

Department of **Family Medicine**

Strategic Plan Progress Report

Year 2 | 2025-2026

DALHOUSIE UNIVERSITY



Message from the Department Head



I am pleased to share the second annual progress report on our 2024–2029 Strategic Plan. If Year 1 established the direction and foundations for change, Year 2 focused on strengthening the pathways, supports and partnerships that enable people across our distributed department to participate in and advance this work.

In **Education**, we worked to create clearer, supported pathways into teaching and precepting. We sought to better understand faculty-development needs, made the pathway into teaching more accessible for new and prospective preceptors, and introduced new ways to keep distributed faculty connected and informed.

We also continued translating our commitment to **Social Accountability** into more consistent practice across the department. Early work applied a social-accountability lens to areas such as decision-making, learner support, and community engagement. The department also began exploring educational tools that would introduce medical students and residents to social accountability in Family Medicine.

Research and Other Scholarly Activities (R&OSA) maintained strong momentum, with more than $11 million in active grants and 53 peer-reviewed publications. Throughout the year, we increased the visibility of R&OSA and created practical opportunities for faculty and learners to learn about current work and identify shared interests, while bringing dedicated R&OSA support to faculty and residents.

Progress within **Our People and Partners** focused on greater internal stability and more consistent administrative processes. The Medical Education Administrative Proposal received conditional approval, advancing our work toward equitable wages, clearer expectations, and standardized administrative roles across distributed sites.

While this report cannot capture every initiative undertaken across the department, it demonstrates how the Strategic Plan is increasingly shaping our programs, systems and decisions. As we enter Year 3, our focus will be on deepening implementation, sustaining these pathways and translating this momentum into lasting change.

Thank you to our faculty, staff, learners and partners for the expertise, collaboration and commitment that continue to move this work forward.

With appreciation,

Dr. Kath Stringer
Department Head

DFM by the Numbers

RESIDENTS

215 Residents

FACULTY

Over 1100 faculty appointed physicians to family medicine

Across the three provinces

RESEARCH

$11,187,578
in Active Grants

53
Peer-Reviewed Publications

37
Oral and Poster Presentations



DFM Residency
Training Sites

Countless communities across each province are used for undergraduate teaching. This map represents only the **recognized postgraduate teaching sites**

Our Vision

Healthy communities through excellence in distributed Academic Family Medicine.

Our Mission

To drive excellence in Family Medicine through socially accountable and connected communities supporting education, research and other scholarly activities.

Year 1: Establishing the Foundation

In 2024–2025, the first year of the Department of Family Medicine's Strategic Plan focused on establishing the structures, relationships and shared direction needed to move from planning to coordinated action across the Maritimes.

The department integrated social accountability into key governance structures, identified barriers to layered learning and strengthened commitments to reconciliation and inclusive teaching. Research and other scholarly activities remained a significant strength, supported by more than $11 million in grants and 49 peer-reviewed publications.

The department also strengthened its internal infrastructure through standardized administrative resources and the Medical Education Administrative Proposal, an important step toward greater equity, consistency and role clarity across distributed medical education sites. Together, these efforts established the foundation that shaped the department's priorities entering Year 2.

Year 2: Advancing the Work

In 2025–2026, the department advanced work across all four strategic pillars: Social Accountability; Education; Research and Other Scholarly Activities; and Our People and Partners. The following pages highlight the year's most significant achievements and areas of focus, organized according to the goals, objectives, and high-level actions that guide each pillar.

Each strategic direction has a goal, objectives, and high-level actions:

- **GOAL:** Our desired result or outcome for each strategic priority. *(Why)*
- **OBJECTIVES:** Our strategies to achieve the goal. *(What)*
- **HIGH-LEVEL ACTIONS:** Our actions that outline, at a high-level, what will be done to move the objective forward. *(How)*





Social Accountability

In Year 2, the newly appointed Social Accountability Lead continued their work to embed social accountability more structurally in the department through participation on recruitment, finance, and selection committees, while also moving toward more concrete educational and operational tools to support a department-wide culture of social accountability.

GOAL Social accountability is embedded throughout the department's activities.

OBJECTIVE 1 – Lead, model and advocate for social accountability in all that we do.

The Social Accountability Lens

Action: Apply our values within our social accountability strategies.

Early work began to strengthen the routine use of a social accountability lens in committee discussions, onboarding, mentorship planning, learner support, community engagement, and decision-making.

