

Faculty of **Medicine**

Strategic Plan: Progress Report

2023-2028

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MEDICAL BUILDING



DALHOUSIE
UNIVERSITY

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History of the Plan

The Faculty of Medicine at Dalhousie University launched its strategic plan, *Realizing Our Ambition: Defining a New Era at Dalhousie Medicine*, in early 2023 after an extensive consultation process involving faculty, staff, students, and stakeholders.

This plan was designed to articulate the Faculty's long-term aspirations and provide a clear, actionable roadmap for the next five years. It builds on existing strengths while setting new standards for excellence and accountability in education, research, and social engagement. The plan emphasizes four strategic streams—Excellence in Education, High-Impact Research, Serving and Engaging Society, and Valuing People—alongside cross-cutting themes: EDIA and our Maritime Role. Its development marked a deliberate effort to create a shared vision that reflects respect for the Faculty's history while embracing innovation and inclusivity for the future.

Since its launch, the Faculty has made significant progress in implementing the plan's priorities. Town halls and departmental consultations throughout 2023 and 2024 provided opportunities to review achievements, address challenges, and gather feedback. Initiatives have included curriculum renewal, fostering interdisciplinary research collaborations, and creating safer, more inclusive learning environments. The plan has also driven efforts to attract diverse student cohorts and strengthen partnerships with healthcare and community organizations. These actions underscore the Faculty's commitment to transforming medical education and research while ensuring that people and culture remain at the heart of its mission. The ongoing work reflects a collective ambition to position the Faculty of Medicine as a leader responsive to regional health needs and global standards of excellence.

Across the Faculty, the strategic plan has also served as a unifying framework for **departmental strategic planning**, ensuring greater alignment and coherence in priorities, goals, and measures of success. Departments have used the plan's four strategic streams and cross-cutting themes as a foundation to review and refine their own plans, resulting in more consistent integration of education, research, community engagement, and people-focused initiatives.

Consultation Process

The consultation process for developing *Realizing Our Ambition* was the most comprehensive in the Faculty of Medicine's history.

Beginning in October 2021, the Faculty engaged broadly with faculty, staff, students, and external stakeholders to gather diverse perspectives and ensure the plan reflected the needs and aspirations of its entire community. This engagement spanned the 2021–2022 calendar years and included town halls, departmental meetings, and targeted outreach to distributed sites and clinical settings, where participants often feel disconnected from central operations. The goal was to create a shared vision rooted in respect, inclusion, and collaboration, while addressing challenges such as connectivity across campuses. These efforts laid the foundation for a strategic plan that is both ambitious and inclusive, guiding the Faculty toward excellence in education, research, and societal engagement, and valuing people, over the next five years.

STRATEGIC PLAN OVERSIGHT COMMITTEE

We extend our sincere thanks to the Strategic Plan Oversight Committee for their invaluable guidance and commitment throughout the implementation of the Faculty of Medicine's strategic plan. Since the plan's development, the committee has played a critical role in guiding our work—sharing thoughtful insights, diverse perspectives, and generously dedicating time from already demanding schedules.

The intentional inclusion of members from varied backgrounds, has been essential in grounding our work in a strong public and community-focused perspective. Their feedback has helped ensure that our priorities, actions, and decisions are meaningful, relevant, and responsive to the communities we serve. We deeply value the committee as a forum for candid, impactful dialogue and recognize that their role in helping us reflect, adapt, and course-correct where needed has strengthened both the plan and its implementation.

Explanation of Colour Coding System

This progress report uses a clear colour coded system to track the progress of action items and provide an at a glance view of implementation across all streams:

- Red indicates initiatives that have not yet started or are in the very early stages of development, prompting stream leads to decide whether these items should proceed, be revised, or be decommissioned.
- Yellow represents items that are active and underway, where teams are expected to consider key performance indicators and maintain momentum toward completion.
- Green is used for initiatives that are completed or fully operationalized, meaning they have been successfully embedded into regular Faculty operations.

This system is used in strategic plan updates and is reviewed regularly by stream leads, advisory committees, and the Strategic Plan Oversight Committee to ensure transparency, accountability, and progress across the Faculty of Medicine.

Cross-Cutting Themes

- Purple indicates action items aligned with Equity, Diversity, Inclusion & Accessibility (EDIA)
- Blue indicates action items aligned with Maritime Role



Valuing People

The Faculty of Medicine has taken a practical, hands on approach to putting the actions from the Valuing People stream into motion. The goal has been to weave the plan's priorities into everyday work so that progress feels real and continues to build over time.

Recognition and reward programs were expanded to highlight the great work happening across the Faculty, including awards and opportunities for professional growth. Space planning was approached in an equitable and structured way, using clear guidelines, data reviews, and resource shifts, all supported by yearly reporting and committee oversight. Accessibility was built into renovation and planning work, with progress measured through completed projects and user input.

To support career development, the Faculty introduced mentorship frameworks, refreshed onboarding materials, and launched an onboarding website.

Tenure and promotion criteria were updated with input from department chairs. Wellbeing was supported through awards, milestone celebrations, and embedding EDI values into policies and training. Respectful culture was reinforced through EDI training

Finally, the Faculty worked to create welcoming spaces for people of diverse backgrounds, like dedicated lounges for Black and Indigenous students and refreshed common areas.

Across the Faculty of Medicine this work is never truly complete, and this work will continue to be a focus for the Faculty.

Valuing People Staff Sub-Committee

As the Valuing People stream of work began, it became clear that the well-being of staff required an intentional focus. To that end, the Valuing People Staff Sub-Committee was struck to address the four focus areas of the stream as they relate to staff. The sub-committee has been instrumental in developing an ongoing wellness series and the upcoming launch of a dedicated Faculty of Medicine SharePoint site.

Focus Area 1: Create Positive Work Environments

1. Constructive Working Relationships & Inclusive Physical Environments

1.1 Establish and model a safe environment for people to share feedback and suggest changes to simplify processes, create more consistency and more efficient bureaucracy, administration, and meetings.

Establishing regular feedback channels (e.g., forums, surveys, team check-ins) enables us to identify inefficiencies and co-develop practical solutions to simplify processes and improve consistency.

1.2 Work with Dalhousie University to streamline administrative processes.

Partnering with central university units on targeted process reviews helps reduce duplication, clarify roles, and streamline administrative workflows.

1.3 Improve reporting and access to data.

Enhancing reporting tools and data access supports more timely, evidence-informed decision-making and reduces reliance on manual processes.

1.4 Develop open, transparent, and equitable processes around the support of faculty, staff, and students.

Standardizing and clearly communicating processes for support, hiring, and resource allocation increases transparency, fairness, and consistency.

1.5 Develop mechanisms and create psychologically safe spaces for more effective engagement with staff, faculty, and others using an EDIA lens.

Embedding EDIA principles and creating psychologically safe engagement spaces ensures diverse perspectives are heard and informs more inclusive decision-making.

1.6. Provide appropriate and timely feedback.

Setting expectations and tools for timely, constructive feedback strengthens performance, accountability, and continuous improvement.

