



# **Strategic Plan (2018 – 2023) Year Three and Four Progress Report**

Dalhousie Department of Family Medicine



**DALHOUSIE**  
UNIVERSITY

DEPARTMENT OF  
FAMILY MEDICINE

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# MESSAGE FROM DEPARTMENT HEAD

Dear colleagues,

Welcome to our final progress report on the Dalhousie University Department of Family Medicine's (DFM) Strategic Plan (2018 - 2023). In 2017, Dalhousie Family Medicine embarked on a journey to develop a five-year strategic plan through a comprehensive consultation process. The plan outlined four strategic directions and associated goals, objectives and actions and a Strategic Plan Working Group was established to help guide the development of the plan and monitor its implementation.

Following the development of the strategic plan, leaders within the department led the creation of operational plans identifying specific actions and related timelines, accountability, resources, and indicators of success. It has been wonderful to see so many in our department working with stakeholders within and external to Dalhousie, to bring these actions to life - working together towards achievement of each strategic direction goal.

The importance of monitoring and reporting on implementation of the strategic plan was identified as a key enabler to support its implementation. Building on work done through the Faculty of Medicine in reporting on implementation of their strategic plan and its priorities, the department developed a colour coding framework, which provided a qualitative assessment of progress made on the objectives and actions within the plan. This report provides the final summary of progress in implementation of the plan and its associated objectives and actions.

Under the expert guidance of our consultant Stephanie Heath of Research Power Inc, this report provides an update of our continued success in implementing the specific actions designed to achieve our objectives in four strategic directions - Education, Research, Serving our Communities, and Engagements and Partnerships. The stories embedded in this report provide a sample of our achievements in all four areas. It has been very rewarding to see our Maritime-wide department use the strategic plan to inspire and align such a variety of innovations and, in doing so, enhance our overall success.

Success has certainly not been achieved in isolation as we have been well supported in this work by our many partners, including Dalhousie University, health authorities, department of health, medical societies, community organizations, communities, and patients from across the Maritimes. Engagements and partnerships has been more than a strategic direction, the personal working relationships we have developed with our partners, and the active engagement of so many communities as we work together to meet the needs of our learners, patients and Maritime communities, has been the true success of this strategic plan. Thank you and sincere congratulations to all involved in this process.

We hope you find value in this update on our journey.

Best regards,  
Dr. Kath Stringer















# EXECUTIVE SUMMARY
















## Background

Implementation of Dalhousie Family Medicine's five year strategic plan (2018-2023) is now in its final year. Operational plans were developed and have been regularly updated to support the implementation of the four strategic directions: **Education, Research, Serving Our Communities, and Engagement and Partnerships**. This final progress report provides an update on the status of implementation of the strategic plan.










## Highlights of Status of Implementation of the Strategic Plan













EDUCATION HIGHLIGHTS			
OBJECTIVE	STATUS		
	2019	2020	2021/2022
Create, innovate and evaluate comprehensive training that responds to learner and community needs.			
Build capacity of Maritime physician and their communities to support learners			
Grow family medicine participation and presence in undergraduate medical education			
Lead, innovate and support faculty development.			

## RESEARCH HIGHLIGHTS

OBJECTIVE	STATUS		
	2019	2020	2021/2022
<b>Lead research and support innovation to strengthen family medicine and primary health care in Maritime communities.</b> <ul style="list-style-type: none"> <li>Search completed for Research Chair, candidate identified, Canada Research Chair application underway</li> <li>Faculty research team had 17 peer reviewed scientific journals, awarded six research grants, invited to present at national and international conferences and members of national and local research groups</li> </ul>			
<b>Grow the department's capacity for scholarship and research across Maritime communities.</b>			
<b>Strengthen department's capacity to support learners in scholarship and research</b>			
<b>Build a better understanding within the department and externally about primary health care research and its value</b>			
<b>Inform primary health care policy and practice with research that responds to and influences partner strategic priorities.</b>			

## SERVING OUR COMMUNITIES HIGHLIGHTS

OBJECTIVE	STATUS		
	2019	2020	2021/2022
<b>Prepare learners to address health needs of all populations including underserved communities and those with complex needs.</b>			
<b>Participate in and influence a variety of innovative practice models.</b>			
<b>Advocate for the reduction of disparities in health outcomes and access to quality primary health care.</b>			

ENGAGEMENT AND PARTNERSHIP HIGHLIGHTS			
OBJECTIVE	STATUS		
	2019	2020	2021/2022
Partner with external stakeholders to support and ensure excellence in undergraduate and postgraduate family medicine education and research.			
Develop and support partnerships to influence and contribute to health system priorities and advance the department's program/priorities.			
Engage communities to support and facilitate learners in their environments.			
Create an identity for the community of undergraduate and postgraduate preceptors.			

