations and communities. These opportunities are integrated into existing courses (Professional Competencies) and clerkships and are continuously reviewed for improvement as part of the school's ongoing curriculum review activities.



Electives

During the third and fourth years of the MD program (Med 3 and 4), students participate in a variety of clerkship experiences that provide hands-on opportunities to learn and develop clinical skills. Electives have been developed in partnership with Indigenous communities for Med 4 students (e.g., Eskasoni Health Centre in Cape Breton, N.S. in 2016)

Service Learning

While Dalhousie has supported community engagement and student opportunities to volunteer with non-profit organizations, formalizing a service learning program within the MD program creates an opportunity for students and faculty to reflect on the classroom learning through the experience of community service. UMECC approved a new service-learning program in July 2015. The class of 2019 was the first to participate in this optional program. Students may select from already-established service learning partnerships throughout Nova Scotia and New Brunswick. Service learning community partners must be a non-profit organization with a social mandate or mission which supports people from underserved or marginalized populations.

Longitudinal Integrated Clerkship (LIC)

In November 2011, Dalhousie Faculty of Medicine's Faculty Council approved the establishment of a Longitudinal Integrated Clerkship (LIC) in Miramichi, New Brunswick as part of undergraduate medical education. The core clerkship units are organized into an integrated community-based program (i.e., students in the LIC do not follow the traditional, block-based Med 3 clerkship program). The emphasis for the LIC is on the continuity of patient-centered care. Currently, there are four LICs in New Brunswick, located in including Miramichi, Waterville (Upper River Valley), Moncton, and Fredericton. Nova Scotia's first LIC is based in Cape Breton, with sites in Sydney and

New Waterford, with a second to be established in 2020 for the South Shore.

Cultural Safety

The Postgraduate Medical Education office has been investigating different teaching platforms to incorporate cultural safety teaching within its programs. Since the last Senate review, several subspecialty programs have linked together to provide more formal teaching sessions in this area. This work was led by Dr. Babar Haroon. All family medicine teaching sites have required teaching on cultural safety and Indigenous health embedded within their programs. A PGME task force has been proposed to investigate opportunities for inclusion of cultural safety teaching and teaching on Indigenous health within the central postgraduate curriculum. This is being led by Dr. David Lovas.

Health Advocacy

Being a health advocate is a critical intrinsic role for trainees in all postgraduate medical education programs. All programs are required to demonstrate that they provide teaching and assessment of skills in this area for all residents. Advocacy around equity issues, particularly issues related to socioeconomically disadvantaged populations has been a particular focus of teaching in multiple programs. Residents are taught practical skills on how to advocate for such things as difficult to access medications and specialized treatments that may or not be available locally.

Diversity in the Graduate Student Population

All Departments are reporting diversity in their student population, which includes 30% to 60% female students, members of visible minorities (13%-30%), members of the LGBTQ+ community and Indigenous students. Also, 30% to 40% of our graduate students are international students, further increasing the diversity in this group of trainees.

All departments consider the Faculty of Medicine EDI guidelines, as well as the Faculty of Graduate Studies commitment to diversity and inclusion. As examples of best practice, the Department of Medical Neurosciences encourages their students to take training workshops on Equity and Diversity delivered by the Centre for Teaching and Learning and provides students with information about online resources available.

The Department of Psychiatry has taken active steps with their new programs (MSc and PhD in Psychiatric research) to consider EDI in their student recruitment strategy. EDI is considered during the admission decisions by the Grad Ed Committee for diversity to be achieved (men and women, visible minorities, international students, LGBTQ+ community). A funding agreement was made with a local First Nation to include a student from their community into the Psychiatry Research program.

Faculty

To achieve mission-appropriate diversity outcomes among faculty, the medical school follows Dalhousie University's policies and practices.

Diversity Faculty Award (DDFA)

The Dalhousie Diversity Faculty Award (DDFA) Program was developed as a systemic and focused approach to achieving mission-appropriate diversity. The medical school successfully recruited one Aboriginal faculty member through this program in 2014. This faculty member is cross-appointed to the Department of Psychiatry in the Faculty of Medicine and the School of Nursing in the Faculty of Health.

Affirmative Action Policy

Dalhousie has an Affirmative Action Hiring Policy

(http://www.dal.ca/content/dam/dalhousie/pdf/university_secretariat/policy-repository/EmploymentEquityPolicy.pdf) which will continue to be implemented and promoted across departments through Human Resources. The policy will ensure that job postings, selection committees and reporting on hiring practices adhere to policy.

Diversity Census

Dalhousie University conducts a diversity census of all faculty, staff, and students. The results of this census will document diversity at the University and inform decisions around programs, supports and services.

Senior academic and educational leadership

The achievement of mission-appropriate diversity outcomes among senior academic and education leadership is generally governed by Dalhousie's Senior Administrative Appointments Policy and Procedures (2013)

https://www.dal.ca/content/dam/dalhousie/pdf/university_secretariat/policy-repository/SeniorAdministrativeAppointmentsPolicy.pdf , which are consistent with the following policies and principles:

1. Dalhousie's Employment Equity through Affirmative Action Policy (1989) establishes the university's commitment to employment equity and how employment equity will be implemented across the university. The policy describes the essential components of Employment Equity and recognizes the need to give affirmative treatment in all aspects of employment to the following designated groups: racially visible persons (especially people of Black African descent indigenous to Nova Scotia), Indigenous persons (especially people of Mi'kmaq descent), persons with a disability, women.
2. To underscore the university's commitment to increasing the representation of designated groups among faculty and staff, the Principles for Fair Consideration of Hiring Designated Groups (2000) was adopted. The principles are designed to encourage hiring units to use their best efforts to attract qualified applicants from all designated groups, with preference to be given to candidates from designated groups unless other candidates are substantially better qualified.

Policies

Recruitment and selection practices must follow the Employment Equity through Affirmative Action Policy and the Principles for Fair Consideration of Hiring Designated Groups. The Academic Recruitment and Selection guidelines provide direction through each of the essential steps in the recruitment process and facilitate consistent practices within the university. The guidelines are designed to provide a fair, equitable, consistent, documented and defensible system for hiring academics and to ensure that legal, human and individual rights are respected. These guidelines should also assist units in their efforts to attract and retain members of designated groups that will further the university's goal of producing a diverse faculty. The policy applies to all university paid academic appointments.

Retention

Hiring units are encouraged to match their recruitment and selection efforts with equal efforts to retain new faculty members. Retention activities focus on supporting faculty in developing teaching skills, establishing a research program and familiarizing themselves with a new workplace and often a new social environment. More specifically and with respect to designated groups, hiring units are encouraged to: recognize the additional work of counselling, mentoring and community responsibilities that designated group faculty may assume; recognize the potential systemic barriers to the evaluation of performance within departments; examine whether women and other designated group members are given equivalent access to opportunities for career development and fair evaluation.

Diversity in Leadership

“Diversity in Leadership” in the Faculty of Medicine refers to efforts to establish inclusive and equitable principles, policies and practices to increase the diversity of leaders within medicine, with an emphasis on improving recruitment, engagement, retention, development and promotion of historically underrepresented faculty and staff among self-identified Indigenous persons, racialized persons, women, persons with disabilities, and persons who belong to sexual orientation and gender identity minority groups.

In January 2017, the Dean of Medicine established the Diversity in Leadership Task Force with broad representation from across the Faculty of Medicine and the university. The Task Force prepared a report with 28 recommendations aligned with #DalMedForward’s strategic priorities, resource implications, timelines and team members responsible to ensure the implementation and monitoring of each specific recommendation.

https://cdn.dal.ca/content/dam/dalhousie/images/faculty/medicine/ForFaculty_Staff/Div_Lead_Report_July_2017.pdf

The Diversity in Leadership Working Group continues the work of the Task Force. The Working Group oversees the implementation of the recommendations from the Diversity in Leadership Task Force (Report, August 2017). The Working Group will also assist with identifying strategies that create pathways for recruitment and development of diverse historically underrepresented faculty and staff into senior leadership positions within the Faculty of Medicine.

An annual report was presented in June 2019 at the Faculty Meeting and is publicly available on the Faculty of Medicine website (https://cdn.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/faculty-council/2019_Div_Leader_Report.pdf).

Women in Leadership

A faculty development elective module on Women in Leadership is offered as part of our [Emerging Leaders in Academic Medicine \(ELAM\)](#) program.

Recruitment and selection practices for academic and educational leadership positions must also follow the [Employment Equity through Affirmative Action Policy](#) and the Principles for Fair Consideration of Hiring Designated Groups previously described. These will continue to be implemented and promoted across departments through Human Resources. The policy will ensure

that job postings, selection committees and reporting on hiring practices adhere to policy.

Dalhousie's University Policy Regarding Academic Appointments (2013) , applies to all academic appointments.

James Robinson Johnston Chair

Established in 1991, the [JRJ](#) Chair connects local Black communities with a national and international perspective. The goal of the Chair is to develop Black studies in Canada, develop a program of research on Black peoples in Canada, and the African Diaspora, and create bridges between academia and the wider African descended communities. The James Robinson Johnston Chair in Black Canadian Studies is an endowed national senior academic chair, established in Halifax to honour and recognize the unique historical presence of African Nova Scotians.



Dalhousie Faculty of Medicine welcomes Dr. OmiSoore Dryden

Esteemed holders of the JRJ Chair have been located throughout various Dalhousie faculties, including Law, Health and Arts and Social Sciences.

Dr. OmiSoore H. Dryden, an interdisciplinary scholar working at the intersections of health science, social science and humanities, has been named JRJ Chair in Black Canadian Studies at Dalhousie. With Dr. Dryden as Chair, the Chair is now located in the Faculty of Medicine's Department of Community Health & Epidemiology.

Enrolled students, employed faculty, and senior academic and educational leadership in each of the school-identified diversity categories (as defined in table 3.3-1 above).						
School-identified diversity category (Diversity survey category)	School %					
	First-year students*				Faculty**	Senior Administration*
	Class of 2020	Class of 2021	Class of 2022	Class of 2023		
Aboriginal Persons (First Nations, Métis or Inuit)	0%	0%	5.56%	4.46%	(20) 1.8%	(7) 7%
Black (e.g. Black African, Black Caribbean, Black North American)	1.85%	3.7%	2.78%	5.36%	0%	0%
Women	56.48%	64.81%	55.56%	53.57%	(492) 45%	(53) 53%

* Data from admissions application data

** Data from university census. Data presented is limited as not all faculty and leadership have completed the census. Percentages based off 1091 faculty and 100 Senior Administrators. See Appendix B-2.5 for Census data

Academic Rank	All	Completed Surveys		Women	Racially Visible	Aboriginal	Persons w/a Disability
Full Professor	304	126	20.4%	41.4%	4.9%	0.0%	1.0%
Assoc Prof	276	62	34.4%	22.5%	3.6%	0.0%	0.4%
Asst Prof	1639	87	39.6%	5.3%	1.0%	0.1%	0.1%
Lecturer	277	9	46.6%	3.2%	0.4%	0.0%	0.0%
Instructor/Seni or Instructor	19	6	68.4%	31.6%	5.3%	5.3%	0.0%
Adjunct	83	11	38.6%	13.3%	0.0%	0.0%	0.0%
TOTAL	2598	301	37.7%	11.6%	1.7%	0.1%	0.2%

Governance, Organizational, Management and Administrative

How effective and efficient are the governance, organizational, management and administrative policies, structures and processes within the Faculty, including human resource management, employment equity and inclusion for faculty and staff throughout recruitment and career development (including tenure and promotion), leadership development, and financial management?

Overview

Faculty members are broadly represented on Faculty Council and its various standing committees. Selection takes into account the need for diversity in membership (e.g. mix of basic science and clinical background, gender, rank, years of service, etc.). The call for nomination occurs every year and goes directly to all faculty members with a request to put their names forward (i.e. not through the central administration). The Nominating Committee, which consists solely of faculty members, recommends potential members in light of the need to have members whose perspectives are independent of departmental leadership and administration.

In addition to Faculty Council, there are 15 standing committees:

- Admissions Committee
- CPD Advisory Committee
- Health Sciences Library Committee
- PGME Education Committee
- Research Advisory Committee
- Basic Science Curriculum Committee
- Nominating Committee
- Professionalism Committee
- Scholarships & Awards Committee
- Faculty Awards Committee
- Social Accountability Committee
- Continuing Appointment (Clinical) Promotion Committee
- UGME Curriculum Committee
- UGME Progress Committee
- Tenure-Stream Tenure & Promotion Committee

Each standing committee has terms of reference which detail membership requirements reflective of EDI principles. Designed to provide broad faculty input, these include requirements for committee memberships to represent different departments and geographical areas.

There are also advisory committees that are advisory to the Dean and/or Associate Deans and include the following:

- Education Council (membership includes educational associate/assistant deans and chaired by the Associate Dean, Dalhousie Medicine New Brunswick)

- Executive Advisory Group (membership includes associate deans and chief operating office)
- Finance Committee
- Integrated Faculty of Medicine Space Planning Committee
- Council of Associate/Assistant Deans
- Basic Science Department Heads Committee
- Joint Department Heads Committee
- Clinical Department Heads Committee
- Faculty Administrators Committee (membership includes administrators/managers from departments and Dean's Office units and is chaired by the chief operating offer)

Recent external accreditation reviews of the Faculty of Medicine's educational programs examined governance as part of their mandate and confirmed that the Faculty's governance processes are effective in meeting the needs of its programs and activities. See [Accreditation Reviews](#) for more information on external accreditations.

Recent Governance and Organizational Reviews

In 2011, Faculty Council conducted a governance review for the Faculty of Medicine, the goal was to improve the governance structure and allowing the decision making around academic issues to be more streamlined and efficient. Revised terms of reference for Faculty Council and the Nominating Committee were approved by Faculty in November 2011. Terms of reference for all standing committees were approved by Faculty Council in May 2013 and approved by Senate in September 2013. Committees can make recommendations to Faculty Council to review and modify their terms of reference. Faculty Council will review and approve on behalf of Faculty as a whole. If the proposed changes are substantive, these must be approved by Faculty as a whole at the annual meeting held in June of each year.