1.7 Communicate in a timely, efficient manner.

Predictable communication structures, including monthly leadership updates, departmental briefings, and open forums, were established to ensure consistent and transparent information sharing. Staff engagement mechanisms and increased leadership visibility have embedded timely, efficient communication as a standard operational practice.

1.8 Encourage cross collaboration amongst faculties, offices, units, departments, campuses, and health authorities.

Cross-collaboration was operationalized through the creation of formal committees, working groups, retreats, and shared digital platforms that connect teams across locations and mandates. These structures actively reduce silos and enable sustained partnership and coordinated planning across the Faculty and external partners.

1.9 Recognize, reward, and acknowledge faculty and staff appropriately.

Recognition practices were formalized through expanded awards programs, leadership commendations, and public acknowledgment via events and internal communications. These mechanisms ensure contributions are consistently celebrated in ways aligned with Faculty values and embedded into ongoing operations.

1.10 Conduct regular space planning and reviews using an equity lens.

Equity-based space allocation guidelines were developed and applied through a comprehensive review of office, lab, and teaching spaces in the Tupper Building. Ongoing accountability is ensured through annual reporting and continued oversight by the Faculty of Medicine Space Committee.

1.11 Address accessibility issues.

Accessibility standards were integrated into all relevant planning and renovation activities, including flood recovery work in the Tupper Building. Concrete improvements such as automatic door openers and modified lab infrastructure demonstrate accessibility as an ongoing operational priority.

Accessibility continues to be an area of intentional focus, with ongoing identification and removal of barriers to ensure environments, tools, and processes are inclusive and usable for all.

1.12 Provide attractive, functional, and inclusive workspaces.

Workspace improvements were implemented through targeted repairs, renovations, and the creation of inclusive spaces such as Indigenous and Black student lounges and quiet spaces. Hybrid work models and shared space use further support flexible, functional, and inclusive work environments.

Continued investment in accessible, functional, and inclusive workspaces reflects a sustained commitment to meeting diverse needs and supporting well-being and productivity.

Focus Area 2: Supporting Career Growth

2. Successful Onboarding & Continued Professional Development

2.1 Develop successful welcoming, onboarding and mentorship programs.

A Faculty wide staff onboarding document and faculty onboarding website have been completed, and a structured mentorship framework has been developed and piloted in multiple departments. While these tools establish a strong foundation for consistent onboarding and mentorship practices, continued implementation will require ongoing support, evaluation, and refinement to ensure effectiveness and sustainability.

2.2 Facilitate comprehensive and effective performance reviews with timely, valued feedback and recognition, and career pathway discussions.

Performance review processes are in place and supported through regular monitoring and guidance; however, additional training and support for managers and leaders is needed to enable more intentional, strategic, and confident engagement in this work. Strengthening manager and leader capacity will improve the quality and consistency of performance conversations, ensuring they include timely, meaningful feedback, recognition, and clear career development discussions aligned with individual and organizational goals.

2.3 Offer staff development and continuing education opportunities that provide value to the organization and address individual needs. They will:

- a. Support growth in, for example, leadership development, communication training, and conflict resolution.
- b. Recognize development milestones; and
- c. Address digital literacy through a people-centric approach to technology, identifying barriers to learning; and ensuring new hires develop and maintain required technical skills.

Initial steps have been taken to support staff development through initiatives such as milestone recognition and staff awards, helping to build a culture that values growth and contribution. However, a more coordinated and sustained approach is needed to expand access to meaningful development and continuing education opportunities. Prioritizing leadership, communication, and conflict resolution skills, alongside strengthening digital literacy through a people-centred approach, will better equip staff to meet evolving organizational needs. Ongoing focus is required to ensure equitable access, address barriers to participation, and align development opportunities with both individual goals and Faculty priorities

2.4 Develop a process for succession planning.

Some units have begun to approach succession planning more intentionally, identifying key roles and potential internal talent; however, this work is not yet consistent across the Faculty. A formal, coordinated process is needed to ensure continuity, mitigate risk, and support proactive development of future leaders aligned with organizational priorities.

2.5 Develop processes for ongoing renewal of tenure and promotion criteria reflecting Faculty of Medicine priorities.

Revisions to clinical and tenure-stream promotion criteria were developed and advanced through formal consultation with Department Promotion Chairs and Faculty leadership. This establishes a repeatable process for aligning promotion frameworks with Faculty priorities.

Focus Area 3: Foster Wellbeing

3. Enhancing Wellness Programs & Supporting Work-Life Balance

3.1 Support flexible working arrangements.

Flexible working arrangements are being supported across units, enabling adaptability and improved work-life integration. Continued effort is needed to ensure team cohesion, communication, and engagement remain strong in hybrid and flexible environments, with intentional approaches to team building and collaboration.

3.2 Enhance wellness support programming.

Dedicated institutional funding to support staff wellness activities represents an important step forward and has enabled initial programming across the Faculty. Continued effort will be required to more fully integrate wellness as a core priority, with expanded, coordinated initiatives and close collaboration with People and Culture to ensure sustainability, alignment, and broad impact.

3.3 Celebrate successes.

Formal mechanisms for celebrating success were implemented through annual awards ceremonies and recognition of key milestones such as promotions and retirements. Participation in University-level awards further embeds recognition into regular Faculty practice.

3.4 Commit to culture of respect.

Respect is operationalized through the integration of equity, diversity, and inclusion principles into policies, leadership practices, and training. Transparent feedback mechanisms and visible leadership commitment reinforce respect as a foundational organizational norm.

3.5 Address hidden culture of overwork.

Addressing the hidden culture of overwork is critical to sustaining employee wellbeing and long-term performance. Initial steps, including establishing guidelines for email use and after-hours work, help open dialogue and signal a shift in expectations. While this begins to move the culture, continued effort and reinforcement will be required to drive meaningful and lasting change.

Focus Area 4: Maintain an Affirming Organizational Culture

4. Recognition & Reinforcement

4.1 Address EDIA/anti-oppression concerns including appropriate representation to address diversity in meetings.

As Terms of Reference evolve to strengthen representation, there is a concurrent increase in workload and expectations placed on equity-deserving staff and faculty. Dedicated resources, including Office of Professional Affairs and Serving and Engaging Society support, are essential to sustain progress and prevent overburdening individuals. This capacity enables more meaningful engagement with EDIA and anti-oppression priorities, including ensuring appropriate and diverse representation in decision-making space.

4.2 Ensure the diversity of our students, faculty and staff reflects the population we serve.

The Faculty has developed and committed to Admissions pathways to ensure our learners reflect our communities. Hiring practices address unconscious bias and ensure that committees represent our communities, and the Faculty has strengthened engagement with African Nova Scotian and Indigenous communities.

4.3 Ensure our spaces are welcoming and supportive for individuals of diverse backgrounds.

Dedicated Black and Indigenous lounges were established, and the Tupper Foyer renewal project is underway to reflect cultural representation through design and art. Oversight by a dedicated working group ensures sustained attention to inclusive physical environments across campuses.



Excellence in Education

Excellence in Education has been advanced through deliberate, evidence-informed actions that strengthen curriculum quality, learner experience, and educational scholarship across the Faculty of Medicine.