# APPROACH TO PLANNING

## Planning

In 2017, Dalhousie Family Medicine embarked on a journey to develop a **five-year strategic plan (2018-2023)** through a comprehensive consultation process. The plan outlined four strategic directions and associated goals, objectives and actions (Appendix A provides a table with the four strategic directions and associated objectives and actions). A Strategic Plan Working Group was established to help guide the development of the plan and monitor its implementation.



Following the development of the strategic plan, Portfolio Directors within the department led the creation of **operational plans**, working with existing department committees and partners. The operational plans identified tactical or specific actions for the high-level actions as well as timelines, accountability, resources and indicators of success. The department has continued to work with stakeholders within Dalhousie, as well as other partners to bring the actions to life - working towards achievement of each strategic direction goal.

## Members of the Working Group

- Katherine Stringer, Professor and Department Head
- Helena Piccinini, Research Director
- Sasha Sealy, Postgraduate Program Director
- Jacquelyn Hernandez, Undergraduate Medical Education Program Director
- Kathleen Horrey, Faculty Development Director
- Mandi Irwin, Social Accountability Lead
- Susan Ripley, Halifax Site Director
- Joanna Zed, Medical Director
- Doug Hall, Saint John Postgraduate Site Director
- Jennifer Hall, Associate Dean, Dalhousie Medicine New Brunswick
- Nancy McCarther, Medical Education Manager
- Barbara O'Neill, Research Operations Manager
- Cathy Charles, Chief Operating Officer
- Victoria Hartlen, Executive Assistant to the Department Head
- Jane Gaffney, Communications Advisor






# MEASURING PROGRESS

The importance of **monitoring and reporting** on implementation of the strategic plan was identified as a key enabler to support its implementation. Building on work done through the Faculty of Medicine in reporting on implementation of their strategic plan and its priorities, the department developed a colour coding framework, which provides a qualitative assessment of progress made on the objectives and actions within the plan.

This report on implementation of the strategic plan provides a summary of progress in implementation of the plan and its associated objectives and actions for the 2020 to 2022 years (2021 and 2022 years). Progress reports are produced to continue to monitor plan implementation and achievement of the goal of each strategic direction.

## Color Coding

	<b>Not Yet Started</b>
	<b>Gaining Momentum</b>
	<b>Good Progress, outcomes as expected at this time</b>

# EDUCATION

## GOAL

**The continuum of family medicine education programs to support the provision of comprehensive care that meets the evolving needs of Maritime communities.**



# Education Success Stories

## Integrated Family Medicine and Emergency Medicine

July 1, 2022 marked the start of our new 3 year integrated family medicine emergency medicine (iFMEM) residency program - only the 2nd of its kind in Canada! Dalhousie is the only University in Canada to have this innovative iFMEM program, now located in both Saint John, NB and Sydney, NS. In Sydney, the program accepts two residents each year with Dr. Mike MacDonald as the program's Site Director. This is a community-based family medicine residency teaching program that combines the core competencies currently addressed in the two-year Family Medicine and the one-year Enhanced Skills in Emergency Medicine programs into an integrated three-year program.

## Faculty Development Workshop in Indigenous Health

Faculty Development is hosting a four session series on "Concepts in Indigenous Health Two-Eyed Seeing Approach" developed by Dr. Tiffany O'Donnell, the Indigenous Lead for Dalhousie Family Medicine and Dr. Brent Young, Academic Director for Indigenous Health for the Faculty of Medicine. The sessions include practical points on Indigenous Health, trauma informed care, anti-racist practice and cultural humility. The workshop has been approved for continuing professional development medical education credits and will be offered from March to June 2023.

## Expansion of Family Medicine Residency Seats in Halifax Site

On December 5, 2022, the Province announced it had created a designated pathway to residency for 10 international medical graduates studying outside Canada, with priority given to those with a connection to Nova Scotia. The Province also created 10

new residency seats in family medicine across the province for 2023. Dalhousie had 48 family medicine residency spots for Nova Scotia in 2022; there will be 58 in 2023.

*"We are excited by the investment that the provincial government has made in expanding family medicine residency positions in Nova Scotia. We look forward to welcoming these international medical school graduates to Dalhousie and providing them with excellent family medicine residency training and then having them work in our province." - Dr. David Anderson, Dean, Faculty of Medicine, Dalhousie University*

# Education Objectives



## 1.1 Create, innovate and evaluate comprehensive training that responds to learner and community needs.

### Undergraduate:

- Continue to adjust clerkship webinar context with additional webinar content added in 2021; curriculum refresh continues.