When deans' terms are under review prior to renewal, or when there is a change in the deanship, the Provost & Vice President Academic undertakes a review of the governance structure and function of the Dean's Office and its units (as per the Senior Administrative Policy). This review is also in keeping with the Senate's Reviews of Faculty (Section D.2.d):

“Organizational and Management Structure: How effective and efficient are the governance, organizational, management and administrative structures within the Faculty, including human resource management, employment equity, leadership development of chairs/heads/directors and financial management?”

Such a review was conducted in the fall of 2015 by Dr. Sheila Brown, retired university administrator and consultant who has worked with Dalhousie on a number of initiatives. Dr. Brown met with senior leaders, including Department Heads, associate and assistant deans, senior administrators and departmental representatives. A report with recommendations was submitted to the Provost & Vice President Academic and shared with the Dean. As a result, a streamlined reporting structure was implemented in February 2016, with the following offices/program reporting to the Senior Associate Dean (from the Dean of Medicine):

- Admissions
- Global Health
- Student Affairs
- BSc Medical Sciences

This change in reporting structure was communicated to all faculty and staff through email and regular leadership meetings. Since 2016 the new positions of Assistant Dean Resident Affairs and Assistant Dean Serving and Engaging Society have been created. These positions also report to the Senior Associate Dean.

Organizational Chart

The Dean's executive team also includes:

Senior Associate Dean
 Associate Dean, Research
 Assistant Dean, Clinical Research
 Associate Dean, Undergraduate Medical Education
 Assistant Dean, Clerkship (UGME)
 Assistant Dean, Skilled Clinician Program & Interprofessional Education (UGME)
 Associate Dean (Dalhousie Medicine New Brunswick)
 Assistant Dean, Research (DMNB)
 Assistant Dean, Clinical Education (DMNB)
 Associate Dean, Postgraduate Medical Education
 Assistant Dean, Postgraduate Medical Education
 Associate Dean, Continuing Medical Education
 Assistant Dean, Admissions
 Assistant Dean, Student Affairs
 Assistant Dean, Resident Affairs
 Assistant Dean, Serving and Engaging Society
 Assistant Dean, BSc Medical Sciences
 Chief Operating Officer

For the full organizational chart and reporting diagram see Appendix E-1.

There are 22 departments (16 Clinical and 6 Basic Science) information on each department can be found at <https://medicine.dal.ca/departments.html>.

Governance & Decision Making

The governance of the Faculty of Medicine is outlined in *“Faculty Governance: Procedural Framework and Terms of Reference for Faculty, Faculty Council, Standing and Advisory Committees of Faculty”* (Appendix E-2).

Faculty Council and standing committees have terms of reference which detail membership requirements. Designed to provide broad faculty input, these include requirements for committee memberships to represent different departments and geographical areas. All committees are

functioning with established schedules and agendas as well as undergoing an internal review of processes and developing Terms of Reference to ensure effective use of best practices for meeting management and decision making.

The Dean obtains input from Department Heads, faculty and staff regarding institutional planning and decision-making through a number of regularly scheduled meetings:

- Faculty Council is the academic governing body for the Faculty of Medicine and meets on a monthly basis throughout the academic year (September to June).
- Department Heads meet on a monthly basis and the Dean meets with Department Heads individually on a bi-monthly basis throughout the academic year (September to June)
- Executive Advisory Group meets on a bi-weekly basis and is chaired by the Dean.
- The Council of Associate/Assistant Deans meets on a monthly basis throughout the academic year (September to June). The Dean meets individually with Associate/Assistant Deans on a monthly basis. The Senior Associate Dean meets with those assistant deans whose portfolios report directly to this position on a monthly basis. Associate Deans also meet with the Assistant Deans who report directly to them on a regular basis.
- Monthly meetings between senior management at Faculty of Medicine, IWK Health Center and the Nova Scotia Health Authority (NSHA) form an entry point of an Academic Health Sciences Network and provide a platform for policy directions to be discussed and moved forward.
- The Affiliation Agreement Executive Oversight Committee includes representatives from the University, the Faculties of Dentistry, Health and Medicine, the IWK Health Centre and the NSHA and meets quarterly throughout the year. The purpose of this Committee is to ensure an effective implementation of the affiliation agreements and to support the effective integration of their respective objectives and programs within each other's facilities and programs.
- The Collaborative Health Education Building (CHEB) Governance Council includes representatives from the Faculties of Dentistry, Health and Medicine, the University Librarian, the Vice Provost (Planning and Analytics). The Council sets strategic objectives and monitors progress in relation to the advancement of collaborative health education for the three faculties.

The Dean has access to university administrators through the following various mechanisms:

- As a member of the university Senate, the university's senior academic governing body
- Attends meetings of the Deans' Council every two weeks (attended by the Deans, the university librarian, and the Vice-Provost Student Affairs, and chaired by the Provost).
- Attends senior administration retreats twice a year, one of which includes the President, all VPs and all Deans, the other which includes those plus all Assistant/Associate VPs and Executive Directors.
- Has regularly scheduled meetings with the university's senior leadership, including the Provost & Vice President Academic and President
- Ad hoc meetings with senior administration as needed.

The Dean has appropriate access to officials of the health authorities through the following mechanisms:

- Scheduled ad hoc meetings with the President and CEO and VPs of health authorities in Nova Scotia, New Brunswick, and PEI

- Is an ex officio member of the board of the IWK Health Centre and Horizon Health Care network
- Attends monthly meetings with Academic Health Science Network, which includes VPs of medicine from Nova Scotia Health Authority (NSHA) and IWK and VP of Research (a combined NS Health and IWK role)
- Is a member of the Provincial Medical Advisory Committee of the Nova Scotia Health Authority
- Is a member of the Medical Advisory Committee of the IWK Health Authority
- Regularly serves on advisory committees and ad hoc meetings as required
- Has access to senior department administrators through Department Heads
- Has access to key senior leadership through the Affiliation Agreement Executive Oversight Committee which oversees the operationalization of the affiliation agreements

Communication Mechanisms

Faculty and staff are made aware of policy and other types of governance changes that require feedback through the following methods:

1. Department Head meetings: policy issues are discussed on monthly agendas and brought back to faculty via their Department Heads.
2. Faculty administrator meetings: policy issues are discussed on monthly agendas along with strategies for effective implementation.
3. Electronic online surveys: Faculty and staff are polled by electronic survey for input into policy and strategic directions. For example, seven electronic survey were conducted in the course of a recent strategic planning process.
4. Ad hoc advisory bodies: Various ad hoc committees, town halls and advisory bodies receive policy input from faculty. For example, in 2016, the Admissions Office hosted a town hall open to all faculty, staff, students and the public, to gather input to the admissions policy review process. The Admissions Office also requested and received input via email.
5. Annual faculty meetings: Held every in June, the annual meetings provide faculty members with opportunities to participate in policy discussions both in person and remotely, through videoconference and web-based technology. The Chair of Faculty Council chairs this meeting on behalf of faculty members. Significant policy developments are presented at annual faculty meetings, with policy documents made available in advance at <http://medicine.dal.ca/for-faculty-staff.html>
6. Elected members of Faculty Council represent all faculty and are able to table issues at Faculty Council (monthly) based on faculty feedback.
7. Faculty/staff website (<http://medicine.dal.ca/for-faculty-staff.html>): this internal website provides information on strategic and policy developments.
8. Dean's blog: provides monthly updates on activities occurring within the Faculty of Medicine and under discussion at Faculty Council.
9. Attendance at departmental meetings: senior leaders attend departmental meetings to present changes and gain feedback/input from faculty members on major issues such as accreditation, changes to faculty appointments and strategic planning.

Faculty and staff are also informed of issues of importance to the Faculty of Medicine through the following means:

- Email messages from the Dean to the Faculty of Medicine community (on specific issues)
- Leadership Updates newsletter (bi-weekly).
- Dean’s Blog (<https://blogs.dal.ca/deanofmedicine/>) circulated monthly
- Social media (e.g. Facebook, Twitter).
- Faculty of Medicine website – news releases <http://medicine.dal.ca/news/news.html>.
- Website section specifically for faculty/staff <http://medicine.dal.ca/for-faculty-staff.html>
- Dalhousie internal and external communications (DalNews, Today at Dal).
- Collaborative efforts between communications offices of Dalhousie Faculty of Medicine and health authorities.
- Associate Dean Research “Quarterly Research Missives”.
- Visits to distributed teaching sites: The Dean and associate and assistant deans regularly visit distributed teaching sites throughout the Maritimes to meet with faculty members and senior leaders.
- Dean and Senior Associate Dean attending department meetings – the Dean attends department meetings pre departmental surveys and post to discuss survey reports with department and Department Head.
- Dean meets with faculty members individually upon request along with faculty members in basic science departments and with major academic appointments in year following recruitment.

Town Hall Meetings (virtual and in-person)

Several town hall meetings were held from 2015 to 2019 to seek feedback from faculty, staff and students regarding the three pillars of the strategic plan (Research, Education, Serving and Engaging Society).

- Summer/fall 2015 – Spring 2016 – plan development phase (task groups, surveys, focus groups, 2015 Dean’s Retreat, etc).
- April 14, 2016 – Serving & Engaging Society consultation Town Hall.
- April 20, 2016 – Research consultation Town Hall.
- April 28, 2016 – Education consultation Town Hall.
- October 27 & 28, 2016 – Annual Dean’s Retreat, multi-stakeholder consultation.
- December 8, 2016 – final plan Town Hall.
- June 2017 – annual update to all faculty (Faculty meeting).
- October 26 & 27, 2017 – Annual Dean’s Retreat, Fredericton NB, strategic plan update and consultation on alignment with national initiatives.
- June 2018 – annual update to all faculty (Faculty meeting).
- October 30, 2018 – Education Town Hall.
- February 27, 2019 – Research Town Hall.
- May 28, 2019 – Serving & Engaging Society Town Hall.
- June 2019 – annual update to all faculty (Faculty meeting).
- October 24 & 25, 2019 – Annual Dean’s Retreat, Serving & Engaging Society “Catalysing Systems Change” focus.



Notices of the meetings were emailed to all faculty and staff and Department Heads were asked to forward the notices to all members of their departments. Outcomes of the town hall consultation were communicated by circulating updated versions of the plan. Another town hall to inform our admissions review process was hosted in June 2016. Faculty, staff, students and the public were invited to attend. Email feedback was also sought and received.

Departmental Surveys (virtual and in-person)

The Faculty of Medicine conducts a comprehensive survey of each department approximately every five years. The purpose of the survey process is to review the overall functioning and performance of each department, with a particular focus on the domains of leadership and governance, clinical care (clinical departments only), teaching and research. Faculty and staff in departments under review are invited to meet with survey committees through department-wide emails. Faculty are also invited to participate in electronic questionnaires, the results of which are provided to survey committees to inform their findings. Survey committees also meet with and encourage feedback from students and relevant stakeholder organizations. The survey committees prepare detailed reports of their findings and submit them to the Dean and President/CEO of affiliated health authorities (for clinical departments) and the Dean of the Faculty of Graduate Studies (for basic science departments). Reports must be approved by Faculty Council. Once approved, reports are distributed to all members of the relevant department and a meeting is scheduled with the Dean to discuss the results and recommendations from the survey committee.

Annual Faculty Meeting (virtual and in-person)

The Annual Faculty Meeting is held in June of each year and provides opportunities for faculty and staff to participate in person and remotely through video-link and web-based technology.

The agenda/notice of the June meeting is emailed to all faculty and staff in the January preceding the June meeting. Agenda details and background documents are posted in the Faculty of Medicine's online calendar. Meeting information is communicated through Faculty Council and emails to individual faculty and staff as well as Department Heads. It is also made available on the Faculty Council webpage 30 days prior to the scheduled meeting as per the Faculty Governance Terms of Reference (including distribution of the agenda and matters to be discussed). Minutes and outcomes are kept and posted on the Faculty Council webpage for all faculty to view.

Annual reports are also distributed to all faculty members as part of the agenda and includes reports from the Dean, Faculty Council, Associate/Assistant Deans (<http://medicine.dal.ca/for-faculty-staff/faculty-council/annual-meeting.html>)

Undergraduate Program Review Mechanisms

What processes are in place to ensure regular undergraduate program reviews, how effective are these processes, and how appropriate are responses and actions relating to recommendations stemming from such reviews?

How do these review mechanisms assess equity, diversity, and inclusion within programs and in the culture of undergraduate programs?

As one of Canada's 17 undergraduate medical training programs, Undergraduate Medical Education (UGME) at Dalhousie University is accredited by the Canadian-based Committee on Accreditation of Canadian Medical Schools (CACMS). The CACMS accreditation standards require regular undergraduate program reviews of the curriculum. The Faculty of Medicine at Dalhousie underwent its accreditation process in 2017 and was compliant with the standards that require regular program reviews.

Admissions

As per their terms of reference, the Undergraduate Medicine Admissions Committee reviews admissions process and requirements regularly on an annual basis, as well on an ad-hoc basis when the need arises. For example, in 2016, the Dean of Medicine requested an External Review of Undergraduate Admissions.

Chaired by Dr. Gus Grant, CEO

and Registrar of the College of Physicians and Surgeons of Nova Scotia, the external review committee submitted a report and recommendations. The Admissions Committee reviewed the recommendations and changes including revision of Terms of reference to increase community members' representation and embed diversity in the Terms were made. In addition, a conflict of interest policy specific to the Admissions Committee has been implemented as well as cultural sensitivity/awareness information sessions are included as part of Committee members' orientation.

Recruitment efforts for underrepresented populations, specifically Indigenous populations and African Nova Scotian populations, into Dalhousie Medicine continue with a collaborative effort between Admissions and Global Health Office's Indigenous Health Programs Manager and PLANS (Promoting Leadership in health for African-Nova Scotians). The latter manages youth summer camps as well as supports and resources for prospective applicants and current students.