Significant progress has been made by embedding equity-focused admissions pathways, enhancing Family Medicine's role in undergraduate education, and expanding leadership and health systems learning opportunities for students and residents. Curriculum innovations—including diversified case-based learning, co-delivered teaching models, and targeted faculty development—ensure that education reflects real-world practice and the health needs of the Maritimes.

The Faculty has also fostered a strong culture of education scholarship, supported by sustained national and international research activity, high-quality publications, and leadership roles held by medical education scholars. At the same time, investments in the learning environment—such as improved reporting systems, strengthened governance structures, and collaboration with health authorities—have reinforced psychological safety, accountability, and continuous improvement. Together, these initiatives demonstrate that excellence in education is not a single program or outcome, but an integrated, ongoing commitment embedded throughout the educational continuum.

Successful Accreditation of UGME Program

The Faculty of Medicine successfully completed the accreditation review of its Undergraduate Medical Education (UGME) program in 2025, marking a significant milestone in the delivery of high-quality medical education. This achievement reflects the collective efforts of faculty, staff, students, and leadership across the Faculty of Medicine, and affirms the strength of the MD program in meeting national standards while supporting continuous improvement in curriculum, learning environment, and student experience.

Focus Area 1: Building on Excellence in Education

1. Graduate & Postdoctoral Training

1.1 Showcase and celebrate graduate students and postdoctoral fellows.

Faculty level mechanisms to showcase and celebrate graduate students and postdoctoral fellows are in place and operational. Program and Faculty level awards and recognition opportunities have been identified and coordinated, with a consolidated list of graduate and postdoctoral awards shared with the Centre for Learning and Teaching (CLT) to support broader visibility of trainee achievements and teaching related accomplishments. Ongoing coordination with departments supports consistent identification and celebration of trainee successes, and these practices are embedded within Faculty processes.

1.2 Enhance orientation for graduate students and postdoctoral fellows.

Plan is in place to begin annual orientation with graduate students and postdoctoral fellows in September 2026.

1.3 Give appropriate attention to wellness, including mental health issues.

Work is ongoing across departments to support graduate students and their wellness.

1.4 Devise strategies to support financial stability of graduate students.

Donor engagement campaigns have increased investment in graduate student and postdoctoral funding. Annual funding competitions support graduate students, postdoctoral fellows, and summer students, complemented by summer workshops focused on external funding and scholarship applications, with departments encouraged to maximize grant success.

Working with departments to raise minimum graduate stipends toward national benchmarks, including progress toward a \$40,000 annual gross target for PhD students. Postdoctoral fellowships have also been increased to approximately \$60,000–\$65,000 annually to align with national standards.

1.5 Strengthen administrative resources including space.

Recent investments include the refurbishment of a dedicated graduate student lounge and the integration of Physician Assistant students into the CHEB graduate space to foster a more cohesive, professional learning environment. A new data and innovation co-laboratory is also being developed to provide shared “collision space” that encourages collaboration.

In parallel, departments are being encouraged to ensure graduate students are well integrated into local spaces, supporting connection, collaboration, and access to resources.

1.6 Structure and review grad student curriculum to provide high quality core offerings across departments/programs.

Work is underway to strengthen Faculty level structures and processes that support consistent, high quality academic programming across programs. A Faculty Curriculum Committee has been developed to provide coordinated oversight of curriculum structure and core offerings. In parallel, the Associate Dean Academic (Basic Sciences) role has been established to track and oversee program reviews, including Schedule H processes, and to support departments through review and renewal activities.

This work is supported through ongoing coordination with the Faculty of Graduate Studies and the Office of the Associate Vice President Academic to ensure consistency with University requirements and timelines for program review. Targeted work with departments has supported the development and refinement of program level learning outcomes and curriculum maps and continues to assist departments in updating and maintaining academic programs in support of continuous quality improvement, with continued implementation and refinement underway.

1.7 Ensure curriculum provides training to prepare grad students for employment opportunities beyond academia.

Progress is underway to integrate professional and transferable skill development within graduate curricula to support employment beyond academia. Curriculum mapping is in place through the Associate Dean Academic (Basic Sciences) portfolio, with mapping completed for Physiology, Biochemistry, and Medical Sciences to inform program renewal. Access to professional development is being facilitated through PREP and CLT, with some programs incorporating these elements into program level learning outcomes and requirements as part of ongoing curriculum review, with continued implementation and refinement underway.

1.8 Enhance graduate student engagement and opportunities in innovation.

A new innovation hub has been established, supported by dedicated leadership and expertise, along with a sandbox environment to deliver training and mentorship in entrepreneurship and innovation. Micro-grant programming and consulting services are in place to support early-stage ideas.

These efforts are integrated with institutional innovation initiatives, ensuring graduate students have access to a full pathway from lab to market, including advanced commercialization programs.

1.9 Facilitate collaborative opportunities for grad students between the FoM and health authorities.

Efforts are focused on increasing the involvement of clinician scientists in graduate education, expanding mentorship and research opportunities while enabling access to graduate funding programs. There is a continued emphasis on fostering collaboration between basic science and clinical research, as well as across other faculties.

In parallel, opportunities are being developed for graduate students to be embedded within health authority settings, alongside expanded access to experiential funding programs such as Mitacs to support applied learning and research partnerships.

1.10 Facilitate enrolment of equity-deserving groups, including Black and Indigenous students, in graduate programs through BMedSci and other undergraduate initiatives.

This action was operationalized through the Faculty of Medicine's participation in the Faculty of Graduate Studies (FGS) BIPOC Academy and through IPMP partnerships with KW and PLANS to support mentorship for equity-deserving graduate learners. In addition, the graduate learning environment was addressed at the Annual Retreat, resulting in the development of a graduate supervisor training module by CLT that explicitly includes strategies for supporting diverse learners.

1.11 Engage the assistance of graduate students to encourage local youth to pursue a career in discovery science at Dalhousie.

Graduate and undergraduate student engagement in outreach activities that promote discovery science pathways to local youth is well established through participation in a range of existing initiatives, including Dal Open House, KW and PLANS co op programs and camps, the Summer Mawio'mi, and the Medical Sciences "IPMP Mentor Down program (starting Summer 2026) supported through a Dalhousie Community Engagement grant. IPMP students are actively involved in outreach activities such as high school visits and community based events, with additional coordination capacity supported through an ongoing agreement with the Faculty of Science for a yearly Summer Communications Intern.

1.12 Development of a professional development program to promote teaching excellence among PhD faculty.

Progress is underway to promote teaching excellence among PhD faculty through coordinated access to existing professional development opportunities. A Faculty of Medicine Teaching Community of Practice has been established and is active, with collaboration underway with CLT, FGS, CPDME, and HR to encourage participation in programs such as the SoTL Scholars Program and Teaching Certificate, and to inform development of the Holistic Evaluation of Teaching Policy, with ongoing implementation and refinement underway.