These efforts support a more consistent approach to embedding the Department's values of respect, inclusion, collaboration, accountability, and excellence across social accountability strategies.

Social Accountability Education Tools

Action: Advocate internationally, nationally, provincially, and locally for social accountability priorities.

The Department is exploring developing more educational tools for medical students and residents related to social accountability.

These tools would help introduce new undergraduate medical students and postgraduate residents to social accountability in family medicine. Discussions with the leadership team about how to advance this work are ongoing.

Looking Ahead to Year 3

LEARNER TRAINING

Continue work to explore the implementation of social accountability learning opportunities for medical students and residents.

COMMUNITY HEALTH LEARNING

Explore a longitudinal resident community health project in which residents complete a community health needs assessment at their training site and connect their work to community-identified priorities.

HEALTH EQUITY RESEARCH

Funding has been approved following our expression of interest, for the proposed Voices of Resilience project, which will provide an opportunity to advance research capacity and evidence generation with Black Nova Scotian communities.

DEPARTMENTAL POLICY AND PRACTICE

Explore whether a formal DFM social accountability policy is needed alongside existing university policies, and identify the principles, practices, and gaps that should inform a department-wide culture of social accountability.



Education

Education progress in Year 2 focused on strengthening distributed teaching capacity through preceptor recruitment, improved onboarding, recognition, faculty development, and early teaching pathways for residents and recent graduates.

GOAL

Innovative and integrated high-quality family medicine education responsive to the evolving context of Maritime communities.

OBJECTIVE 1

Create and evaluate innovative and comprehensive curricula that respond to learner and Maritime community needs.

OBJECTIVE 2

Increase the number and diversity of applicants to family medicine that reflect Maritime communities and their needs.

OBJECTIVE 3

Lead, innovate, and support faculty development.

OBJECTIVE 4

Build distributed family medicine education capacity.

Family Medicine as a Choice Specialty

Action: Promote family medicine and profile the profession as a specialty and the value family medicine brings to communities and the health system.

Regular Department Head newsletter communications--with an average open rate of 63.57%-- are designed to continually reinforce Family Medicine as a choice specialty and highlight the value family physicians bring to communities and the health system.

Understanding Faculty Development Needs

Action: Develop, implement, and evaluate high-quality faculty development opportunities based on faculty, preceptor, and Maritime community needs.

A Postgraduate Committee survey was developed and distributed this year to better understand faculty development needs across the department.

The results are informing current programming, and a broader joint departmental needs assessment is planned to further shape the 2026–2027 faculty development curriculum.

Faculty development continued in a variety of formats including:

- Faculty of Medicine's 45-hour CCT program
- DFM's three-hour Launching into Teaching program
- live site-based sessions
- program-wide virtual sessions

Creating Clearer Pathways Into Teaching

Action: Recruit, engage, and support community preceptors from across the Maritimes.

A new faculty welcome package was developed to help new teaching physicians understand how to get started, what supports are available, and how they can contribute to teaching within Dalhousie Family Medicine. This supports recruitment and onboarding by making the pathway into teaching clearer and more accessible for new and prospective preceptors.

The Postgraduate Program launched a twice-annual faculty bulletin to improve communication on program-related changes and updates with faculty at distributed teaching sites. This new communication tool helps keep distributed faculty connected to the program and better informed about the teaching environment and resources.

Newly designed preceptor plaques recognized 788 teaching physicians across the Maritimes for their role in training the next generation of family physicians. Displayed in offices and clinical spaces, the plaques make the teaching role more visible to learners, patients, and clinic teams while reinforcing the value of family medicine preceptors.

Building Confidence Among Emerging Teachers

Action: Partner to support recruitment and retention of Family Medicine graduates as preceptors.

This year, sites across the Maritimes strengthened the pathway from resident, to resident teacher, to future preceptor. Graduating residents were encouraged to apply for faculty appointments through the "Completing Your Residency" presentation and follow-up outreach from the Physician Resource Officer.

Sites reported numerous recent graduates taking on curriculum teaching, clinical teaching, co-precepting, primary and core precepting, assessment, and site-based education leadership roles.

Multiple faculty development sessions on layered learning were also delivered, helping create shared learning environments where residents can teach and mentor undergraduate learners.

Together, these efforts create clearer, supported pathways into teaching and precepting, helping build confidence among emerging teachers while expanding distributed preceptor capacity across the Maritimes.