The recent medical school seat expansion of 16 seats allows for increased capacity for enrollment of qualified applicants from underrepresented populations. In addition to Indigenous and African Nova Scotian populations, Admissions Committee is also currently developing a process for identifying qualified applicants with low socioeconomic status and from regionally underrepresented Nova Scotia areas.



Dal Med Class of 2022

Curriculum

Senior leadership, faculty, students, and staff participate in the development and annual review of all curriculum learning experiences through their respective roles and membership on the Undergraduate Medical Education Curriculum Committee (UMECC) and its various subcommittees [MED 1-2 Committee, MED 3-4 Committee, Program and Faculty Evaluation Committee (PFEC) and the Committee on the Assessment of Student Performance (CASP)] as well as various working groups. A tiered development, review, and approval process ensures that any proposed changes or additions are reviewed and recommended by various subcommittees—with expertise in selected areas—before they are put forward for final approval by UMECC. The curricular content is monitored by the UMECC and its four subcommittees, through the individual unit and clerkship program review process and regular reviews of the curriculum as a whole. These committees meet monthly throughout the academic year. Special or ad hoc meetings are scheduled as required to address any areas of concern. In addition, UMECC and its four subcommittees strike special or ad hoc committees or working groups to review specific issues identified through the regular review process. Any recommendations generated through these working groups or committees are reviewed by the appropriate curriculum subcommittee and if appropriate, presented to the UMECC for final review and approval (i.e., Professional Competencies Working Group, Professionalism Working Group, Clerkship Review Committee, etc.).

UMECC ultimately presents recommendations for revision to institutional objectives and the curriculum as a whole to Faculty Council for final review and approval on behalf of faculty members. If there is a 25 per cent cumulative change in the program as a whole, the curriculum must be reviewed and approved by the Faculty of Medicine, Dalhousie Senate and the Maritime Provinces Higher Education Commissions (MPHEC).

The unit heads, component heads and clerkship directors review objectives of individual courses and clerkship rotations on an annual basis. They are responsible for drafting the unit, component, and session learning objectives for their respective units or clerkships based on unit reviews, informed by national standards and/or as directed by UMECC. The annual review of unit level data is conducted on an ongoing basis throughout each academic year as outlined in UGME's Evaluation Strategy (Appendix F-1). The annual unit review process formally outlines the procedures to be used to collect, analyze, disseminate and review recommendations for program improvement across all four years of the curriculum. This forms the foundation of the continuous quality improvement (CQI) process at the unit level. This process ensures monitoring of program evaluation data, assessment of student performance data, alignment of learning objectives, identification of gaps and redundancies in the curriculum, and faculty performance. When appropriate all information is examined according to campus – Dalhousie Medicine Nova Scotia (DMNS) and Dalhousie Medicine New Brunswick (DMNB). The annual unit review process culminates in each unit head/clerkship director preparing an updated syllabus each academic year. The syllabi are reviewed at MED 1-2 or 3-4 as well as CASP prior to being sent to UMECC for approval. CASP provides expert feedback on the assessment plan for each unit. The unit review syllabus submission timeline (Appendix F-2) outlines the process for reviewing unit data and presenting an updated syllabus to UMECC for approval.

Additional outcome measures (Appendix F-3) are reviewed by leadership, faculty, students and staff through the committee process on an annual basis throughout each academic year to ensure curriculum objectives are met.

UGME also holds an annual planning retreat in May and participants include members of UMECC, its

subcommittees, unit and component heads, clerkship directors, and other interested faculty members. The purpose of these retreats is to identify gaps and unwanted/unplanned redundancies in curricular content. The material reviewed at the retreats consists of important curricular issues.

As chair of UMECC the Associate Dean UGME provides regular updates on curricular issues at senior leadership committees, including the Council of Associate/Assistant Deans, Education Council, Faculty Council, and Joint Department Heads. A written report on UGME activities is circulated to all faculty members as part of the annual faculty meeting. The Associate Dean UGME provides regular updates to the Dean of Medicine.

The UGME Office updates the curriculum map annually based on revisions recommended by unit heads, clerkship directors and the year committees and approved by UMECC. Unit heads, clerkship directors, staff and faculty use the searchable curriculum as one source of information to prepare for course meetings, which address questions, concerns, and issues related to assuring vertical and horizontal integration of the curriculum.

Appendix F-1: Undergraduate Medical Education Evaluation Strategy

Appendix F-2: Unit Review Syllabus Submission Timeline

Appendix F-3: Outcome Measures

Graduate Program Review Mechanisms

How effective is the Faculty's relationship with the Faculty of Graduate Studies for the purposes of graduate program reviews, and how appropriate are responses and actions relating to recommendations stemming from such reviews?

How does the Faculty, in consultation with FGS, assess equity, diversity, and inclusion within graduate programs?

Survey committee for any program with a graduate program

Structure

Interactions with the Faculty of Graduate Studies (FGS), for the purpose of Graduate Program reviews occur primarily at the departmental level.

FGS establishes general parameters for all graduate programs (e.g. minimal admission requirements, annual progress reports for each student, minimum credit requirements, PhD defense procedures and more), but largely leaves it up to each individual department to determine discipline-specific needs for additional requirements as well as to organize and deliver their graduate programs.

Substantive changes to courses or programs necessitate review by the FGS Academic Planning and Curriculum Committee and approval by FGS Faculty Council. These are dealt with on an ad hoc basis and upon departmental initiative. The Faculty of Medicine Faculty Council provides feedback, guidance and support (letters) for new programs or major revisions before it is submitted by departments to FGS.

Academic issues and interventions for students in difficulty are dealt with FGS directly with the Dean or an Associate Dean and when appropriate in consultation with the Faculty of Medicine Assistant Dean Graduate & Post-Doctoral training, depending on the nature of the issue. For instance, students' grade appeals or conflicts can be arbitrated by the Faculty of Medicine Assistant Dean Graduate & Post-Doctoral training.

Thorough review of individual graduate programs is made in conjunction with departmental surveys which are normally conducted every five years by the Faculty of Medicine, or when a search for a new Department Head is initiated. Self-study from departments include a review of their graduate programs with qualitative and quantitative evaluation of key performance indicators (e.g student enrollment, thesis defenses, courses available, program requirements, changes to the program, etc.). The self-study would also include a response from the previous survey and explain how these were addressed by the department.

FGS Faculty Council appoints a member to sit on Department Survey Committees with a mandate to report specifically on the graduate program structure, performance and if appropriate on changes made by the department being surveyed in response to previous recommendations.

Department survey reports and recommendations are submitted to FGS Faculty Council for review. The FGS representative, the Head of the Department and the Graduate Coordinator are asked to appear at specific FGS council meetings and must respond to questions from all members. The council then make their recommendation to approve the graduate program if satisfactory or ask the department to come

back in a specific timeframe (generally one year) to demonstrate that important concerns have been addressed successfully.

The Faculty of Medicine takes recommendations very seriously from the survey report that are made by the FGS representative and approved by FGS Faculty Council. The Dean's office and FoM Faculty Council review departments' response to FGS, provide feedback, guidance and support departments in the implementation of those recommendations that align with the Faculty of Medicine strategic planning.

Recommendations from FGS Faculty Council that would fall outside of the departmental level of action, for instance when related to faculty members hiring, replacement of retiring members or recommendations that require substantial financial addition, are dealt with at the Faculty level by the Dean.

All departments have been able to respond satisfactorily to recommendations formulated in department survey reports, and all programs have been continuously rated as satisfactory by FGS Faculty Council. Similarly, all requests from departments to FGS for program modifications have been approved and new programs (Psychiatry, CH&E) were implemented successfully.

Through its Assistant Dean Graduate & Post-Doctoral Training, the Faculty of Medicine is most effective in communicating to and working with FGS on high level issues that are common to all departments, such as awards application procedures, coordination of recruitment efforts, student support and resources, new procedures and systems, student initiated requests or needs.

Review of Learning Environment in Graduate Studies

The objective of this working group is to identify strategies to improve the learning environment for graduate students and the working environment for post-doctoral fellows in the Faculty of Medicine at Dalhousie University.

It is expected that the implementation of recommendations from the Working Group will invigorate the Faculty of Medicine research and training mission by creating an environment that fosters collaborations, internally and at the national and international level, values networking activities and promotes and support innovation with the highest standards of wellbeing and professionalism.

By increasing satisfaction and wellbeing through reduction of unnecessary sources of conflict, stress and pressure on trainees and their supervisors, it is expected that workplace satisfaction will improve; which is expected to support enrollment growth based on a reputation of excellence.



In 2019 Kenneth D'Souza (right) with his supervisor, Dr. Petra Kienesberger (left) was the first DMNB PhD graduate

The Faculty of Medicine aspires to provide an exemplary framework for best practice in graduate and post-doctoral training which embraces the principles of EDI, innovation and excellence in training and supervision.

Equity, Diversity and Inclusion (EDI)

The Faculty of Graduate adhere to the Faculty of Medicine EDI guidelines with a commitment to diversity and inclusion. As an example of best practice, the Department of Psychiatry has taken active steps with their new programs (MSc and PhD in Psychiatric research) to consider EDI in their student recruitment strategy. Applicants are asked to complete the self-identification questionnaire from the Registrar's office, and these are considered during admission decisions by the Grad Ed Committee for diversity to be achieved (men and women, visible minorities, international Students, LGBTQ+ community). A funding agreement supported a student from a first nation community entry into the Psychiatry Research program. The department hopes that continued recruitment of Black Nova Scotian students will occur in the next cohorts of applicants. A special fund of \$100,000 has been obtained from DMRF to support the recruitment of indigenous students and black Nova Scotians into the newly created PhD program.

All departments are reporting diversity in their student population, which includes 30% to 60% female students, members of visible minorities (13%-30%), members of the LGBTQ+ community and Indigenous students. Also, 30% to 40% of our graduate students are international students, further increasing the diversity in this group of trainees.

Diversity in the delivery of graduate programs is also achieved by the representation of equity seeking groups among mentors, allowing trainees to be exposed to teachers and mentors from various backgrounds. All departments follow the Dalhousie recruitment process including the [Principles of Fair Consideration of Hiring of Designated Groups](#) during the recruitment of new faculty and CRCs.

At the Faculty level, the Scholarship Committee which is chaired by the FoM Assistant Dean Graduate & Post-Doctoral Training, considers EDI in their award decisions. When the committee reviews ranking, EDI is used to rank candidates with similar scores or determine where the cut off will be applied. Those in equity seeking group will thus be put forward for consideration. The committee will discuss the diversity in the final list of awardees and make changes to their recommendations when appropriate.

Interactions between Departments and FGS

For the purpose of program development and reviews, departments in the Faculty of Medicine have found FGS to be very responsive, reasonable and helpful overall. Department survey recommendations are generally found to be very helpful and reasonable.

In the past five years, when recommendations for improvement were made by FGS Faculty Council, actions required were found to be clear, straightforward and feasible in the required timeframe.

Some departments have recently undergone important program modifications or have implemented new programs (CH&E, Psychiatry). For new programs, it was felt that FGS response was very helpful and that sound advices were provided to guide departments through the process.

All Departments under consideration have been successfully renewed by FGS Faculty Council and all new programs have been approved.

The Faculty of Medicine New Brunswick site is experiencing difficulties with its communication with FGS for program specific requirements such as remote access to PhD thesis defenses which are entirely administered by FGS, participation in various committees including FGS Faculty Council, or the need for original signatures on FGS forms. The Director of Graduate Programs in NB and the FoM Assistant Dean of Graduate & Post-doctoral Training in Halifax are working with Dal IT services, Department Heads and Graduate Coordinators involved, as well as the FGS Associate Dean to develop mechanisms to improve the situation. IT have proposed a technology for remote access to PhD defenses happening in Halifax. Once reviewed and approval is obtained from FGS the changes can be implemented.

Accreditation Reviews

If the Faculty has accredited programs, how appropriate are responses and actions relating to recommendations stemming from accreditation reviews?



Accreditation Town Hall

Undergraduate Medical Education, Postgraduate Medical Education, and Continuing Professional Development undergo regular accreditation reviews. All three programs have had successful accreditation reviews within the last four years.

Undergraduate Medical Education (UGME) Accreditation

Dalhousie Faculty of Medicine's undergraduate medical education program is fully accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME)—the accrediting bodies of North American medical schools.

The CACMS and the LCME voted to continue accreditation for an eight-year term with a status report for review in January 2019. The next full site visit will take place in the 2024-2025 academic year. Dalhousie was found to have met compliance in eleven standards, and compliant with the need for monitoring in the remaining standard. Only one element was found to be unsatisfactory (student mistreatment) and satisfactory with a need for monitoring in eight elements. The need for monitoring for most elements was the result of new programs being offered.

The Faculty of Medicine was already aware of the issues cited by the committee resulting in the need for monitoring and actions to address the issues were already being implemented. The committee requires positive result for multiple years to indicate a trend. This can result in a continued need for monitoring even when positive changes have been reported.

A follow-up report was submitted in November 2018 to address the areas tagged for monitoring. This resulted in six of the element meeting satisfaction, and three continuing to be satisfactory with a need for monitoring. Another follow-up will be required in 2021.

Work in these areas, as well as all elements, continues as part of continuous quality improvement activities.

For more information on the 2017 accreditation decision see:

<https://cdn.dal.ca/content/dam/dalhousie/images/faculty/medicine/Accreditation/CACMSRpt2017Final.pdf>

Postgraduate Medical Education Accreditation

PGME completed an on-site accreditation visit in November 2018 with all programs remaining accredited by the RCPSC and CFPC Residency Accreditation Committees. Of our 57 accredited programs, 49 were surveyed during the on-site visit. The remainder of the programs were either “Inactive” (no resident in the program) or had a status of “Accredited New Programs” and did not qualify for on-site review at that time.

The follow-up requirements for our surveyed programs are as follows: 37 Programs were deemed to require follow-up at the next regular survey, eight require follow-up via an Action Plan Outcomes Report (APOR), two require follow-up via an external review and two were placed on notice of intent to withdraw accreditation. The Associate Dean of Postgraduate Medical Education has already begun working with these latter programs to ensure the issues identified are corrected by the time the mandated follow-up is due. The status awarded to our PGME office was Accredited Institution with follow-up at the next regular survey.