1.13 Recognize excellence in graduate student education teaching and programs.

Mechanisms to recognize excellence in graduate student education teaching and programs are in place and operational. Departmental and Faculty level teaching awards have been compiled through the Associate Dean Academic (Basic Sciences) portfolio and shared with the Centre for Learning and Teaching (CLT) to support campus wide recognition. Nominations are now actively sought and supported for all Faculty and University level teaching awards, embedding recognition of teaching excellence within Faculty practices.

2. Education Scholarship

2.1 Attract and retain faculty who are skilled educators.

CPDME is currently recruiting a new professorship (MD-PhD in clinical-educational research) which is specifically focused on educational scholarship. This scientist will create a larger research team in our educational research unit and help bridge the clinical-education continuum gap.

2.2 Develop a community of scholars to facilitate and enhance education.

Most Education Scholarship offerings continued as planned in 2025, with strong participation and attendance, demonstrating that this community of practice is established and sustained. Living Labs were paused in response to the current financial climate, with the intention to reoffer the program when conditions allow, ensuring responsible stewardship while maintaining future readiness.

2.3 Facilitate the presentation of faculty innovations in education.

The core medical education research team demonstrates sustained operational strength through regular publication in high-quality journals and consistent presentation at national and international conferences. Their strong funding record and repeated invitations to leadership roles reflect established national and international recognition, confirming this work is embedded and ongoing rather than developmental.

2.4 Encourage scholarly projects related to innovations in curriculum, curriculum delivery and assessment, especially in the distributed environment.

This action was operationalized through the Living Lab [JB1.1][SM1.2]Research Grant, MERIS, and Medical Education Roundtables, which together support idea development, research execution, and dissemination of findings. While funding was secured to sustain Living Labs as an annual program and proposal requirements were strengthened to ensure written and oral knowledge sharing, the program is currently paused with the structure in place for reactivation. While the Living Lab grants are on a short term pause from being offered on an annual basis, they will continue to be offered bi-annually, until fiscal restraint subsides.

2.5 Continue to lead and participate in international and national education research and other scholarly activities, particularly in targeted focus areas.

Sustained scholarly activity of the core medical education research team, which regularly publishes in high-quality journals, presents at national and international conferences, and secures competitive funding is impressive. Ongoing invitations to serve in leadership roles on national and international medical education committees demonstrate established recognition and confirm this work is embedded and ongoing.

3. Optimizing Training Capacity in Distributed Environments

3.1 Work with RHAs and other stakeholders to facilitate UG and PG clinical training in communities large and small.

There has been a tremendous amount of work with communities, regional health authorities and institutions to facilitate the development of 10 Longitudinal Integrated Clerkships across Nova Scotia which will be starting in academic year 2027-28. There has also been progressive expansion of predominantly Family Medicine seats in many of these same settings. This is a direct response to the opening of the CBMC in August of 2025, and mirrors the success of similar programming at DMNB and throughout NB. There will be 30 seats for LIC positions and eventually 66 new FM residency seats in the coming few years.

3.2 Ensure distributed learning environment expansion is carried out in a planned, coordinated manner.

The Assistant Dean of Distributed Education position was started about 18 months ago and has been a driving force in the development of a strategic plan to build success for expansion across the educational continuum. The Distributed Medical Education Advisory Committee was struck to support this work at a high level. LIC Directors have been identified, Program administration support developed, and student and resident affairs support being put in place. Attention to local infrastructure and resources is of utmost importance.

3.3 Integrate medical education as a core activity of physicians practicing in the Maritimes.

Out of scope at this time.

3.4 Ensure adequate faculty recruitment and development.

Our Faculty Development team has expanded to cover all three Dalhousie Medicine Sites (Mainland NS, DMNB, CBMC). They work seamlessly to create broad overarching programs of faculty development, and also more bespoke individualized offerings for their communities. New NS stipends for physicians engaged in educational activities highlight the importance of this work and the need to have a new distributed teaching funding model for all.

3.5 Ensure appropriate, affordable housing for students and residents in communities.

There is ongoing work throughout maritime communities to support medical students, residents and physician assistant students in their housing needs for distributed education programming. While there is still much work to be done, hospital foundations, community recruiters and physician navigators are all working together in collaboration with institutions and the faculty of medicine to improve this area of need.

3.6 Ensure appropriate learning environments for students and residents are free from intimidation and harassment.

The OPA has become the primary reporting mechanism for learning environment concerns. More work is being done to bring together our affiliated institutions and create a seamless path for learners in any space to have a clear reporting mechanism and outcome. A new pilot program, “Bright Spots, Hot Spots” is being piloted in several learning areas to pick up opportunities to improve learning environments before they become problematic.

3.7 Ensure appropriate teaching space for learners in community hospitals and offices.

Our UGME accreditation process was successful in showing we had appropriate teaching spaces across our teaching sites. As we move to develop multiple new LIC’s much attention is focused on achieving success in this area as well. Our PG programs require appropriate teaching space as successful elements of accreditation standards, so there is always attention and focus on meeting the bar in this area.

3.8 Create a space for distributed faculty and staff to contribute, collaborate and lead Faculty of Medicine initiatives.

Out of scope at this time.

3.9 Expand Longitudinal Integrated Clerkships & distributed residencies.

There has been a tremendous amount of work with communities, regional health authorities and institutions to facilitate the development of 10 Longitudinal Integrated Clerkships across Nova Scotia which will be starting in academic year 2027-28. There has also been progressive expansion of predominantly Family Medicine seats in many of these same settings. This is a direct response to the opening of the CBMC in August of 2025, and mirrors the success of similar programming at DMNB and throughout NB. There will be 30 seats for LIC positions and eventually 66 new FM residency seats in the coming few years.

3.10 Promote and encourage distributed undergraduate and postgraduate electives.

Out of scope at this time.

3.11 Involve distributed faculty in curriculum leadership roles.

Leadership roles have become increasingly decentralized with the advent of DMNB and now CBMC, with multiple assistant and associate deans being spread across the Maritimes. In particular at CBMC there are now assistant deans of pre-clerkship and clerkship, as well as RIM and Skilled Clinician. These positions are present at DMNB as Director roles. With LIC we are now seeing educational leadership being placed all over NS with LIC Directors and SA/RA Directors at each new LIC site.

3.12 Utilize IT resources to enhance curriculum delivery.

Our IT department has been instrumental in successfully distributing educational sessions across all sites. In response to the increasing number of virtual learners and those attending asynchronous sessions, they have been working to enrich teaching sessions with faculty and providing faculty development to our many teachers involved in lectures and other forms of education to increase engagement.

3.13 Support and facilitate the connection of Dalhousie Faculty of Medicine graduate students and postdoctoral fellows irrespective of the campus on which they work.

Out of scope at this time.

Focus Area 2: Medical Education Responsive to the Health Needs of the Maritimes

1. Focus: Family Medicine Training

1.1 Enhance exposure to FM experiences and FM faculty during the UG MD program.

Through a multipronged approach involving faculty, learners, policy and curriculum modifications, and electives, there has been a greatly increased footprint of family medicine content across the UGME program. This has translated into increasing numbers of learners choosing FM as a specialty choice.