### Postgraduate:

- Comparability of comprehensive training communities and curriculum:
  - Simulation Lead hired and continuing work to create equitable simulation experiences for all residents.
  - Ongoing work by the Physician Resource Officer to update Faculty Practice Profiles.
  - Review of RPC completed, and adaptations made to improve functioning.
  - Exploring new platform for curriculum mapping; PG curriculum mapping previously completed.
  - Resident surveys continue and feedback is used to improve the program.
- **Cape Breton** site previously expanded to include two longitudinal residency positions in Inverness and this program has highlighted the comprehensive training provided by family physicians (e.g., ER, inpatient, nursing home, palliative care, etc.), and the third cohort of residents have completed the program; and integrated FMEM program developed working closely with local leadership in the ER.
- **In Saint John** feedback from residents used to modify/enhance learning experiences (e.g., modified psychiatry rotation); added procedures clinics to help improve exposure to minor procedures (e.g., joint injections, cyst removal, IUD insertions, etc.).
- **Addressing emerging needs including rural and indigenous health curricula:**
  - Over the last two years all sites have continued to make progress on developing/implementing Indigenous health curricula and experiences in rural and Indigenous communities including: all sites dedicated to teaching and learning on Indigenous health (e.g., lecture on Indigenous health as part of the FMREW curriculum, supporting residents to participate in Find Your Voice, cultural competency workshop on academic day, Indigenous peoples mock SOO completed in postgraduate year 2 (PGY2)); all sites providing residents with experience in First Nation and rural communities through faculty who work with these communities; Indigenous Health day for residents where learners travel to First Nation communities to learn from elders in one site; establishment of an Indigenous health clinic in one site, which includes learner experiences; working group established and a model for content related to rural and Indigenous health developed in one site.
- **Facilitating learner participation in interprofessional education (IPE) and collaboration:**

- IPE Working Group formed in 2021; Simulation Lead working to incorporate IPE into simulation curriculum.
- Education on Practicing Interprofessional and Person Centred Care with Individuals with Disabilities.
- **All sites** provide interprofessional education and collaboration experience including providing opportunities to *participate in interprofessional simulation*; providing *opportunities and exposure to collaborative care models* in family medicine clinics, inpatient rotations, outpatients and speciality clinics, some sites providing experiences in *Patient Medical Homes* model; participation in *interdisciplinary journal clubs*.
- **Accreditation identified priority areas and working groups developed** for Indigenous Health, Community Engagement, Hidden Curriculum and IPE; the need for *program evaluation document identified and completed*; conversion of Enhanced Skills Programs to Competency-based education and assessment process and *all sites have working Competence Committees*.
- **Additional entry resident positions including:**
  - An *integrated Family Medicine Emergency Medicine (iFMEM)* was created in Cape Breton and first cohort of residents began in 2022; *new teaching site* approved in *Miramichi, NB* and will start in July 2024.
  - **Cape Breton** had *expanded additional entry resident positions* over the last three years and working to create space for new Medical Homes for graduating residents to practice and become future faculty.
  - **Halifax** working to *expand post graduate training in South Shore* beginning with a sister site with the aim of evolving to an independent site; and increasing residency seats from 17 to 25 with community experiences added.
  - **Moncton** added a *MOTP training position in CaRMS in 2021-2022* which will take the number of family medicine trainees based in Moncton to 16 in 2023-24.
  - **North Nova** *increasing to eight residents* next year.
  - In **Saint John** the *FMEM program submitted* an expansion proposal.
  - **SWN** created a *new Francophone position in the CaRMS 2022*, submitted a proposal to NSDHW in collaboration with NSH to *establish a Patient Medical Home at the Dalhousie Teaching Unit* with the aim to recruit core preceptors and adding an additional residency site.
- **Other innovations:**
  - **North Nova** implemented *adaptive programming for a longitudinal program* (e.g., during the last six months of training, gaps will be addressed, and support provided for practice trends for residents).
  - **SWN** developed a *Smart electronic scheduling system* which monitors clinical exposures of residents during their longitudinal training to help ensure residents are offered equal exposure and reach predetermined targets for every discipline, and also allows for flexibility at the end of residency to tailor resident experience in areas of future interests and community needs.