The primary reason for follow-up appears to be the change in standards (Dalhousie was the first school reviewed using the new CanERA standards), and the change in focus to one of continuous quality improvement. The latter has meant that there is a much lower threshold for requiring formal follow-up.

The mandated follow-ups will occur in three years (November 2021). As part of our own CQI processes around accreditation, the PGME office will require a written report from all programs (regardless of recommended follow-up status) outlining how they are working on any identified areas for improvement by November 2020. Some programs with mandated follow-up will also receive full or focussed internal reviews in November 2020, to help optimize and support their mandated response to CanRAC which is due a year later. In addition, the two programs with external review with external review with intent to withdraw status will be undergoing full external review in November 2020.

CPD Accreditation

In May 2017, following an on-site review the Committee on Accreditation of Continuing Medical Education (CACME) found our programs to be in compliance with all of the national accreditation standards and, remarkably, rated our performance as exemplary in nearly half. This program is increasingly important, as rapid advances in health and medicine in the 21st century intensify the need for continuing education and professional development of physicians in practice. Fortunately, our CPD program is up to the task – it trains thousands of physicians each year and, in so doing, is developing a national reputation for excellence.

The CPD accreditors were particularly impressed with the diversity and quality of our programs, our academic detailing service, our attention to the needs of physicians (which has guided the development of programs), and the scholarship within the program.

No follow-up is required, and accreditation will continue for an eight-year term, with a full visit scheduled in the 2024-2025 academic year.

For more information see the site visit report:

https://cdn.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/cpd/Dalhousie_Full_Visit_Report_April_2017.pdf

Academic Career Progression

What evidence has been provided by the Faculty as it relates to tenure and promotion standards and standards for those with continuing appointment with annual academic career development?

Appointments, reappointments, promotion, tenure as well as other terms and conditions for Dalhousie University faculty members are generally governed by the [University Regulations Concerning Appointments, Tenure & Promotion \(1987\)](#) and the [University Policy Regarding Academic Appointments \(2013\)](#).

The Faculty of Medicine has clear expectations for faculty scholarship, which must be met for any faculty member to be granted tenure and/or promoted. These expectations are set out in the [Faculty of Medicine Promotion and Tenure Guidelines](#), which provide an additional level of helpful information that can aid the interpretation of the above documents, without superseding them. A member's appointment type, as well as the standards and criteria for tenure and/or promotion are communicated to members upon appointment. They are also reinforced upon eligibility for tenure and/or promotion, and they are always available on the Faculty of Medicine's website (see '[Appointments, Promotion and Tenure](#)' section). Further to the Faculty guidelines, each department is responsible for putting in place their own process for the consideration of tenure and/or promotion applications to ensure readiness for submission to the Faculty level in accordance with the prescribed timelines. Each Department Head is accountable to the Dean for annually reviewing the performance of members in their department and providing feedback and guidance for career development.

The process of appointment, reappointment, tenure and promotion includes the consideration and recommendation by a department-based committee, the Department Head, the Dean and the President, with an ultimate decision being made by the Board of Governors. For tenure and/or promotion, the process also includes consideration by external reviewers and a faculty-level committee.

Promotion and career development require ongoing emphasis with faculty. Just over half of recently surveyed faculty evaluated their awareness of career development opportunities as Good-Excellent.

However, 52% of faculty members (PhDs) did not know, or did not comment, regarding awareness of tenure and promotion standards. Faculty members emphasized the need for formal mentorship for new hires and protected time for researchers. Communication and mentorship are important, particularly with junior faculty members looking for development opportunities. (For survey summary see Appendix B-1)



The AFMC has named Dr. Trudy Taylor, an associate professor in the Division of Rheumatology, its Clinical Teacher of the Year for 2019.

Tenure Stream

Tenure stream appointments are generally governed by the [Collective Agreement between the Board of Governors and the Dalhousie Faculty Association \(2017-2020\)](#), commonly referred to as the 'DFA Collective Agreement'. This track is primarily intended for full-time or regular part-time PhDs in basic science departments and PhDs in clinical departments whose appointment meets the criteria for tenure-stream appointments in the Faculty of Medicine.

The initial tenure stream appointment is usually a three-year Probationary Tenure Track appointment, with consideration for reappointment to a three-year Tenure Track appointment taking place in the fall of the third year of the Probationary Tenure Track appointment. Tenure consideration occurs in the fall of the fifth year of appointment and is based on the University's and Faculty's criteria and standards for tenure. It constitutes a mutual undertaking, on the part of the faculty member, that they will continue to perform conscientiously the functions of a teacher and a scholar, and on the part of the University, that a faculty member may be terminated only in accordance with the Collective Agreement.

Rank on initial appointment is made to one of the following ranks: Lecturer, Assistant Professor, Associate Professor, or Professor. Faculty members who do not possess the required qualifications for the position specified as appropriate at the time of appointment (usually PhD), but are expected to obtain such qualifications, are appointed initially at the rank of Lecturer. They are promoted automatically to Assistant Professor at the beginning of the academic year in which the qualifications are obtained. Assistant and Associate Professors who have not previously initiated their consideration for promotion are reminded of their eligibility no later than August 15 of the fifth year of their appointment. Promotion consideration is based on University and Faculty criteria and standards for promotion.

Summary of the relevant documentation for tenure stream faculty:

- [Faculty of Medicine Promotion and Tenure Guidelines](#)
- [DFA Collective Agreement \(2017-2020\)](#)
 - Article 14 – Appointments, reappointments
 - Article 15 – Tenure
 - Article 16 – Promotion
- [Faculty of Medicine Criteria and Standards for Tenure \(2002\)](#)
- [Faculty of Medicine Criteria and Standards for Promotion \(2002\)](#)

A committee has been tasked with revising the criteria and standards for tenure and promotion. The work is currently underway and a report with recommendations is expected to be submitted to the Dean in May 2020. See Appendix I-1 for committee Terms of Reference.

Continuing Appointment with Annual Academic Career Development

Continuing appointments are governed by the [Dalhousie University Regulations Concerning Continuing Appointment with Annual Career Development \(2013\)](#). This track is intended for part-time or full-time MDs and PhD faculty members who are primarily working as clinicians in clinical departments. Please note that PhD faculty in clinical departments whose appointments meet the required criteria would be appointed under the tenure stream (see previous section), as recently approved by the Senate and Board of Governors following a motion brought forward by the Faculty of Medicine in response to our

clinical departments' need to recruit and retain PhDs.

The Continuing Appointment constitutes an agreement in which the faculty member is expected to participate fully in the activities of the department, including academic activities, and in which the faculty member will be provided with support and guidance for academic career development. Upon appointment, each faculty member declares a career path in consultation with and approval by the Department Head or delegate. The faculty member's performance, as evidenced by an academic activity report, is reviewed and discussed annually. These annual discussions address any supports for setting goals for the next review period in alignment with the member's career path and departmental priorities. Continuing appointments are renewable annually provided that minimum standards of performance are met.

Rank on initial appointment is made at the rank of Assistant Professor if the faculty member meets the essential qualifications (i.e. holds a national college certification – CCFP for family physicians or FRCPC/FRCSC or equivalent for specialty physicians – or PhD, in some cases). All other appointments which do not meet the essential qualifications are made at the rank of Lecturer and automatically promoted to the rank of Assistant Professor when the qualifications have been met. Faculty members who hold continuing appointments are eligible to apply for promotion at any point and Assistant and Associate Professors who have not yet initiated consideration for promotion are normally notified of their eligibility to apply in the fifth year of appointment at their current rank. Promotion to the next rank is based on University and Faculty criteria and standards for promotion, more specifically the [revised promotion criteria](#) which are outlined in the Appendix to the Regulations Concerning Continuing Appointment with Annual Career Development (2013).

Summary of relevant documentation for faculty members with a Continuing Appointment:

- [Faculty of Medicine Promotion and Tenure Guidelines](#)
- [Regulations Concerning Continuing Appointment with Annual Career Development \(2013\)](#)
 - Article 1 – Initial appointment (see Appendix B, Section 9 for rank on initial appointment)
 - Article 2 – Annual academic career development
 - Appendix B – Promotion criteria (incl. career path descriptions in Section 5)
 - [Revisions to Promotion criteria](#)

Links to all of the above policies and other documents relating to appointments, reappointments, tenure and promotion can be found here: http://medicine.dal.ca/for-faculty-staff/promotion_tenure.html

In 2019, the Senate and Board of Governors approved an amendment in PhD appointments in clinical departments to enable eligible faculty to enter tenure track positions (Appendix I-2).

Developmental Resources and Opportunities

In addition to the career development guidance provided annually by Department Heads (or delegates), faculty members are encouraged to participate in various developmental opportunities, including those offered through the University's [Centre for Learning and Teaching](#) and the Faculty of Medicine's [Faculty Development](#) program. Mentorship opportunities are also available in some departments, as well as through our Medical Research Development Office. As part of the Faculty of Medicine's efforts to advance diversity and inclusion, a fund was established by the Dean of Medicine to support Designated Group member participation in leadership development programs. All faculty

members have the opportunity to serve on committees at various levels both internally (department, Faculty and University) and externally.

Annual Reappointment, Tenure and Promotion Statistics

In the Faculty of Medicine, there are normally 25-35 successful applications for reappointment, tenure and/or promotion per year. Below is a summary by appointment type and application type for the last three academic years.

	Tenure Stream					Continuing Appointment <i>w Annual Acad Career Devt</i>		TOTAL
	Reappt to Tenure Track	Tenure	Tenure & Promotion to ASSOC	Promotion to ASSOC	Promotion to PROF	Promotion to ASSOC	Promotion to PROF	
2018-19	6	0	5	0	3	20	4	38
2017-18	1	1	4	0	0	8	11	25
2016-17	5	1	2	0	1	16	7	32
TOTAL	12	2	11	0	4	44	22	95

Rank Distribution

Below is a summary of current rank distribution by appointment type in the Faculty of Medicine.

	Lecturer	Assistant Professor	Associate Professor	Professor	TOTAL
Tenure Stream	0	13	39	89	141
Continuing Appointment <i>with Annual Acad Career Devt</i>	77	1467	227	151	1922
TOTAL	77	1482	272	240	2063

Includes faculty with Primary appointment in Faculty of Medicine as of July 1, 2019

Excludes limited-term appointments

Faculty Budget

How well integrated is the Faculty planning and budgeting; including its multi-year budget?

Faculty of Medicine Budget Process

The budget process carefully examines needs and resources to best support the strategic plan of the Faculty and university, as well as supporting the activities of all departments.

January - March

Individual meetings are held with each department/unit head and their administrator with the Dean, COO, Executive Director of Operations, and Finance Director to review the financial position of the department/unit for the current fiscal year, explain variances and discuss requirements for the upcoming fiscal year (April 1 to March 31), which are considered when developing budget targets. Discussions also include impacts on budgets for potential University budget reductions, increases or decreases in revenue, new program requirements and spending plans for sources of funding outside of the operating budget (endowments, special purpose, etc.). Detailed notes are prepared outlining the discussion and decisions.

March

The Dean, Chief Operating Officer and Finance Director present a draft budget for the Faculty of Medicine to the Finance Committee for the upcoming fiscal year for review and endorsement. This high-level budget contains estimates on increases/decreases for the upcoming year based on prior years and the most recent Budget Advisory Committee report prepared by Dalhousie University.



Dalhousie Faculty of Medicine COO Linda Penny

End of March/Early April

Preliminary budget worksheets (populated with current salary information and containing budget targets that must be met) are emailed by the Dean's Office to each department/unit. The administrators in coordination with their department heads/associate deans/assistant deans complete the detailed budget submission for their relevant departments/units. This could include checking salaries, removing any terminations or expected terminations, adding new employees, providing a breakdown of the expected non-salary costs such as travel, training, computer related and office supplies.

The department/unit heads are accountable to manage their individual budgets and the Dean is accountable for the overall Faculty of Medicine budget.

April/May

The Dean's Office reviews the preliminary budget submissions in detail and communicate any issues or concerns back to individual departments/units with oversight by the COO and Finance Director. The Executive Director of Operations reviews and oversees the Dean's Office unit budgets.

June/July

The Faculty of Medicine receives the final budget target from the University and finalizes individual targets for each department/unit.

The Finance Committee then meets to review and endorse the final overall Faculty of Medicine budget before the Dean gives final approval prior to submission to the University Budget Office. The departments/units are then advised of their final operating budget target.

August - February

The Dean's Office reviews mid-year (October) and third quarter (January) submissions from each department/unit comparing actual year-to-date results against budget with significant variances explained.

The University increases department/unit budgets throughout the year for annual salary increases/increments.

Below is the link to the University's Budget Process/Policy. <https://www.dal.ca/dept/financial-services/For-Staff-and-Faculty/budget.html>

Multi-Year Budget

The Faculty of Medicine follows the University's annual multi-year integrated planning process.

The complete submission includes: 1. **Integrated Strategic & Budget Plan**; 2. **Multi-year Operating Budget Projections**. This process ensures the budget supports and is integrated with both the Faculty of Medicine strategic plan, as well as Dalhousie's strategic plan.

The November 2019 submissions can be found in Appendix J-1

Relationships and Collaborations

What factors characterize the Faculty's relationships with other Dalhousie Faculties and units (e.g., services to students and instructors, libraries) and with its external communities? What plans are in place to strengthen such relationships and build new relationships/collaborations?

Relationships and collaborations are key to the Faculty of Medicine's mission, vision, and values. Throughout the strategic plan we have developed goals to build and strengthen ties with internal and external stakeholders and communities. Since the launch of the most recent strategic plan we have identified and made progress on the following goals and priorities.