1.2 Increase Family Medicine contribution to undergraduate medical education.

Through coordinated curriculum analysis, faculty development, distributed education planning, and system engagement to strengthen the role of Family Medicine in undergraduate medical education. A 2023/24 curricular snapshot for Dalhousie Medicine Nova Scotia was completed, with work underway to incorporate Dalhousie Medicine New Brunswick and Cape Breton Medical Campus data, providing an evidence-informed foundation for action.

Progress has also been supported through ongoing learner and faculty engagement, including annual post-CaRMS surveys that inform continuous improvement, regular Faculty Development sessions delivered with Student Affairs career counsellors, and annual communications recognizing Family Medicine preceptors on Family Doctor Day.

Planning is also underway to establish new Longitudinal Integrated Clerkship sites across mainland Nova Scotia and Cape Breton by 2027, including recruitment of family physician primary preceptors, demonstrating that this action is embedded, evidence-driven, and responsive to evolving system contexts.

1.3 Effectively address the hidden curriculum regarding Family Medicine.

Survey findings informed changes that improved access to teaching information for community physicians, and written materials outlining Family Medicine postgraduate training and practice opportunities were distributed to medical students through PIERS.

Structural and curricular updates—including revised Terms of Reference establishing the Family Medicine Specialty Committee as a standing FoM committee and development of a new MED 2 diabetes case highlighting Family Medicine’s role in chronic disease management, among others—ensure sustained visibility and integration of Family Medicine within UGME.

1.4 Update the FM Program Charter to reflect changing FM education and challenges and directions.

FM Charter has now become an official standing committee within the FoM - the FM Specialty Committee. This reflects one of the main objectives of the FMSC which is to address the hidden curriculum of FM being seen as a “non-specialty”.

The FMSC has a number of objectives, all focusing on meeting the mandate of achieving and maintaining a FM match rate of 50%.

1.5 Prepare for three-year Family Medicine residency program.

Out of scope at this time.

1.6 Support FM residency training sites to incorporate adaptive curriculum.

Multiple efforts have been aimed at achieving success in this area. To name a few: Resident run clinics have been developed in sites such as Inverness; government discussions are occurring around providing resources for extended family medicine curriculum training; stakeholders are informed and supportive of adaptive curriculum.

2. Focus: Community Engagement

2.1 Seek significant input from community-based faculty in Faculty of Medicine curriculum delivery and leadership.

Out of scope at this time.

2.2 Engage with community-based faculty so they see their context in the undergrad and postgrad curriculum.

We are seeing an increased number of community FoM leadership positions being developed and supported. Our distributed faculty development programs are seeing increased faculty attendance across all sites in response to their engagement with UGME/PGME/PMAS curriculum.

2.3 Engage with community-based faculty so they see Faculty of Medicine scholarship and leadership as career goals, irrespective of geography.

2.4 Partner with communities to embrace medical education as a mechanism to enhance recruitment and retention.

Our annual distributed Decanal and FM tours across NB and NS have resulted in strengthened relationships with our community partners, which in turn supports the retention of trainees in community post residency.

2.5 Work with communities to address issues of housing, and community integration for learners.

There is ongoing work throughout maritime communities to support medical students, residents and physician assistant students in their housing needs for distributed education programming. While there is still much work to be done, hospital foundations, community recruiters and physician navigators are all working together in collaboration with institutions and the faculty of medicine to improve this area of need.

2.6 Partner with other faculties, universities, and health authorities to enhance training supports.

Out of scope at this time.

2.7 Proactively recruit Black and Indigenous students using strategies like PLANS and the Indigenous student pathway.

The Black Learners Admissions Pathway and Indigenous Admissions Pathway are fully operational, providing sustained academic and co-curricular support through dedicated faculty and staff leadership. Ongoing community outreach through high-school engagement, summer initiatives, and close collaboration with PLANS, KW, and the IPMP cohort in the Bachelor of Medical Sciences ensures coordinated, early-stage support for learners from historically underrepresented communities as they explore medicine and related health professions.

2.8 Enhance Faculty of Medicine outreach to under-represented communities.

The Rural Admissions Pathway has been established at Cape Breton University, creating a dedicated route for rural learners to access medical education. A second intake is underway for the 2026–27 cohort, demonstrating that the pathway is sustained, iterative, and embedded within admissions planning.

2.9 Engage the assistance of medical students and residents working in Maritime communities to encourage local youth to pursue a career in medicine.

There has been a multi-faceted approach to this work. Our Distributed Campus' are providing outreach sessions to local youth, with medical students and residents engaging them in understanding what the possibility of medical education could look like. There is similar outreach occurring via our PLANS and KW programs to community to encourage and engage with youth around medical and health professions education opportunities.

2.10 Enhance collaboration with Indigenous and Black communities.

Through our admissions pathways, there has been increased participation of people from Black, Indigenous and rural communities. There have been direct and key initiatives via our PLANS, and KW programs in conjunction with their staff and Academic Directors to connect with community. There is more work to be done in this area.

2.11 Enhance collaboration with urban and rural communities

Our annual distributed Decanal and FM tours across NB and NS have resulted in strengthened relationships with our community partners, which in turn supports the retention of trainees in community post residency. Community Navigators, HA recruiters, and hospital foundations, as well as politicians, come together to collaborate on things that will help retain learners in their communities.

2.12 Explore partnership opportunities for community engagement with other faculties/health authorities.

Out of scope at this time.

3. Focus: Residency Training Positions

3.1 Create a strategy for developing residency training program allocation to meet human resource needs.

There has been development of a coordinated, data-driven strategy for allocating residency training positions that aligns with provincial physician workforce needs, supported by a living physician resource plan collaboratively maintained by academic and health system leaders. This includes strengthening cross-jurisdictional planning tables and moving toward a structured, proactive CaRMS seat allocation process informed by shared data rather than anecdote. A reconstituted Tri-Provincial Medical Education Committee oversees this process along with Associate Dean PGME and Senior Associate Dean Medical Education.

3.2 Work with departments of health to facilitate the allocation of residency positions.

As above.

3.3 Ensure residency programs consider students with strong links to the Maritimes in determining selection criteria.

PGME has implemented a structured, equity-informed selection approach for residency programs by introducing a standardized rubric that prioritizes candidates with strong Maritime connections, alongside a shared physician resource plan to guide workforce alignment. This aims to increase the number of trainees—and ultimately practicing physicians—with Maritime roots through measurable, trackable outcomes.



3.4 Facilitate access to residency training positions for Black, Indigenous, and other equity deserving groups.

PGME has implemented a coordinated, equity-focused approach to expand access to residency training by standardizing selection rubrics, aligning with UGME strategies, and establishing mentorship and leadership pathways for Black, Indigenous, and other equity-deserving learners. This was piloted for CARMS residency programs in 2025 and will become mandatory in 2026.

3.5 Ensure residents in our postgraduate programs reflect the communities in which they work.

PGME participates in the annual FoM tours across the Maritime education sites. These visits build relationships and trouble-shoot issues that might prevent residents from pursuing training at distributed sites (housing, childcare, etc). This requires development of more policy around community based elective requirements and an ability to show that our residents increasingly reflect the communities in which they work.