8 **Sites reported recent graduates in teaching, precepting, assessment, curriculum, or site-based education leadership roles.**

Looking Ahead to Year 3

CURRICULUM RENEWAL

Continue stepwise implementation of curriculum renewal, building on the Indigenous Health curriculum and moving toward additional priority topics after accreditation, including cultural safety and anti-racism, leadership, procedural skills, and long-term care.

INTERPROFESSIONAL EDUCATION

Create more joint teaching opportunities across disciplines by identifying leaders in other health professions and building on existing site-based and simulation learning opportunities.

TEACHING REMUNERATION

Continue advocacy for more consistent teaching remuneration and funding models across the Maritimes to better support community preceptors and distributed teaching capacity.

PROMOTE FAMILY MEDICINE SPECIALTY

Increase the number of non-clinical education leadership positions held by family physicians (e.g., unit/component heads), and facilitate connections between learners and the communities where their clinical rotations occur. Together, these efforts will help build a broader understanding of the value family medicine brings to communities and the health system.



Research & Other Scholarly Activities

Year 2 showed strong momentum in research and other scholarly activities (R&OSA) through increased visibility, stronger support for faculty and learners, renewed research infrastructure, and growing engagement across sites and career stages.

GOAL

Primary care education, practice, and policy are advanced through family medicine research and other scholarly activities.

OBJECTIVE 1

Lead original R&OSA that advance knowledge to support and strengthen primary care, the discipline of family medicine and family medicine education.

OBJECTIVE 2

Foster a culture within the department to support R&OSA.

$11,187,578.00	$3,548,498.50	$1,057,028.60
Active Grants	Internal DFM Active Grants	New Funds Received

Publications & Presentations

53 Peer-Reviewed Publications

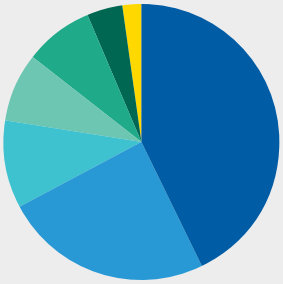
6 Invited Presentations

18 Peer-Reviewed Poster Presentations

19 Peer-Reviewed Oral Presentations

Mentorship

- **21** RIM Students
- **12** Graduate Students
- **5** Physician Asst. Students
- **4** Med Students (Non RIM)
- **4** Residents
- **2** Postdocs
- **1** Faculty



Increased Visibility and Engagement

Action: Build understanding of R&OSA and their value.

Throughout the year, the department continued to promote awareness of R&OSA by highlighting faculty achievements and opportunities through Department Head newsletters, website updates, targeted email communications, media interviews, Grand Rounds, and departmental events.

These initiatives increased the visibility of R&OSA across the department and reinforced the breadth of activities encompassed by R&OSA and the diversity of faculty and learner engagement.

A Research Breakfast was held in April 2026, bringing together research faculty, clinical faculty, RIM students, graduate students, and postdoctoral fellows. Research faculty delivered brief presentations on their programs, creating a practical opportunity for faculty and learners to learn about current work, identify potential areas for collaboration, and better understand the pathways for involvement in R&OSA.

Deeper Engagement in Scholarship

Action: Build capacity for R&OSA based on individuals' context.

Capacity-building continued through multiple learner and faculty pathways that support engagement at different career stages and enable participation in R&OSA in ways that align with individuals' roles, interests, and available time.

Research electives continue to provide residents with opportunities to expand existing projects or develop new scholarly initiatives. These electives offer a structured pathway for deeper engagement in scholarship while strengthening connections between resident-led work and the department's broader R&OSA.

Shared Interests in Research

Action: Identify priorities for R&OSA.

Primary Care Research Day 2026 was held on May 4, 2026, with record engagement.

A total of 131 individuals registered, reinforcing the event's role as a key forum for fostering connections among researchers, clinicians, learners and partners across Nova Scotia, New Brunswick, and Prince Edward Island, and for identifying shared interests and opportunities in primary care research.

BRIC NS was revitalized under a new leadership structure, with the re-establishment of two key advisory bodies: the Patient Advisory Committee and the BRIC NS Advisory Committee. This revitalization strengthens the department's capacity to gather input from patients, faculty, learners, and health-system partners as research priorities are developed.

Dedicated R&OSA Support

Action: Promote existing and potential connections between R&OSA and other DFM work.