Research

Our strategic goals are to:

1. enhance our international competitiveness at health research
 - The fall of 2017 began the development of WAVE teams that were felt to be internationally competitive currently (WAVE 1) or could be in the next five years (WAVE 2). These WAVE teams bring together researchers and enhance collaborative research with broad maritime scope and breadth of expertise.
 - Faculty recruitments are supporting these areas, and six Canada research chairs have been allocated to WAVE priority areas bringing increasing recognition of our international strength in these research areas.
 - Teams have received DMRF support for graduate scholarships and networking supports.

Success of these investments has been 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
 - 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, Faculty of Dentistry, 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.
 - 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). In collaboration with the Faculties of Health



Dr. Mike Dunbar, seen here examining a patient, was part of a national study finding Aspirin to be as effective as prescription meds in preventing post-op clots.

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.
- Supporting new innovation health sandbox to help create a collaborative space to develop innovative solutions to tackle local and global issues.

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 is playing a leadership role in the Maritime SPOR SUPPORT Unit (MSSU). A call for proposal by CIHR for phase II of the MSSU will see increased research collaborations between post-secondary institutions, health authorities, government and the public through out the Maritime provinces under four major themes. Those themes are data platform and services, learning health system, capacity development and patient engagement. The MSSU activities are aligned with provincial health research strategies in each of the Maritime provinces (such as IHRIS in Nova Scotia).

We have begun to address common themes around requirements for success, including better support for graduate students, attention to mentorship, 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. Working with the Faculty of Health and DMRF, six areas of Collaborative Health Solutions have been identified. Teams in our two faculties are working strategically together with the support of a research manager jointly funded by our two faculties to develop research priorities and initiatives. Collaborative Health Solutions is aligned with the Wave II Health priority initiatives of the Faculty of Medicine.

Despite good collaboration between the Faculty of Medicine and the Health Authorities, there continue to be significant operational issues that hinder research performance. Faculty members have suggested a need for more collaboration between the Faculty and NSHA/IWK, reducing bureaucratic barriers, and providing administrative supports and protected time for researchers (Appendix B-1).

Education

By building on educational excellence we will:

1. be responsive to the evolving health care needs of the Maritimes, the Faculty of Medicine has put emphasis on increasing exposure to Family Medicine with the goal that by 2022 over 50% of our graduates will choose family medicine as a career choice (current figure 40%). Activities to increase exposure to family medicine include:
 - Increase in the number of community-based family doctors participating in the small group sessions at the medical school.
 - Introduction of a new family medicine experience in Med 1, where all students spend six half days with a family doctor.
 - New Longitudinal Integrated Clerkship (LIC) sites in Nova Scotia.

The faculty is working with its partners in government, medical associations and community to increase residency training positions outside the Halifax area. The goal is that over 10% of postgraduate rotations will occur outside Halifax. These distributed experiences will be excellent educational opportunities for our residents and will also enhance recruitment of residents to community settings around the Maritimes where shortages of physicians exist.

2. engage stakeholders as active partners in our Mission
 - Senior leadership positions are engaged as 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.

The Faculty of Medicine consults with Maritime ministries of health, health authorities, and patients/the public through a variety of forums including standing committees, regular meetings, retreats and town halls.

3. develop capabilities across the education continuum
 - All levels of undergraduate medical education have mandatory embedded activities in the Skilled Clinician Program:
 - Med 1 has over 1000 students participating in Dalmazing Part 1 and 2 an IPE primer for students; all students participate in a diverse collection of IPE mini-courses of their choosing; 400 students in Med 1, Nursing 1, and Dentistry 1 participate in a four part Indigenous Health and Wellness IPE course
 - Med 2 has all students participating in an award-winning Collaborative Stroke two -part IPE course that over 400 interprofessional students attend; all students are embedded in IPE simulations with Nursing and Respiratory Therapy over the course of the year

- Med 3 has embedded IPE clinical simulation experiences in three out of seven core clerkship rotations (also offered in LICs), which involve nursing, paramedicine and respiratory therapy students. Our PIER sessions have IPE embedded that involves trauma simulations, breaking bad news, and ultrasound education.
- Med 4 has a three week interprofessional elective that all students must take prior to graduation.
- In PGME there are IPE offerings involving breaking bad news, end of life discussions, and medical education elective experiences to name but a few. These are all well attended and sessions which are evaluated highly by students.
- Our faculty has the only true interprofessional simulation leader instructional course in Canada, which has educated over 200 faculty and staff throughout the Maritimes on the principles of interprofessional education through use of simulation-based education. Currently the tri-faculties are working on a strategic plan to continue to advance IPE at Dalhousie University and beyond.

The Faculty of Medicine continues to advance education, research, and scholarly activity with respect to interprofessional education, collaboration and practice within the Faculty of Medicine through a continued close working relationship with the Faculties of Health and Dentistry. The Centre for Collaborative Clinical Learning and Research within the CHEB has provided a strong nidus of growth for IPE in the tri-faculties and has generated an impressive amount of

collaborative scholarly activity, which adds to the body of educational research long associated with Dalhousie University Faculties of Health, Medicine and Dentistry. We are seen nationally and internationally as innovative leaders in the area of IPE. This IPE transcends all levels of education and is now embedded in our UGME and PGME programs.



Interprofessional simulation space located in the CHEB

The Faculty of Medicine also has a close partnership with the Faculty of Science through the development and delivery of the Medical Sciences Bachelor of Science program launched in 2014. The first of its kind in Atlantic Canada, the Medical Sciences program offers a BSc degree program focused on human physiology and medical applications. The program offers a multi-faculty curriculum made up of core courses and selectives primarily derived from Science and Medicine,

with contributions from the Faculty of Arts & Social Sciences, Faculty of Health, University of King's College, and as of December 2019, from the Faculty of Computer Science. It has been designed to provide training for students interested in medical school, pharmacy, dentistry, graduate school, or employment in related medical fields. While this is a program of the Faculty of Science, an Assistant Dean from the Faculty of Medicine oversees the program, interfacing with the Faculty of Medicine's academic leadership including Dean's Council and Education Council. The Faculty of Medicine delivers several core courses in the program, with additional contributions from basic science and clinical faculty in the delivery of the Medical Sciences Capstone course and supervision of undergraduate students in experiential learning and honours research projects.

4. 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.

Working with system partners, we continue to be nationally and internationally recognized for scholarship in education which contributes to the health of the Maritime population and more broadly. Scholarly activities provide an opportunity to share knowledge and engage with the broader community. It also provides an opportunity to develop skills and experience in leadership and knowledge translation to address the health needs of the Maritimes. This year we successfully recruited a second tenure track faculty in Medical Education to work with faculty in the field of education scholarship.

Serving & Engaging Society

To improve health outcomes, our partnering with communities will include engagement of diverse and underrepresented voices by:

1. including the focus areas of catalyzing systems change and partnering with communities
 - In undergraduate medical education we have increased emphasis on primary care career planning beginning early in medical training. 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 as of August 2019, we have medical students based in New Waterford and North Sydney. For August 2020 we will have five 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 began in July. The faculty has also advocated for, and have been successful in, developing new space for teaching and learning within a number of our community teaching sites. Specifically, since the last review, new space dedicated to medical education has been developed in Yarmouth, Amherst, Truro and New Glasgow; and new space is under development in Kentville. These spaces increase the quality and availability of education for medical trainees from multiple disciplines, but particularly family medicine.
- A Tier 2 Canada Research Chair (CRC) in primary care is being recruited. 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 through 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
- Johnson initiative, PLANS, Indigenous health course, and other initiatives that align three faculties all of which involve Faculties of Medicine, Dentistry and Health



Dr. Warren announces increase in Family Medicine residency positions

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 crosscuts and is interwoven with the other strategic pillars of Education and Research, overlap is purposely present. 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.

Physical Facilities

How appropriate and adequate are the physical facilities for the Faculty's purposes? What processes are used to evaluate use of space in support of the Faculty's programs, and what plans are in place to ensure appropriate facilities are available to fulfil the Faculty's strategic academic goals?

The Faculty of Medicine mission to inspire and enable excellence in health care through medical education, research, and serving and engaging society, is supported through various specialized facilities in Halifax, Saint John, and throughout the Maritimes.

\$23 million in renovations to the Sir Charles Tupper Medical Building, Tupper Link and CRC buildings since 2009 have improved experiences through classroom re-design, modernizing anatomy classrooms, upgrading teaching support space, renovating research laboratories, renewing aged building infrastructure and improving the medical student lounge. A major energy refit project also resulted in new windows, updated lighting, fume hoods, air handling systems, elevators, animal care exhaust fans, and water heaters.



Carleton Campus

Education

At its Halifax campus, the medical school activities predominately take place in the Sir Charles Tupper Medical Building, the Clinical Research Centre, the Life Sciences Research Institute, and the Collaborative Health Education Building (CHEB). At Dalhousie Medicine New Brunswick (DMNB) lecture rooms, tutorial rooms, student spaces, and research space are located in spaces dedicated to the MD program located on the University of New Brunswick Saint John (UNBSJ) campus (<https://medicine.dal.ca/departments/core-units/DMNB/about/history-vision.html>). Clinical teaching takes place at affiliated clinical facilities throughout the Maritime provinces.

Lectures, tutorials, and some clinical teaching on the Halifax campus mainly take place in the Tupper Link building's ten tutorial rooms and three teaching theaters. Clinical and procedural skills are taught on the third floor of the CHEB building (Centre for Collaborative Clinical Learning and Research, CCCLR) and in tutorial rooms located in the Tupper Link. In Saint John, clinical and procedural skills are taught in the main DMNB building.

Student lounge space is located in the link building, as well as open-concept Learning Commons in the CHEB, where students can use workstations and access Dalhousie Library Services.

The medical school has not experienced any major challenges in obtaining access to needed teaching space at its two campuses. Classrooms BA3, G36, Theatre A, C206, C216, C223, 2L3 and 2L7 are dedicated to the MD program, as well as DMNB education and research spaces. To avoid or mitigate any

future challenges, a medical school representative sits on the University Classroom Committee, which addresses issues related to classroom space. The Faculties of Medicine and Health have worked collaboratively to share space in the CHEB and to maximize interprofessional educational opportunities. The Operations Advisory Committee oversees the allocation and scheduling of space and addresses any conflicts. If the Operations Advisory Committee cannot resolve a scheduling conflict, it will refer the issue to the Governance Committee.

Research

Faculty members requiring wet-bench laboratories are concentrated in the Sir Charles Tupper Medical Building with some labs located within the Centre for Clinical Research, the IWK Health Centre, the Clinical Research Center and the Life Sciences Research Institute. Faculty members requiring dry lab facilities are located within the two teaching hospitals and the Clinical Research Centre. The LSRI, a four-story state-of-the-art research facility, houses established and new investigators and provides research and incubator space for the life sciences sector.

Dalhousie Medicine New Brunswick (DMNB) is home to a modern biomedical research laboratory that supports the Irving Research Chair in Occupational Medicine, the Cancer Care Society endowed Chair in Cancer Research and three cardiovascular researchers. A significant but small wet-lab facility is located on the Saint John campus of the University of New Brunswick.

Through its strategic CORES program (Centralized Operation of Research Equipment and Support), Dalhousie Faculty of Medicine has developed a range of core, multi-user research facilities that provide all of its researchers with access to sophisticated equipment and services. The Medical Research Development Office (MRDO) provides ongoing operating support for these core facilities, as well as strategic guidance on development of future core facilities. Many of these have been established with funding support from the Dalhousie Medical Research Foundation and its annual Molly Appeal, as well as the Canada Foundation for Innovation (CFI) Infrastructure Fund and the John Evans Leadership Fund (JELF). Additional core facilities may be anticipated, but the space allocated is nearly exhausted. Upgrades are anticipated, some in partnership with affiliated health centres (e.g., QEII Health Sciences Centre, IWK Health Centre).

Dalhousie Faculty of Medicine's core facilities include:

- Animal Care Facility (Halifax and DMNB)
- Cellular and Molecular Digital Imaging Facility (Halifax)
- Genomics Core Facility (Halifax)
- Flow Cytometry Facility (Halifax and DMNB)
- Maritime Brain Tissue Bank (Halifax)
- Biomolecular Mass Spectrometry Facility (Halifax)
- Zebrafish Facility (Halifax and DMNB)



Sir Charles Tupper Medical Building

DMNB faculty have access to all of the Dalhousie CORES as well as those located at the University of New Brunswick.

Over the past 10 years, some labs have been extensively renovated so that approximately 75% of the Tupper building has been refurbished since its construction. Nevertheless, both wet-lab and dry-lab space is under increasing pressure.

Space is a major challenge in accommodating new research programs and allowing expansion of existing programs. The North tower of the LSRI building was new eight years ago and is now nearly fully occupied, with several core facilities undergoing expansion on the first floor and new recruits filling the second floor. The Brain Repair Centre occupies the entire third floor and the animal care unit occupies the whole of the fourth floor.

There has been a substantial investment in the Tupper infrastructure to improve energy efficiency (lighting and HVAC) and safety (eyewash stations and emergency showers). New recruitments have allowed for the upgrades to some of the wet laboratory spaces, but some of the space remains inadequate for modern research activities. Moreover, there is an acute need to complete a space audit to allow for the more effective use of the existing space by the active research programs.

Several off-site research operations, including the Healthy Populations Institute, the Atlantic PATH, and the Canadian Longitudinal Study on Aging have space needs that are not currently met and will be looking for new space as the development around the Carlton Campus progresses. The new VP Research and Innovation is very attentive to these needs as well as other concerns with academic research space, particularly with NSHA and ongoing concerns with lack of education spaces within health authorities. The Faculty of Medicine will need ongoing discussion and collaboration with leadership at Health Authorities to ensure education spaces included within new developments such as the QEII new development project.

Administration

The Dean's Office administrative offices are concentrated in the CRC Building, with project and basic science departments mainly located in the Tupper and Tupper Link buildings. At DMNB administration offices are located in the dedicated DMNB building.



Clinical Research Centre (CRC)

Space Allocation

There are two Faculty of Medicine Space Committees tasked with allocation of space. The Short Term Space Committee addresses acute space issues rapidly, whereas the Integrated Space Committee looks for longer term solutions to space allocation issues. Both committees have terms of reference (Appendix L-1). The Integrated committee is currently completing a space audit which will guide and anticipate future space allocation.