Focus Area 3: Health Systems Transformation

1. Education in Health System Change



1.1 Adapt curriculum in UGME and PGME to be responsive to emerging health care needs.

Out of scope at this time.

1.2 Engage and support UG and PG learners to identify health systems gaps and bring system solutions to health system leadership using change management principles.

Undergraduate learners continue to pursue RIM projects focused on health systems issues, supported by curricular content in PIER 1 and 2, including panel and tutorial sessions that explore system gaps and barriers. At the postgraduate level, leadership development is embedded through an annually offered and well-evaluated Leadership block and regular delivery of the ELAM course for residents, demonstrating sustained integration of health systems learning across the education continuum.

1.3 Develop new residency programs such as Public Health

A new Division of Public Health and Preventive Medicine has been created at Dalhousie University, in partnership with Nova Scotia Health, which will be housed within the Department of Community Health and Epidemiology. A downstream effect from this will be developing a PHPM residency program at the Faculty of Medicine.

1.4 Ensure learners across the continuum have core curriculum in CQI and patient safety.

Our PGME learners have access to patient safety and CQI curriculum/modules, that they all must complete. Our UGME programs and MPAS curriculum have multiple sessions dedicated to CQI and patient safety.

1.5 Create CPD activities that support CQI and patient safety curricula into practice.

There are various activities in the FoM that support this priority initiative. Our Academic Detailing Program reviews data around prescribing post education sessions. The work in many of these areas is informed by the CPDME Global needs assessment done every 3 years. Our residency program has a QI/QA program for learners, and of course our health institutions have CQI programs in addition to CMPA education that is available to all learners and faculty physicians.

1.6 Collaborate with health faculties and health authorities in curricular opportunities related to system change.

Our MPAS and UGME RIM units support the development of systems-based work. This data is tracked. Emerging public health program developments also will support this work. PG learners participating in QUIPS modules is directly related to systems-based change in relation to patient safety.

1.7 Grow opportunities for interprofessional education.

IPE activities continue to be developed and supported across UGME with other health professional learners. The creation of collaborative health homes across the Maritimes will create unique and innovative opportunities for IPE for learners, faculty and staff.

1.8 Contribute to health systems research to inform stakeholders of context-relevant transformation opportunities.

The concept of Social Innovation is being developed through Serving and Engaging Society at the Faculty of Medicine. This is an emerging area that could result in significant collaboration with other faculties at Dal and with other universities outside of Dal. This work could transform the way we approach systems-based health challenges. It is in the early stages of development.

1.9 Train learners to carry out health systems research in support of systems change.

Our RIM program in UGME and MPAS has been very successful in training learners to carry out this type of research. A target of 25% growth in this type of research has been set for the next 5 years.

1.10 Create & evaluate innovative inter-professional practice.

Out of scope at this time.

Focus Area 4: Health and Wellness

1. Focus: the Learning Environment

1.1 Create the Office of Professionalism.

The Office of Professional Affairs (OPA) was established to support faculty, learners, and staff by fostering a healthy, safe, and respectful learning and working environment across the Faculty of Medicine. Launched in December 2022, the OPA provides a coordinated, Faculty-wide approach to addressing learner mistreatment, supporting professionalism, and strengthening the learning environment through education, outreach, and systems-level change

1.2 Implement (remaining) Learning Environment Task Force (LETF) recommendations.

LETF recommendations are embedded through a defined and functioning reporting and review framework, with the Confidence Line / OPA Intake system fully integrated as a core mechanism for reporting, data collection, and routine analysis. Adoption of a comprehensive, standardized process map and an expanded communication strategy have increased awareness and use of reporting services among learners and faculty, supporting accountability, continuous improvement, and ongoing monitoring.

1.3 Work with health authorities and other partners to achieve a healthy learning environment.

A collaborative governance and engagement structure is in place through the revised Professional Affairs Committee, which has a confirmed and evolving terms of reference, sustained membership, and a regular meeting schedule that includes representation from the basic sciences. Ongoing collaboration with health authorities, EDIA leaders, faculty, and education leads—combined with transparent OPA policies and procedures—supports coordinated policy alignment, shared problem-solving, and a learning environment grounded in psychological safety, respect, and accountability.

1.4 Develop ongoing mechanisms to sustain and grow diversity and inclusion across the continuum.

Out of scope at this time.

1.5 Ensure that the hidden curriculum of racism and oppression is labeled and addressed, all settings.

A multi-pronged approach for this has occurred. Our Social Accountability Committee has developed an anti-oppression policy which is in place across the FoM. Our Office of Professional Affairs is now a well-accepted and well-used mechanism for reporting and dealing with learning environment concerns in a restorative and non-punitive process. There is more work to continue in this area.



1.6 Integrate antioppression and anti-racism training into the CPD activities of all faculty.

Anti-oppression Faculty development modules were developed and made available for all faculty and staff in 2024. These are now included in the onboarding for all new faculty. In addition, bespoke faculty development is in development for all tutors to prepare them for work with diverse learners.

1.7 Develop collaborative opportunities with other faculties and health authorities to advance EDIA.

Out of scope at this time.

1.8 Operationalize elements of the Okanagan Charter as endorsed by AFMC and Dalhousie University.

Our Assistant Dean Wellness has been working on the AFMC Okanagan Charter group. Awareness is increasing, and an upcoming conference on the clinical learning environment will highlight opportunities to engage with work in this area at Dalhousie University.



Serving and Engaging Society

Serving and Engaging Society has been advanced through sustained action that places equity, community partnership, and social accountability at the centre of the Faculty of Medicine’s work.

Through formal policy development, strengthened governance structures, and meaningful engagement with communities, the Faculty has moved from intention to implementation—embedding these commitments into how decisions are made, programs are delivered, and partnerships are sustained.

Significant progress includes the approval of a Faculty-wide Anti-Oppression Policy, the establishment of inclusive admissions pathways, and the integration of community voices into education, training, and governance. The Faculty has also strengthened its approach to community engagement by adopting best-practice frameworks, supporting community-engaged learning opportunities, and recognizing the value of reciprocal, respectful partnerships across the Maritimes and beyond. Together, these efforts demonstrate a clear commitment to ensuring that the Faculty’s education, research, and service activities are responsive, accountable, and grounded in the needs and priorities of the communities it serves.

Community Engaged Service Learning

The Community Engaged Service Learning (CESL) program continues to expand, supporting sustained partnerships with community organizations in Halifax and Saint John. Increasing student participation and partner involvement demonstrate that community engagement is embedded as a core educational practice.

Focus Area 1: Transformed Internal Systems

1.1 Create a renewed and formal EDIA and Anti-Oppression policy in collaboration with the Office of Professionalism, and with Valuing People.

A Faculty-wide Anti-Oppression Policy was formally approved by Faculty Council following extensive internal and external consultation, establishing a clear institutional framework. Ongoing oversight through the Anti-Oppression Sub-Committee and updated public Social Accountability statements ensure sustained implementation and accountability.

1.2 Facilitate EDIA systems work across Faculty of Medicine departments.

The EDIA Leads Committee refined its terms of reference and clarified its departmental focus to strengthen coordinated EDIA systems work. An implementation plan responding to the Diversity in Leadership Task Force report has been developed, enabling structured follow-through on identified recommendations.