The hiring of a Scholarship Capacity Development Associate has strengthened the department's capacity to integrate R&OSA with faculty-led projects, learner supervision, resident scholarship, and other academic initiatives.

By providing dedicated R&OSA support for faculty and residents, this role enhances access to scholarship development and contributes to a more coordinated and sustainable scholarly environment across the department.

Looking Ahead to Year 3

LEARNER AND FACULTY RESEARCH PATHWAYS

Sustain and strengthen research pathways for learners and faculty, including the Clinician Scholar Program, PGY3 research opportunities, research electives, and engagement with RIM students, graduate students, and postdoctoral fellows.

SUSTAINABLE RESEARCH NETWORKS

Advance efforts to secure sustainable funding and support for key research networks, including MaRNet, to maintain infrastructure for primary care research and collaboration across the Maritime provinces.

SCHOLARSHIP DEVELOPMENT INFRASTRUCTURE

Further develop the department's scholarship infrastructure through the Scholarship Capacity Development Associate role, with continued emphasis on supporting faculty-led projects, learner supervision, resident projects, and broader scholarship development.

CAPTURING AND RECOGNIZING R&OSA ACTIVITY

Use annual faculty data collection to better capture, recognize, and monitor R&OSA across the department, including contributions that may not be reflected through traditional academic outputs.



Our People and Partners

GOAL A distributed Maritime department of people and partners working together to achieve shared goals.

OBJECTIVE 1

Foster a positive and inclusive working environment that promotes active participation, leadership, and wellbeing throughout the department.

OBJECTIVE 2

Strengthen and expand partnerships supportive of distributed academic family medicine.

Consistent Processes

Action: Establish and model diverse, positive, and supportive work and learning environments.

Progress in this area focused on strengthening internal stability and supporting more consistent administrative processes. Successful recruitment was completed for a new Education Operations Manager, contributing to improved stability in the Medical Education unit.

Work continued to develop orientation materials and standard operating procedures for administrative staff and faculty. This included documenting key administrative duties and roles at the Brenton Street site, as well as Standard Operating Procedures for the development of the Family Medicine Resident Education Symposium, awards processes, and clinic operations. This work supports clearer role expectations and more consistent processes across core departmental functions.

Standardize Administrative Roles

Action: Collectively identify department-wide needs and priorities and advocate for appropriate resources.

The department continued to improve administrative functionality through more effective use of technology. SharePoint is now being used extensively to support DFM committees, activity management, and the continued development of the new AFP Activity Management System.

Progress was made on the department's ongoing work to build the case for equitable wages and clearer administrative roles. The Medical Education Administrative proposal received conditional approval in January 2026. Developed jointly by DFM, Nova Scotia Health, and the Faculty of Medicine, the proposal aims to standardize administrative roles across Nova Scotia distributed sites. A working group has been established and is meeting regularly to plan implementation.

Partner Collaboration for Program Development

Action: Develop strong collaborative relationships with our partners.

The department continued to strengthen relationships with key partners involved in distributed academic family medicine. Improvements were made to the Tri-Provincial Funding Committee Terms of Reference, creating greater clarity around budget and funding processes with provincial government partners. This work also supported increases in payments for program-wide leadership roles.

Partner collaboration also supported broader program development, including work with Nova Scotia Department of Health and Wellness and Nova Scotia Health related to new site development in Bridgewater and planning connected to the Cape Breton Medical Campus.

Collaboration with Maritime provincial governments also supported funding for an innovative International Medical Graduate Orientation Program. These examples demonstrate progress in building the relationships, governance structures, and funding conversations needed to support a distributed academic department across the Maritimes.

Looking Ahead to Year 3

ALIGNING OUR RESOURCES WITH OUR PRIORITIES

With the continued stabilization of the medical education workforce at the Brenton Street office, attention will shift to better alignment of resources with department priorities, including a focus on career development for DFM administrative staff.

RETREATS

Retreats are being planned for both DFM academic and program leadership teams to support continued professional development of leaders.

IMPLEMENTATION OF MEDICAL EDUCATION ADMINISTRATIVE PROPOSAL

Significant progress is expected with the implementation of the Medical Education Administrative Proposal, including the migration of Nova Scotia Health medical education staff at the Nova Scotia distributed sites to Dalhousie, and the introduction of additional family medicine support staff at the sites.