The Faculty of Medicine operates in accordance with guiding University principles and criteria related to space, maintaining the right to allocate space to meet changing needs and priorities. Wherever possible, decisions about space are made based upon communication within, and where appropriate, between departments/units, ending with the Associate Dean Research (ADR) and the Chief Operating Officer (COO) making a recommendation to the Dean for final approval. In such cases where mutually agreeable decisions about space cannot be reached via communication, a formal space request procedure shall be used to reach a decision.

To facilitate decisions around ensuring appropriate facilities are available the following criteria will be used for evaluating and prioritizing requests:

Alignment with Strategic Plan	Is the request in alignment or directly related to the FoM strategic plan? Strategic plan initiatives have a higher priority than other programs.
Justification	Each department must clearly explain why their program cannot be accommodated within existing space, why renovations are necessary, etc.
Co-location	Co-location of programmatically related activities have a higher priority than co-location of non related activities.
Sharing	Preference will be given to requests that demonstrate sharing of space/equipment.
Special Requirements	Any change in circumstance which warrants special consideration.
Economic Feasibility	Overall cost of space (renovation and operation) reflect research impact.
Funding	Is there funding to support any costs associated with the space?
Funding Capture/# of staff	Preference will be given to requests from areas with higher revenue and training activity.

For more information on the Faculty of Medicine's space request procedures see: Appendix L-2 for the 2018 FoM Space Request Procedure.

Faculty of Medicine 2012 Senate Review Recommendations

#	Recommendation	Status Update
1	<p>Building on current governance momentum, the FoM should seek to achieve a broadly framed consensus with the Government of Nova Scotia and Dalhousie University on a vision for the future of Dalhousie Medical School that encompasses, reconciles and aligns the key objectives of the Faculty, the Government and the University.</p>	<p>The Faculty of Medicine (FoM) has been able to successfully engage and partner with the Government of Nova Scotia, specifically the Department of Labour and Advanced Education (LAE) and the Department of Health and Wellness (DHW). LAE and DHW representatives are active members of the Tri-Provincial Council chaired by the Senior Associate Dean. The Dean meets regularly with the Deputy Minister of Health and Wellness, and meets as needed with the Deputy Minister and Associate Deputy Minister of LAE. The Dean, Senior Associate Dean, and Chief Operating Officer meet three times yearly with other senior leadership in LAE.</p> <p>The FoM and LAE have membership on the two DHW committees which plan for health human resources at the physician and trainee level. The Associate Dean Postgraduate Medical Education (PGME) co-chairs the trainee committee. Both governmental departments participated actively in the development of the FoM strategic plan ensuring alignment and full understanding on all sides.</p> <p>As the strategic plan continues to be implemented both LAE and DHW are especially interested and actively participate in our Serving and Engaging Society pillar which includes plans to increase diversity within the medical school and to affect health systems change with the goal of improving the health of the population of the Maritimes</p> <p>Dalhousie Medicine New Brunswick (DMNB) has been able to successfully engage and partner with the Government of New Brunswick. The representatives with the Department of Health (DOH) and Postsecondary Education, Training and Labour (PETL) are standing members of the DMNB Accountability & Oversight Committee which meets three times each year. In addition, they actively participate in the annual welcoming ceremony for incoming students and the ceremony for departing students. The Associate Dean DMNB meets regularly with the representatives of the DOH and PETL and annually with the respective Ministers.</p>
2	<p>The Dean of Medicine should be responsible for and have authority over the academic deliverables</p>	<p>The Dean of the FoM has authority over academic deliverables from the point of conception and development to the negotiation of deliverables and eventual inclusion in</p>

#	Recommendation	Status Update
	<p>(teaching and research components) under AFPs at the CDHA and the IWK. Specifically the Dean should be given authority under the AFP for the research/teaching component to ensure that academic deliverables are appropriately defined, followed and evaluated with appropriate metrics. This is key to ensuring that the FoM can, through the Dean, take a comprehensive and integrated approach to its own governance, particularly in relation to research. It is also to ensure that the FoM has authority over funding that is critical to the achievement of its mission and that it has the ability to fully implement its Strategic Plan throughout all parts of its teaching and research mandates.</p> <p>A clear definition of the “academic physician” should be developed, agreed to and implemented, both to address concerns that may arise by a growing role for the Dean in setting and evaluating performance against academic deliverables and to otherwise strengthen the relationship between the FoM and clinical faculty members.</p> <p>An effective and accessible dispute resolution process should be adopted under the AFPs to provide an avenue for resolution of disputes that arise in relation to decisions or actions of the Dean under the AFPs, including policy, procedures, and a faculty advocate, which are instruments that have been developed the U of T FoM. This is important not only to ensure that there is an</p>	<p>payment contracts with the clinical departments. The current negotiations have aligned expectations of departments and ultimately faculty with all aspects of the FoM strategic plan.</p> <p>Physicians in Academic Funding Plan (AFP) departments are, by definition, academic physicians. They are on continuing appointments and have annual performance reviews which includes review of their teaching, research and administrative activities as well as their more traditional clinical activities. In addition, we do consider physicians outside of traditional Nova Scotia AFP’s as academic physicians such as the academic physicians in New Brunswick, often primarily funded through either alternate payment plans or fee for service, with additional academic stipends.</p> <p>A formal grievance process for academic physicians has been implemented. The development of a collaborative process to address the intersection of clinical and academic grievances is a focus of the next affiliation agreement between Dalhousie and the Health Authorities.</p> <p>The Nova Scotia provincial government mandated a review of the Academic Funding Plan (AFP) model in February 2010. A multi-stakeholder initiative to develop a new funding model began the following year and focused on three policy areas:</p> <ul style="list-style-type: none"> • Governance • Funding • Accountability <p>Three working groups were established with 71 participants representing all AFP stakeholders, which included AFP Physicians, Department of Health and Wellness, Capital District Health Authority (CDHA), the IWK Health Centre, Dalhousie Faculty of Medicine, Doctors Nova Scotia, Department of Labour and Advanced Education and non-AFP Physicians from Fee-For-Service departments at CDHA and IWK.</p> <p>The new AFP Model improved accountability of the plans, communication between the stakeholders and provided clarity on the deliverables and expectations for all participants in the AFP process in Nova Scotia.</p>

#	Recommendation	Status Update
	<p>avenue for dispute resolution but to more fundamentally ensure that there be openness, transparency and accountability in relationships that are key to the current and future success of the FoM, physician academics and the CDHA and the IWK.</p>	<p>Academic deliverables for teaching, research and innovation outline expectations for AFP departments with department heads being accountable to the Dean for meeting those expectations. Funding is directly linked to quarterly and annual deliverables reporting.</p> <p>The AFP model governance framework includes a standing committee for dispute resolution (Issues Resolution Committee).</p>
3	<p>The FoM should strongly continue on its current path of improving relationships with the CDHA and the IWK through deeper collaboration and wider strategic alignment. This should include focusing on the role that common or shared branding could play in reinforcing the momentum towards deeper collaboration and in communicating the strength of the partnership in a compelling way to the broader community. At the same time, there should be intensifying efforts to demonstrate and substantiate the relevance of the FoM to other hospitals and health authorities throughout Nova Scotia and the other Maritime Provinces. Where appropriate and as feasible, there should be an effort made to formalize these broader relationships to ensure their optimal effectiveness and long-term sustainability.</p>	<p>Since the last review, eight Nova Scotia provincial health authorities have merged into the Nova Scotia Health Authority (NSHA). The FoM has continued to have very good relations with the IWK and NSHA, as well as New Brunswick Horizon Health and Health PEI.</p> <p>Strong collaborations have been developed and are fostered between the Faculty and the health authorities, with IWK/NSHA participation in strategic planning for the FoM. Likewise, faculty members and leadership from the FoM are involved in strategic planning for NSHA/IWK/Horizon Health. The FoM collaborates with Horizon Health and Health PEI (both on Tri-Provincial). The Dean or delegate (Associate Dean, DMNB) is a member of the Board of Directors of Horizon Health Network in New Brunswick as well as a member of the Horizon Regional Medical Advisory Committee. A member from Horizon Health Network sits on many of the standing committees of Faculty Council and departmental survey/search committees. Monthly meetings also occur with the Deans of Medicine, Health, Dentistry with VP research for NSHA, IWK and Dalhousie.</p> <p>The FoM maintains a shared relationship with IWK, NSHA, Horizon on all survey committees and searches for department heads. Department heads then report jointly to the Dean and VP at IWK or NSHA, including yearly performance reviews.</p> <p>NSHA/IWK/Provincial College/DHW and the FoM work together on physician recruitment and retention in Nova Scotia.</p> <p>These strong distributed partnerships have resulted in education initiatives, engagement in family medicine residencies, Longitudinal Integrated Clerkships, simulation, as well as collaborations on research activities through the</p>

#	Recommendation	Status Update
		Nova Scotia Integrated Health Research and Innovation Strategy and Maritime SPOR SUPPORT Unit.
4	There should be continued and expanded focus on the relationship of the FoM with practicing physicians in urban and rural communities, particularly those working in primary and/or community care – that is, there should be concerted effort at creating linkages in the community that contribute directly to improved health outcomes.	<p>The FoM continues to meaningfully engage faculty across the Maritimes. Dalhousie Medicine New Brunswick has been, and continues to be, very successful in engaging New Brunswick physicians and scientists through teaching and administrative facilities in Saint John. The FoM has steadily increased its outreach to communities as it increasingly works with faculty to change from a traditional model of centralized teaching at all levels (undergraduate, postgraduate and continuing professional development) to one of distributed education. Examples of successful distribution of medical student education includes not only the DMNB campus itself but importantly the Longitudinal Integrated Clerkship, which boasts four established New Brunswick sites and two Nova Scotia sites established in 2019, with plans for ongoing expansion. Additionally, Family Medicine postgraduate training is well distributed throughout the Maritimes with five sites.</p> <p>Dalhousie’s postgraduate training positions have recently expanded both in Family Medicine and Royal College specialty programs – the Family Medicine positions were added in community locations in particular need of additional physicians and the Royal College specialty positions were added with the expectation that a substantial portion of the training will be distributed to the communities the FoM serves. The FoM will require all clinical departments to distribute at least 10% of teaching for all residents to communities as part of the deliverables in the current AFP contract negotiation.</p> <p>The FoM continues to work with its partners to negotiate additional remuneration for teaching faculty at distributed sites and expect this will be successful with the current fee negotiations.</p> <p>Distributed medical education is a key focus for the FoM, with a rich program of Longitudinal Integrated Clerkships (LIC) in New Brunswick with 16 of 31 students trained in these community-based rotations. The first Nova Scotia LIC was launched in September 2019 with four medical students spending their entire third year in in two Cape Breton communities, North Sydney and New Waterford. LIC programs serve the dual objectives of providing excellent educational experiences for students along with enriching</p>

#	Recommendation	Status Update
		<p>the host communities. Plans are in place to open another LIC site in the South Shore region of Nova Scotia in 2020.</p> <p>The Family Medicine Project Charter developed in 2018 to increase medical student interest in a career in family medicine has resulted in the development and implementation of a mandatory family medicine clinical experience for all Med 1 students, the introduction of community family doctors as tutors in the Med 1 and Med 2 curricula and a focus on community family medicine faculty recruitment and engagement. In 2019, over 40% of graduating Dalhousie students matched to Family Medicine residency programs.</p> <p>The 2017 Dean’s Retreat held in Fredericton New Brunswick focussed on Maritime implementation of recommendations from the Rural Road Map for Action: ADVANCING RURAL FAMILY MEDICINE: THE CANADIAN COLLABORATIVE TASKFORCE from the College of Family Medicine Physicians of Canada and the Society of Rural Physicians of Canada.</p> <p>Outcomes from this retreat included strategies to address the Road Map recommendations including Priority #3. (Support extended competency-based generalist training in rural/community training sites) by the development of LICs and increasing the requirement for residents to spend educational time in distributed sites and Priority #7 (Establish government and university partnerships with rural/community physicians and regional health authorities) by creation of a value statement towards generalism with the faculty and a focus on community faculty engagement. This has been addressed in the Family Medicine Project Charter.</p>
5	Sustained attention should be given to the current and future importance to the FoM (and to Dalhousie) of the FoM programs, departments and fields of study that are neither clinical or basic science but that are essential both to the education of the physicians of tomorrow and to the potential of the FoM to continue to be one of Canada’s leading faculties of medicine, including because of the vital role it plays in improving	To advance education equity and to ensure that the medical student body is representative of the communities it serves, the FoM recognizes the importance of increasing the admission of, and number of graduates, from historically underrepresented groups, specifically Indigenous persons of the Maritime region and persons of African descent of the Maritime region (of which the largest population is recognized to be African Nova Scotians) through education equity.