1.3 Facilitate dedicated pathways for recruitment and hiring of staff and faculty.

Work is underway here to create a system for monitoring the diversity of staff and faculty. Going forward, the collected data will be used to support Faculty and Departmental recruitment and retention efforts.

1.4 Create and deliver mandatory content in EDIA and in reflexive anti-oppressive practice.

Mandatory anti-oppression training for all senior leaders was delivered through comprehensive CPDME modules, with ongoing access to faculty-wide EDIA resources. The rebranding of the Office of Community Engagement further operationalized this work by aligning organizational structure with expanded equity-focused programming.

1.5 Create policies to use our resources in ways that are indicative of what we value.

This work is intended to align our resource allocation with our values and decision-making practices. Formal work has not been started here organization wide, although some policies do exist in some units already.

Focus Area 2: Transformed Graduates

2.1 Implement inclusive recruitment and admissions policies.

The Black Learners Admissions Pathway and the Indigenous Admissions Pathway were formally established, embedding equitable, holistic admissions processes supported by dedicated sub-committees and community representation. These pathways operationalize inclusive recruitment by directly addressing systemic barriers and diversifying the future healthcare workforce.

2.2 Redesign curricula to expose normative assumptions by removing oppressive biases.

UGME implemented a comprehensive case diversification initiative, introducing revised learning materials that embed multiple dimensions of diversity. Phased rollout across Med 1 and Med 2 ensures sustained curricular change aligned with the Faculty's long-term curriculum refresh.

2.3 Embed anti-oppression training across medical education and graduate studies.

Anti-oppression principles were embedded through diversified case-based learning resources supported by guidance for students, tutors, and faculty. This approach integrates anti-oppression training directly into core educational experiences rather than treating it as a stand-alone initiative.

2.4 Embed health systems science and other complexity and systems learning across medical education.

Work is now underway to create a resident leadership offering (elective) that will incorporate elements of leading for complexity, under the rubric of social innovation.

2.5 Partner with other faculties and institutions to enable greater interprofessional and health system science collaborations.

Work is underway here to create cross-faculty programming (certificate and/or graduate level) in social innovation and systems' change.

Focus Area 3: Transformed Faculty & Staff

3.1 Embed training on systems change, and anti-oppression across departments through faculty and staff development.

Anti-oppression and systems-change training was operationalized through CPDME-hosted modules that were mandatory for senior leaders and made available to all faculty and staff. Centralized access to these resources ensures consistent uptake and long-term sustainability across departments.

3.2 Support faculty and staff development in responding to community needs across the Maritimes.

3.3 Collaborate with leaders outside the Faculty of Medicine.

The annual Thomas and Alice Morgans Fear Memorial Conference was leveraged as a strategic platform for interdisciplinary and cross-sector collaboration on leadership and systems change. Its integration into Faculty priorities demonstrates sustained commitment to external engagement and shared learning.

Focus Area 4: Transformed Community Partnerships

4.1 Develop specific engagement practices and expertise, with a focus on relationship building as a cornerstone of collaboration.

The Faculty formally endorsed the International Association for Public Participation framework and completed structured training to embed best-practice community engagement approaches. Newly established guidelines for community compensation, support, and recognition operationalize relationship-centred engagement across all Faculty activities.

4.2 Engage with communities to strengthen the Maritime engagement in Faculty activities.

The Community Engaged Service Learning (CESL) program continues to expand, supporting sustained partnerships with community organizations in Halifax and Saint John. Increasing student participation and partner involvement demonstrate that community engagement is embedded as a core educational practice.

4.3 Seek community voices in medical education, curriculum changes, and faculty and staff training.

Community participation was embedded through admissions sub-committees, the Volunteer Patient Program, and rural engagement initiatives such as Rural Week. These mechanisms ensure that community perspectives directly inform admissions, learning experiences, and institutional decision-making.

4.4 Develop international health and planetary health strategies or policies.

The establishment of a Global Engagement Committee, adoption of guiding principles, and development of formal international electives policies. Planetary health commitments were embedded through governance structures, curriculum integration, and interprofessional learning opportunities aligned with national and international declarations.

Focus Area 5: Trusted Health System Intervener

5.1 Develop education strategy around health system intervention.

A resident leadership program in systems change as well as a multi-faculty program in social innovation and systems change are being developed.

5.2 Facilitate regular dialogue on key systems issues.

There is an ongoing agreement between CPDME and SES to co-host the Fear Conference every two years as an opportunity for dialogue on systems issues. The next opportunity will be in 2027.

5.3 Connect our work broadly to the emerging (US) conversation on Health Systems Science.

The social innovation and systems change work are well connected as theories and knowledge bases to health systems science. The ongoing need for further connection will be reevaluated in the coming year.



High Impact Research

High Impact Research has been strengthened through a coordinated, Faculty-wide approach that aligns people, infrastructure, and partnerships around shared priorities.

By improving access to research supports, strengthening collaboration with health authorities and other faculties, and investing in centralized infrastructure, the Faculty of Medicine has created a more connected and responsive research environment. New governance structures, streamlined grant facilitation, and clearer pathways to funding have helped researchers focus more time on discovery, translation, and impact.

At the same time, the Faculty has taken deliberate steps to recognize excellence and sustain momentum across the research enterprise. Enhanced data systems now support evidence-informed decision-making, while stronger collaboration with Advancement and Communications has improved how research impact is shared with donors, partners, and the public. Together, these efforts demonstrate that high-impact research at Dalhousie Medicine is supported by robust systems, strong partnerships, and a culture that values collaboration, innovation, and real-world impact.

Increased Support for Researchers

Dedicated support was provided for major infrastructure and federal funding programs, including CFI and research infrastructure initiatives. Streamlined donor funding processes now enable compliant, efficient mobilization of financial support for large-scale research projects.

Focus Area 1: Partner to establish focus and momentum that is responsive to emerging areas of research and community need.

1. Optimizing resources and aligning research priorities

1.1 Engage academic, healthcare and industry partners within and outside the university to reduce barriers to research and increase utilization of programs for the research community.

Barriers to research were identified in collaboration with Nova Scotia Health, IWK, and university partners, alongside an inventory and communication of available research support across the ecosystem. Ongoing outreach, workshops, and shared resources have operationalized this work as a continuous improvement process supporting proposal development, efficiency, and collaboration.

1.2 Work with other faculties and healthcare partners to complement available resources to achieve excellence in discovery, preclinical translation, clinical research, knowledge dissemination and evaluation of impact, and to catalyze new research collaborations.

The Faculty of Medicine research facilitator meets regularly with counterparts from other faculties to share information about new research initiatives, funding opportunities, and best practices in knowledge dissemination and impact evaluation.

ADR meets weekly with Directors in NSH, IWK, and ORS to align processes and collaborate on research initiatives and supports.

IWK, NSH and Horizon research leads are members of RAC and DRAC advising FoM and OVPRI on policy and practice for research in the ecosystems.

Assistant deans Clinical Research in NS and DMNB meet with research leads, directors to discuss research strategy and build collaboration.