#	Recommendation	Status Update
	<p>health and health care in Nova Scotia and the Maritime Provinces more generally. The Social Accountability mandate within the FoM is an important element of the past, current and future work. For example global health, Aboriginal Health and African Nova Scotian Health have been an important emphasis. One option that may be worth considering is an inter-faculty institutional structure between FoM, Dentistry and Health Professions to ensure that these fields of study fully contribute to and draw upon teaching, research and service from across Dalhousie's health faculties.</p>	<p>Applicants must self-identify in their application form in order to be considered for admission under the Affirmative Action Statement. All applicants must satisfy/meet admission requirements. However, applicants who apply under the Affirmative Action Statement are considered on the basis of their qualifications for the study of medicine, rather than in relation to other candidates.</p> <p>The Faculties of Medicine, Health and Dentistry all have representatives that participate on the Interprofessional Education Coordinating Committee (IPECC. This committee has Interprofessional Education (IPE) representatives from all professional health schools at Dalhousie University and meets monthly. While interprofessional learning opportunities, synergism and innovation is the primary goal of this committee, many of the initiatives involve diversity, inclusion, and social accountability. The indigenous health and wellness five-part IPE learning session is offered to all Med 1, Nursing 1, and Dental 1 students and has been very successful. Many elective opportunities in IPE mini-courses have an eye to diversity and cultural competency and awareness that interprofessional students and faculty participate in. The Skilled Clinician Program in Med 1 has volunteer patient coordinators in both Halifax and Saint John that utilize as one of their recruiting criteria visible and invisible minorities that exhibit both cultural diversity and socioeconomic diversity.</p> <p>Positioning/Integration/Evaluation/Review (PIER) sessions for students in Med 3 and Med 4 have practical hands-on sessions that provide students with tools to approach cultural competency and diversity through the lens of social accountability that promotes knowledge sharing and common understanding in our approach to diverse patient groups. The IPECC is actively engaged in scholarly activity and research with respect to these initiatives, as is the FoM.</p> <p>The Advisory Committees for Promoting Leadership in Health for African Nova Scotians (PLANS) and Indigenous Health in Medicine (IHIM) were established across the three health faculties to ensure collaborative approaches to programming, policy development, recruitment and community outreach.</p> <p>While the FoM has supported community engagement and student opportunities to volunteer with non-profit</p>

#	Recommendation	Status Update
		<p>organizations, formalizing a service learning program within the MD program creates an opportunity for students and faculty to reflect on the classroom learning through the experience of community service. UMECC approved a new service-learning program in July 2015. The class of 2019 was the first to participate in this optional program. Students may select from already-established service-learning partnerships throughout Nova Scotia and New Brunswick. Service learning community partners must be a non-profit organization with a social mandate or mission which supports people from underserved or marginalized populations.</p> <p>The Professional Competencies Unit is a two-year longitudinal unit in Med 1 and Med 2. This unit gives students the opportunity to integrate their biomedical and clinical learning with the context of patient care from professional, community, and life-long learner perspectives. Content includes public health and infectious disease management in the community, end of life decision-making and other ethical challenges, patient safety and other system and quality improvement approaches, social accountability and global health, physician wellness and career paths, and the Health Mentors program. Key concepts come from population health, epidemiology, ethics, law, informatics, health policy and the humanities. The unit is highly applied and case-based, and closely integrated with the block unit through shared cases and topics. Upon completion of the two-year unit, students will have the foundation to see themselves as a professional and have the background understanding and skill exposure needed to take responsibility for diverse physician roles in healthcare and in the community. Students will be prepared to work with and in partnership with patients, caregivers, and communities in all dimensions biological, emotional, cultural, and social - with a focus on improving the health of populations, keeping patients safe, shaping care to patients' needs and contexts, and working to sustain and improve the healthcare systems in which they work. This will set the groundwork for a life of 'meaningful work' in medicine.</p>
6	That Dalhousie and the FoM should undertake a financial management review initiative to develop understanding, allocation	In January 2018, the newly created position of Chief Operating Officer was filled. This position oversees all the operating components of the Faculty, including the financial component. While there is also a Director of Finance, the

#	Recommendation	Status Update
	<p>processes and reporting systems that are understood by all stakeholders. The necessary expertise to manage such a change, but also to manage steady state, should be evaluated and put in place. The financial management models in place in other medical schools or academic units should be established as part of such an initiative.</p>	<p>individual in this position is a CPA, which provides a higher-level focus on the finances of the Faculty of Medicine.</p> <p>The FoM has a Finance Committee with broad representation from across the Faculty. The Committee provides advice to the Dean on the multi-year budget and annual budget plan as well as reviewing the mid-year, third quarter and year end position of the Faculty.</p> <p>Individual meetings are held annually with each department/unit head with the Dean, Chief Operating Officer and Finance Director to review their financial position for the current and upcoming fiscal years. This review includes all sources of funds available to the department/unit, i.e., operating, endowment, etc. There is a very detailed annual budget process which includes providing each department/unit with their budget amount and they complete a line by line budget which is reviewed in detail by the Faculty of Medicine Finance Office. Department/unit heads are accountable to manage their individual budgets once approved.</p> <p>The FoM is currently performing a review of the academic budgets provided to clinical departments. The review is near completion and the goal is to allocate funding based on metrics that capture the required academic work. This process will allow the Faculty to more fairly allocate the budget based on priorities.</p>
7	<p>That there be on-going external evaluation of the on-going curriculum development and implementation process. Benchmarks and ongoing evaluation need to be implemented to ensure the success and relevance of the undergraduate and graduate programs from the FoM. A variety of stakeholders need to be engaged in the ongoing monitoring and evaluation (e.g. alumni).</p>	<p>The Undergraduate Medical Education Curriculum was reviewed and accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS) in 2017. The Undergraduate Medical Education Curriculum Committee (UMECC) systematically reviews the educational content, program evaluation and student assessment. In addition, Education Council has identified key performance indicators with specific targets that are evaluated regularly.</p> <p>The UMECC meets monthly and systematically reviews curriculum content to ensure that the curriculum is up to date and in step with societal needs. For example, in 2018 the law and the physician's role in Medical Assistance in Dying was introduced in the curriculum. A subcommittee is currently reviewing the Med 4 year with a report due in early 2020. The curriculum map is undergoing revitalization. A longitudinal theme head in nutrition was appointed since the last accreditation visit.</p>

#	Recommendation	Status Update
		<p>At the end of every unit, all components (lectures, tutorials, exams) are evaluated. The unit heads meet with the program evaluation specialist and prepares a report that is presented to the UMECC. Recommendations for change are incorporated into the next year's syllabus.</p> <p>Faculty performance is reviewed at the end of every unit and lecturers and tutors are provided with anonymized feedback. In the rare event that a tutor or lecturer's performance is unacceptable, the unit head and Associate Dean meet to discuss remediation strategies, which if unsuccessful, result in the tutor or lecturer being removed from the teaching roster.</p> <p>Student performance is assessed through tutorial participation, written and lab exams and through an annual, objective skills clinical exam (OSCE). Every exam (written and OSCE) is carefully constructed and evaluated for performance by the assessment specialist.</p> <p>Curriculum development in PGME is defined by the certifying bodies – the Royal College of Physicians and Surgeons of Canada (RCPSC) and College of Family Physicians of Canada (CFPC). Since the last Senate review, there has been an on-site accreditation visit by both Colleges (November 2018), which have verified the overall curriculum as meriting ongoing accreditation. In the case of Family Medicine, a better way to map the curriculum to the objectives of training in Family Medicine was requested by the College, and the program will provide that in a written response by November 2023.</p> <p>In Continuing Professional Development (CPD), the curriculum is reviewed through the Committee on Accreditation of Continuing Medical Education (CACME) accreditation process. The last accreditation was in April 2018 and the CPD curriculum met or exceeded all accreditation standards. In addition to this, the CPD office conducts a rigorous needs assessment bi- annually to include both perceived and unperceived needs that is inclusive of patients, faculty, physicians, other health professionals and regulators.</p> <p>The survey/search process for basic science departments in the FoM include representation from the Faculty of Graduate Studies (FGS). The FoM is aware of new Senate</p>

#	Recommendation	Status Update
		<p>regulations regarding graduate program reviews and is working with (FGS) to develop means to harmonize the survey process to meet with needs of the Senate process. This will mean including a mandatory external review to the survey process.</p> <p>Interactions with the FGS, for the purpose of Graduate Program reviews occur primarily at the departmental level.</p> <p>The FGS establishes general parameters for all graduate programs (e.g. minimal admission requirements, annual progress reports for each Student, minimum credit requirements, PhD defense procedures and more), but largely leaves it up to each individual department to determine discipline-specific needs for additional requirements as well as to organize and deliver their graduate programs.</p> <p>Thorough review of individual graduate programs is made in conjunction with departmental surveys which are normally conducted every five years by the FoM, or when a search for a new department head is initiated. Self-study from departments include a review of their graduate programs with qualitative and quantitative evaluation of key performance indicators (e.g student enrollment, thesis defenses, courses available, program requirements, changes to the program, etc.). The self-study would also include a response from the previous survey and explain how any recommendations were addressed by the department.</p> <p>The FGS Faculty Council appoints a member to sit on department survey committees with a mandate to report specifically on the graduate program structure, performance and if appropriate, on changes made by departments in response to previous survey recommendations.</p> <p>Department survey reports and recommendations are submitted to the FGS Faculty Council for review. The FGS representative, the department head and the graduate coordinator are asked to appear at specific FGS council meetings and must respond to questions from all members. The Council then make its recommendation to approve the graduate program if satisfactory or ask the department to come back in a specific timeframe (generally one year) to demonstrate that important</p>

#	Recommendation	Status Update
		<p>concerns have been addressed successfully. The FGS Faculty Council also reviews progress reports submitted by department heads (usually two years after a survey report has been approved).</p> <p>The FoM takes recommendations from the survey report that are made by the FGS representative and approved by FGS Faculty Council very seriously. The Dean's Office and FoM Faculty Council review a department's response to FGS, provide feedback, guidance and support departments in the implementation of those recommendations that align with the FoM strategic planning.</p> <p>Recommendations from FGS Faculty Council that would fall outside of the departmental level of action, for instance when related to faculty hiring, replacement of retiring members or recommendations that require substantial finances, are dealt with at the faculty level by the Dean.</p> <p>All departments have been able to respond satisfactorily to recommendations formulated in department survey reports, and all programs have been continuously rated as satisfactory by FGS Faculty Council. Similarly, all requests from departments to FGS for program modifications have been approved and new programs (Psychiatry, Community Health and Epidemiology) were implemented successfully.</p> <p>Through its Assistant Dean Graduate & Post-Doctoral training, the FoM is most effective in communicating to, and working with, FGS on high-level issues that are common to all departments such as awards application procedures, coordination of recruitment efforts, student support and resources, new procedures and systems, student-initiated requests.</p>
8	<p>The process of curriculum renewal spanning both undergraduate and graduate programs (M.Sc., PhD, and PGME) should be ongoing to ensure innovation and mastery of medical education.</p>	<p>The UMECC and its four subcommittees are responsible for formally reviewing the UGME curriculum as a whole on a regular basis.</p> <p>Each outcome measure (the Canadian Graduate Questionnaire, Medical Council of Canada exam results, the Clerkship Readiness Survey, and the Program Directors Survey) is reviewed by the Program and Faculty Evaluation Committee (PFEC) in a separate report prepared by the evaluation specialist. The report details findings and highlights any areas of concern. A summary of the findings</p>

#	Recommendation	Status Update
		<p>for each measure is presented to UMECC throughout the year (based on when data is received).</p> <p>Annual planning retreats/meetings are held throughout the academic year and include members of the UMECC, its subcommittees, unit and component heads, clerkship directors, and other interested faculty members. The purpose of these retreats is to identify gaps and unwanted/unplanned redundancies in curricular content.</p> <p>The review of the curriculum as a whole is informed through regular reviews of units and clerkship programs undertaken by the Med 1 & 2 and Med 3 & 4 committees.</p> <p>The Associate Dean UGME presents the results of this evaluation to several senior leadership committees, including the Council of Associate/Assistant Deans, Education Council, Faculty Council and Joint Department Heads. The Associate Dean also provides a written report of the program for review and discussion at the annual faculty meeting.</p> <p>In PGME, a Canada-wide curriculum renewal process has been initiated since the last Senate review in the form of a conversion of Faculty of Medicine programs to competency-based programs. Lead by Family Medicine, other specialty programs are now in the process of converting their curricula to ones that will allow programs to confirm functional abilities (as opposed to simply knowledge) of graduates in key competencies for practice. This process is being overseen internally by PGME through a competency-based education lead, and externally by the Colleges.</p> <p>MSc and PhD programs are under the purview of the FGS, which reviews the programming in conjunction with departmental surveys, which are normally conducted every five years by the FoM, or when a search for a new department head is initiated.</p> <p>The Clinical Investigator Program was reviewed by the Royal College in 2018 and a FGS review of Medical Research Graduate Program is scheduled to begin shortly.</p> <p>Substantive changes to courses or programs necessitated review by the FGS Academic Planning and Curriculum Committee and approval by FGS Faculty Council. These are</p>

#	Recommendation	Status Update
		dealt with on an ad hoc basis and upon departmental initiative. The FoM Faculty Council provides feedback, guidance and support (letters) for new programs or major revisions before it is submitted by departments to FGS.
9	The role of the Assistant Dean of Graduate Studies is an important one, and needs to be adequately resourced on an ongoing basis.	<p>A new Assistant Dean for Graduate Students and post-doctoral fellows was appointed in 2018 and has made substantial progress in engaging the community. There are resources within Medical Research Development Office (MRDO) to allow for orientation, research day, wellness day activities and for national engagement by the assistant dean in graduate student and PDF activities. Work with FGS has been enhanced.</p> <p>The FoM is conducting a review of the learning environment for graduate students and has established a working group to report back to the Dean in early 2020. The objective of this working group is to identify strategies to improve the learning and training environment for graduate students and post-doctoral fellows in the FoM. Implementation of recommendations from the working group will invigorate the FoM research and training mission by creating an environment that fosters collaborations, internally and at the national and international level, values networking activities and promotes and supports innovation with the highest standards of wellbeing and professionalism. By increasing satisfaction and wellbeing through reduction of unnecessary sources of conflict, stress and pressure, it is expected that workplace satisfaction will improve and will support enrollment growth based on a reputation of excellence.</p> <p>The FoM will provide an exemplary framework at Dalhousie for best practice in graduate and post-doctoral training which embraces the principles of EDI, innovation and excellence in training and supervision.</p>
10	FoM needs to align its programs and career counseling with the needs of the population and corresponding employment opportunities, possibly with the input of current researchers from Health Policy, Health Informatics, Bioethics, Community Health and Epidemiology, Humanities, Global	The Student Affairs team offers a progressive four-year program of career development and choice; which includes small group and one-on-one sessions to match learner aptitudes and skills to the needs of Maritime communities, including advancing relevant regional research priorities around illnesses and problems unique to the region. Student Affairs career support and direction is available in both Halifax and Saint John as well as distributed clerkship locations in rural NB and NS. Family Medicine exposure has been advanced from the first days of Med 1 and includes all

#	Recommendation	Status Update
	Health, Aboriginal Health, and African Nova Scotia Health.	<p>students receiving a half-year elective in Family Medicine. Community need and job availability is presented to all learners; just under 50 % of Dalhousie MD graduates typically choose Family Medicine residency training with good representation as well in needed internal medicine and surgical disciplines. With student leadership, the Student Affairs team supports diversity and inclusion initiatives relevant to service and representation to underserved communities within the region. Student Affairs actively meets with the NS and NB Health Authority representatives in Physician Recruitment, liaise with the PGME office around regional need matching to residency positions, and contribute to the Physician Recruitment mandate of the Department of Health and Wellness.</p> <p>Graduate students in the FoM have identified gaps in student wellness in their community. A survey was conducted and shared with the Dean and leadership in both the FoM and FGS. A committee has been struck to respond to concerns and to develop programming to enhance student wellness. The report is expected to be presented early in 2020 and action items will be identified, and changes will be implemented at that time.</p>
11	There is room for further coordination and integration of research into the undergraduate curriculum. Currently this is achieved on a largely informal basis; there are potential opportunities to enhance exposure to and involvement in research activities (e.g. Research Days, PREP) if they should be embedded more intentionally within the curriculum. This could provide senior graduate students with an excellent teaching and mentoring opportunity. This experience is important when learning and practicing medicine in a research-intensive university.	Research in Medicine (RIM) is a formal, four-year mandatory program which began in 2014. RIM transitioned from MRDO to the UGME Office in 2017. All students are exposed to the variety of research methods through didactic classroom sessions, tutorials and online modules. They are paired with a research mentor with oversight from a research unit director and the Research in Medicine governance committee. All students must present the results of their research at a local, national or international research meeting and submit a written summary in publication style. Publication of the research is not a mandatory expectation, but many students have been successful in doing so.
12	As a research driven university, we need to ensure our specialty programs enrich the university and inform the research conducted here.	All specialty programs have a requirement for scholarly activity including research. This is supported by individuals in each program who are specifically assigned as research leads, as well as by numerous faculty mentors and collaborators. These faculty members often involve

#	Recommendation	Status Update
		<p>residents in their own ongoing projects and in so doing, advance their own research programs substantially. In addition, the Clinician Investigator Program allows select residents in multiple programs to enhance their research skillset through completion of a master's or PhD program coinciding with their clinical training program. These funded individuals will become the clinician scientists of the future and greatly enrich both Dalhousie's reputation and its research capacity.</p>
13	<p>Dalhousie University further establish guiding principles and a clear set of objectives on how it wants to be involved, today and in the next five years, in the development and practice of Interprofessional Education.</p> <p>An advocate or leader (i.e. a champion) be identified for the success of this venture.</p> <p>Consider greater inclusion of the "third-leg" researchers in the FoM in the process of developing and implementing IPE.</p>	<p>Over the past four years there has been an IPE champion at the FoM. This was formalized as part of an assistant dean position (Assistant Dean Skilled Clinician Program and Interprofessional Education) in 2016. This individual is actively involved in the Interprofessional Education Coordinating Committee (IPECC) with the Faculties of Health and Dentistry, and chairs the FoM IPE Advisory Committee, and Simulation Advisory Committee which also has a standing item on IPE.</p> <p>Clear objectives for IPE have been developed at all levels of the UGME program. The formal curriculum is mandatory and embedded in all four years of undergraduate medical education. Success of the program is being evaluated by administration of the Interprofessional Collaborative Competencies Attainment Survey (ICCAS). This validated survey tool measures swings in interprofessional competencies in learners. It is given at the start of Med 1, the end of Med 2, and the end of Med 4.</p> <p>In the several years since this position has been formalized, there have been great strides in synergies with other faculties, curriculum development and scholarly activity being presented locally, nationally, and internationally with published educational innovation and mixed methods study design. This individual is responsible for recruiting other faculty to participate in IPE initiatives, and also acts at all levels of education with respect to IPE initiatives.</p>
14	<p>That there be a coordinated effort at both the Faculty and central administration levels to facilitate the development of additional</p>	<p>Associate Deans for Research from all faculties of the University meet once per month to discuss items of common concern in the university research environment.</p> <p>In 2017, research teams self-nominated into cross-disciplinary groups with current or 3-5 year projected</p>

#	Recommendation	Status Update
	<p>interdisciplinary, collaborative research groups in focused areas where a critical mass of health researcher can be identified. Included in these efforts would be a need to modernize research facilities to support “co-localization” of researchers within these groups.</p>	<p>international excellence. Five areas were recognized by a panel of experts as currently (Wave 1) or potentially (Wave 2) achieving this stature. Infection, Immunity, Inflammation and Vaccinology (I3V), Genomics in Medicine (GiM), and Brain Repair were recognized as Wave 1 teams, and Cardiovascular Research Group (CVRG) and Health Priorities Research Cluster (HPRC) were recognized as Wave 2 teams.</p> <p>Collaborative Health Solutions was developed in 2018-2019 as a multi-faculty research initiative that fosters the development and implementation of evidence-based health and healthcare solutions, through interdisciplinary collaborations and the engagement of key stakeholder groups.</p> <p>The Dalhousie Medicine New Brunswick campus has recruited three PhD research faculty to form a group focused on cardiovascular disease, aligned with the New Brunswick Heart Centre at the Saint John Regional Hospital. Clinician researchers participate in a vibrant cardiovascular research program from the operating room to the laboratory.</p> <p>The MRDO has supported inter-faculty and inter-institutional research faculty recruitments with the Faculty of Health, the Faculty of Computer Science and the Faculty of Science, including four new Canada Research Chair as part of the Collaborative Health Solutions initiative.</p> <p>One initiative is in progress to enhance research space for co-localization of multiple research activities in the Collaborative Health Education Building. This was further solidified by the leadership of the University, individual faculties, health authorities and government departments to drive a collective provincial health strategy: the NS Integrated Health Research and Innovation Strategy (NS IHRIS). The MRDO is also responsible for oversight of the FoM core facilities for research infrastructure (CORES), in support of all research programs and works with Faculties of Science and Engineering to manage sustainability models for university core research resources.</p> <p>The FoM recognizes that central research supports are necessary for these initiatives, Accordingly, in January 2018, the FoM helped to create a new, collaborative position, shared 50:50 with the Faculty of Health to help to drive these initiatives. The Manager of Health Research Strategy</p>

#	Recommendation	Status Update
		<p>helps to operationalise the Collaborative Health Solutions Initiatives by supporting the Health Priorities Research Cluster (see above) in aligning strategic priorities, fostering collaborative partnerships, enhancing research investment through support with writing grant and fund development proposals, and improving research impact through knowledge mobilization and stakeholder engagement. In addition, in the late spring of 2019, the FoM recognized that Wave 1 teams required additional supports to launch programs and strengthen collaborations. Accordingly, the FoM has invested in another new position to support the administrative aspects of Wave 1 team programs and initiatives. The Manager, WAVE Programs and Support has already helped Wave 1 teams launch studentship, fellowship and seminar series programs.</p>
15	<p>That the FoM and its affiliated teaching hospitals explicitly define “research deliverables” within the current AFP model to allow for a mutual understanding of commitment and expectations for clinical faculty with respect to research and scholarly activity.</p>	<p>The AFP academic expectations and deliverables clearly articulate expectations for teaching, research and innovation. A research deliverables template was created to ensure tracking of key metrics included protected time and mentoring. Departments report annually on their research productivity.</p>
16	<p>That the FoM target research capacity building and integration opportunities that address “transformative, interdisciplinary” health research, with a goal to enhancing currently underrepresented areas (community health and epidemiology, health promotion and prevention, bioethics, health services, medical education, and global health).</p>	<p>The FoM has participated in many transformative interdisciplinary health research opportunities since the last review.</p> <p>Collaborative interdisciplinary work in sociomateriality and learning, de-prescribing in the frail elderly, and diversity and inclusivity in academic leadership has evolved over the past two years to include erudition, presentations and other dissemination.</p> <p>Research on barriers to diversity in leadership for academic medicine has been completed and published. This work continues to evolve and expand through publications, presentations and dissemination.</p> <p>Leadership for the Choosing Wisely campaign and work in population health are co-led by the FoM and Doctors Nova Scotia. Multiple stakeholders are involved in this work such as the Department of Health and Wellness, WorksafENS, and NSHA. In addition to publications, several presentations have been provided for a broad range of audiences including the public, providers and leaders.</p>

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		<p>Program development and evaluation in communication skills have been restructured and are moving forward in response to identified needs.</p> <p>Details regarding the IHRIS initiative are provided above. Additional investments are being made to recruit new faculty through the Canada Research Chairs program into these areas of research.</p> <p>Considerable investment in these areas in CRCs and other endowed chairs that focus on these areas. Chairs in Black Studies, Health Data Science. and Occupational Health (DMNB), and a faculty position in Population Health (DMNB) have been filled or are in progress for the Department of Community Health and Epidemiology. Additionally, chairs in Primary Health Care, Psychiatry, Cancer Population Health and Palliative Care are being recruited, are interdisciplinary recruitments designed to change health research.</p>
17	<p>That the FoM undertake a best practice scan of research service units within other medical faculties in order to optimize its current administrative structure while planning for future growth. In this regard, the FoM is encouraged to pursue strategic integration of these services with its affiliated teaching hospitals in order to exploit the respective strengths of these units.</p>	<p>The FoM recognizes that collaboration is critical. The best practice scan is ongoing but significant progress has been made.</p> <p>Strategic integration is driven by individual programs, and to-date, the MRDO has achieved some integration with other faculties, units and/or affiliated health authorities for the following programs:</p> <ol style="list-style-type: none"> 1. Clinical Investigator Program (CIP) 2. Medical Graduate Research Program (MRGP) 3. Professional Research Education Program (PREP) 4. Wave initiatives 5. Peer review 6. Endowed Chairs Program 7. Communications <p>These collaborations have been facilitated by a revised MRDO team structure. In 2018, the FoM created a new position, Director of MRDO which dually reports to the Chief Operating Officer and the Associate Dean of Research. This position is responsible for the operationalization of the FoM's strategic research plan. Managers have also been appointed to the following areas for ease in aligning programs with other stakeholder groups:</p> <ol style="list-style-type: none"> 1. Research Training and Support (aligns with FGS, PGME and other units)

#	Recommendation	Status Update
		<ol style="list-style-type: none"> 2. Health Research Strategy (creates alignment across health faculties, health authorities, and with IHRIS) 3. Research Infrastructure and Support (alignment with the University's Office of Research Services) 4. Wave Programs and Support (alignment with our Wave teams and other faculties) <p>The FoM is home to nine CORE facilities. In the past year, in order to create efficiencies, a CORES lead was appointed to function as the liaison between CORES and the MRDO.</p> <p>Currently, each of the CORE facilities manages their own invoicing process, with some support from MRDO, but this model is inefficient on many levels. To improve this process, and to create a mechanism via which to capture useful research metrics, the MRDO is working with MedIT to develop an efficient billing, booking and data capture system. Implementation is currently planned for 2020.</p> <p>A review of the CORE facilities will be conducted by the Vice President Research and Innovation Office shortly.</p> <p>At Dalhousie Medicine New Brunswick, the Assistant Dean Research is the lead for the New Brunswick Provincial Steering Committee of the Maritime SPOR SUPPORT Unit. The FoM is a partner in the provincial health strategy (NS IHRIS). As part of this strategy, the Faculty will contribute to identifying and creating solutions for major interoperability barriers for working across organizations, with the goal of harmonizing operations between Dalhousie/IWK/NSHA. This will significantly enhance the efficacy of collaborative, cross-organizational research activities.</p>
18	That the FoM develop a coordinated strategy for the integration of clinicians / residents in the research enterprise across departments in the FoM.	#DalMedForward was initiated as the research strategic plan for the Faculty of Medicine in 2017. The implementation of this plan identified areas of excellence and international stature in research, as well as areas of focus for improvement for international stature in 3-5 years. The Wave strategy embraced translational and implementation science as areas where clinicians and clinical trainees can make an impact. While many groups now include clinical members, a new Assistant Dean for Clinical Research, with an excellent track record as a clinician-researcher, has been recruited (2019) to increase research activities in the clinical environment.

#	Recommendation	Status Update
		<p>The Dalhousie Medicine New Brunswick cardiovascular research group mentioned is an example of a successful Wave team with strong representation from both clinicians and basic scientists, across several departments.</p> <p>The Assistant Dean, Clinical Research has initiated an environmental scan of clinical research strengths and needs in order to develop a targeted plan to support and increase both quantity and quality of clinical research for implementation in early 2020. The NSHA research office has included a FoM research representative on the planning committee for development of its research infrastructure in the Next Generation planning.</p>

List of Acronyms

AFMC: Association of Faculties of Canada

AFP: Academic Funding Plan

C3LR: Centre for Collaborative Clinical Learning and Research

CACMS: Canadian-Based Committee on Accreditation of Canadian Medical Schools

CASP: Committee on the Assessment of Student Performance (subcommittee of UMECC)

CaRMS: Canadian Residency Matching Services

CHEB: Collaborative Health Education Building

CIHR: Canadian Institutes of Health Research

CPD: Continuing Professional Development

CFPC: College of Family Physicians of Canada

CORES: Centralized Operation of Research Equipment and Support

CRC: Canadian Research Chair

EDI: Equity, Diversity and Inclusion

DMNB: Dalhousie Medicine New Brunswick

IPE: Interprofessional Education

JSF: Johnson Scholarship Foundation

IWK: IWK Health Centre

LSRI: Life Sciences Research Institute

MCC: Medical Council of Canada

MSSU: Maritime SPOR SUPPORT Unit

NSHA: Nova Scotia Health Authority

PLANS: Promoting Leadership in Health for African Nova Scotians

PGME: Postgraduate Medical Education

RCPSC: Royal College of Physicians and Surgeons of Canada

UGME: Undergraduate Medical Education

WAVE teams: Groups of researchers that were felt to be internationally competitive currently (WAVE I) or could be in the next five years (WAVE II)