Director of MRDO and exec in Dean's office meet regularly with staff and admins in the academic research to support research facilitators at multiple levels.

1.3 Work with Serving & Engaging Society to ensure that communities are involved in prioritization of research and that equity is embedded in all aspects of research and knowledge translation.

Strategic Operations groups align all streams to ensure that community participation is included in all work.

Policies from central Dal and in FoM embed EDI in hiring and research teams.

Clinical departments and research teams include community partnership in many proposals and team grants.

1.4 Work with Centres, Institutes, and research groups to develop tools and approaches for broader talent engagement across the faculty and improve knowledge implementation.

Office of the VPRI oversees all Centers and Institutes. Recently they have revised their policies and procedures for creation, ongoing oversight, and termination of centers and Institutes to increase faculty level involvement. Dean, ADR and MRDO will be increasingly involved in Centers and Institute for review and renewal. In the near future, Faculty council will review and approve FoM-led or partnered centers and institutes as per revised Senate policy. Most Centers and Institutes have governance bodies and the Dean or designate attend a minimum of annual meetings to set strategy and ensure broad inclusion and ongoing scholarly contribution of impact of research Centers and Institutes.

1.5 Partner with other faculties and health authorities for research in health systems science

Regular, structured collaboration has been established through biweekly meetings, shared leadership roles, and joint participation in health implementation initiatives. These mechanisms embed health systems science research into Faculty operations and strengthen sustained partnerships across disciplines and health authorities.

Focus Area 2: Identify & Mobilize Research Potential

2. Meaningful engagement

2.1 Facilitate the development of strong, collaborative teams based on areas of research strength.

Databases and analytics processes were developed to identify sustained and emerging research priority areas, supported by evolving data capture tools and institutional systems. Annual metrics and narrative reporting now assess research productivity and impact, embedding evidence-based planning into research development.

2.2 Identify emerging areas of research strength in collaboration with internal and external partners and stakeholders.

RAC has open discussion monthly about emerging areas of research strength. ADR, research teams and Advancement work to create cases for support to collaborate through showcasing research in Breakthrough Breakfasts, donor cases for support, and research team-initiated identification of new opportunities. Annual reports collect information demonstrating areas of research strength in grants and publications as part of annual reporting

2.3 Support established research teams and Institutes to sustain research growth, productivity, and impact in collaboration with the Office of Research Services, Dal Advancement and the Office of Commercialization and Industry Engagement.

Financial and operational supports were strengthened through coordinated philanthropic efforts, foundation partnerships, and enhanced collaboration with Advancement and Research Support Offices. Organizational restructuring and recognition mechanisms now provide sustained support for research growth, impact, and talent retention.

2.4 Support researchers and research teams in the integration of equity, diversity, inclusion, and accessibility priorities and perspectives across all research activities.

Provided resources for researchers and access to training and programs to support the integration of equity, diversity, inclusion, and accessibility (EDIA) into research grant applications.

Collaborated directly with researchers to strengthen grant applications by providing feedback on the integration of equity, diversity, inclusion, and Sex- and Gender-Based Analysis Plus (SGBA+) within research design and practice.

2.5 Enhance undergraduate and graduate student support and research engagement in collaboration with departments and other stakeholders.

Supported students to apply for internal and external post-doctoral fellowships and travel awards. Developed training for students and postdocs on grant-writing and navigating internal Dalhousie research processes.

2.6 Increase recruitment, retention, and engagement of postdoctoral and early career PhD clinician-scientists within the research.

Nine new Postdoctoral Fellows funded through MRDO.

Meeting with new faculty members, including early career researchers. Provided individualized support to assist ECRs in developing competitive research grant applications.

Focus Area 3: Strengthen Research Translation & Impact

3. Increased capacity

3.1 Support activities that use research findings and best evidence to develop and enhance treatments and practices in medicine.

Many departments and clinical groups have members that are working on policy and guidelines of policies. Publications from all domains have a direct and indirect impact on practices in medicine and medical education. Researchers attending and presenting at research conferences contribute to evidence and ongoing international scholarly improvement.

3.2 Build and strengthen partnerships with basic and clinical departments in the Faculty of Medicine, across faculties in Dalhousie, with the Office of VP Research & Innovation, with health authorities, and with communities to promote meaningful knowledge exchange.

The annual FoM Conference Grant Awards provide funding support to researchers to organize research conferences for faculty, clinicians, trainees, staff and community members to foster collaboration, knowledge exchange, and showcase research expertise.

3.3 Facilitate the development of thoughtful and inclusive knowledge translation plans for priority research teams and initiatives.

Working to increase inclusion and best practice for KT in applications and through institutes such as SKIP and MicroResearch.

Focus Area 4: Strengthen Infrastructure & Financial Supports

4. Infrastructure and community

4.1 Establish user groups and overall governance of Centralized Operations of Research Equipment and Supports (CORES) facilities to make strategic investments that support world-class research.

Formal governance for CORES facilities was established through Faculty Council approval of a Scientific Advisory Committee, regular meetings, and defined oversight responsibilities. User engagement, satisfaction surveys, and impact assessment criteria operationalize strategic investment and long-term sustainability of research infrastructure.

4.2 Improve grant facilitation and peer-review.

Grant facilitation processes were reviewed and strengthened through the hiring of a dedicated research facilitator embedded within MRDO and ORS. Standardized templates, targeted workshops, and mentorship support have institutionalized improved grant development practices.

4.3 Catalyze researchers and research teams to proactively seek new funding opportunities.

A centralized funding opportunity system was implemented through Pivot-RP, providing researchers with tailored alerts and global funding visibility. Regular communication through Faculty and partner newsletters ensures ongoing awareness and uptake of new opportunities.

4.4 Coordinate infrastructure availability and priority gaps/needs across the Faculty of Medicine and other faculties.

CORES infrastructure planning was operationalized through fee structure reviews, integration with Dalhousie's central CORE network, and targeted funding applications. Strategic planning sessions and financial coordination ensure infrastructure decisions align with Faculty priorities and sustainability needs.

4.5 Support research teams to plan and mobilize for major funding opportunities.

Dedicated support was provided for major infrastructure and federal funding programs, including CFI and research infrastructure initiatives. Streamlined donor funding processes now enable compliant, efficient mobilization of financial support for large-scale research projects.

4.6 Build solid cases for research support based on research excellence and impact, by working with Advancement and Communications.

Research excellence and impact are actively showcased through public engagement events and simplified Advancement processes. Coordinated onboarding and mentoring materials connect new recruits to Advancement, embedding research fundraising into Faculty operations.

4.7 Coordinate infrastructure needs by collaborating with departments during recruitment.

Infrastructure planning was integrated into recruitment through improved funding discovery tools, training, and revised CFI and matching-fund processes to ensure new recruits can plan for required infrastructure.

4.8 Coordinate with the Office of Research Services to identify high-quality knowledge translation, EDIA, and other pertinent resources the research community can access.

A **comprehensive resource page** is available on the Research & Innovation Sharepoint site to assist researchers with EDIA, SGBA+, Project management, Discovery and Impact, and Writing and Publishing



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