## 1.2 Build capacity of Maritime physicians and their communities to support learners.

- **Work continues to support community preceptors and leaders:**
  - The majority of Site Directors and Chairs received *360 evaluations in 2021/22* which are completed every two years (one feedback form for UG and PG).
  - Informally, program and site directors *inform Faculty Development leadership of themes within evaluations* to support faculty development.
  - *DMNB FMEx Preceptor's stipend increased* to match DMNS.
  - *A new preceptor evaluation form* developed for PG and UG (harmonized) through the Faculty of Medicine.
  - *ACE Awards event* developed to highlight and celebrate preceptors.
  - **All sites** continuing to conduct activities to *build capacity of local physicians to support learners* including: offering *faculty development* (e.g., PBSG-ED facilitator training, CAT courses); facilitate *faculty appointment applications*; *expanding the number of preceptors* including recruitment, onboarding and ongoing support; *working with system partners* (regional and provincial government) and community partners (e.g., business associations, municipalities) to support recruiting preceptors and ensuring appropriate remuneration; reviewing preceptor needs and supports through *committees/working groups*.
- To *address barriers to teaching* (e.g., infrastructure, remuneration, technology) and *eliminate/mitigate existing compensation inequities* discussions continue in Nova Scotia with Doctors Nova Scotia and the Department of Health and Wellness; *initial proposal for Network of Academic Collaborative Clinics* was not successful but is the impetus for continued discussion; application for an *urban Indigenous Clinic in Halifax* was successful (see success story); using the *residency expansion request* to continue to seek appropriate academic funding for distributed faculty.



## 1.3 Grow family medicine participation and presence in undergraduate medical education

- **Success continues to be achieved to improve the visibility and enhance integration of family medicine content in pre-clerkship curriculum:**
  - Continued involvement of DMF in *Family Medicine Project Charter* and continued funding for the *Physician Resource officer*; secured Faculty of Medicine *funding for distributed DFM faculty for increased teaching requirements* due to medical school expansion.
  - Continue to enhance *uptake of NS-based Med 1 students to FM placements* during Rural Week.
  - AFP Faculty were involved in *re-writing some neuroscience and Indigenous health cases*.



- Family Medicine physicians continue to participate as *component heads in various areas* (e.g., human development, human sexuality, host defense, metabolism, rural week, skilled clinician, musculoskeletal).
- **Enhancements continue to promote family medicine as a career choice:**
  - Family medicine *participation continues on committees* such as the Family Medicine Project Charter and representation on a number of PG and Faculty of Medicine Committees (e.g., PGME, CQIPEC, Faculty Appeals Committee, Unified Preceptor Evaluation Form, Admissions, Clinical Promotions Committee, Research Advisory Committee, Nominating Committee, etc.).
  - Support for *FMIG location in DMNB enhanced*, which now has a faculty advisor and resident representative; working to identify *clerkship experiences in francophone communities*.
  - **Cape Breton** is a LIC site for UG medication education; are active in Family Medicine fourth year electives; actively participation in *rural week for MED 1* and most placements are with family physicians; continue to *host FMIG*.
  - **Halifax** continues to *recruit of preceptors for UG* (have dedicated administrative support for this) but challenges faced in recruitment and retention of UG preceptors due to remuneration/pay equity with PG.
  - **North Nova** *added an UG representative to cabinet* and *connect with administrators* at regional hospitals who coordinate UG education to build relationships between UG and family medicine residency.
  - In **Saint John**, all *medical students complete a mandatory family medicine experience* in their first year; family medicine faculty are involved in *teaching DMNB*.
- **Strengthen participation of family medicine faculty and residents in UG teaching:**
  - UG and PG collaborated at site visits in 2022 to support site teaching needs (identify strengths, gaps and create actions plans).
  - Layered learning continues to be supported in all sites.
  - The *longitudinal medical education elective* is in its fourth year with good uptake; the Faculty of Medicine's CPFME launched the 12 month *online teaching certificate course* in partnership with Dalhousie Family Medicine, which is being promoted.
  - **All sites** continue to offer for *RATS in PGY-1 year*; providing and growing layered learning in programs; encourage residents to apply for *Faculty Appointments* upon completion of residency; provide *longitudinal teaching electives for residents* with opportunities built into clinic schedules to teach learners and participate in UG assessment (in some sites); in some sites *residents lead the teaching of LIC* sessions; one site exploring the opportunity to offer *BSDGL facilitator training* to interested residents and use them as facilitators in curriculum; in one site *positions established in UG education* to support learners and *coffee buddy initiative* established for UG learners and residents.



## 1.4 Lead Innovate and support faculty development

## Leadership to support faculty development.

- Established *relationships with Faculty of Medicine CPDME* including participating on the CPDME committee, meeting with the Faculty of Medicine Director of Community Faculty Development and the DMNB Director of Faculty Development; the Faculty Development Director supported the creation of the *Faculty of Medicine Teaching Certificate Program* that is largely based on Dalhousie Family Medicine's original program.
- The *Faculty Development website that was created requires continual updates*, however, staffing is a challenge in supporting regular website updates.
- *Faculty Development workshop* held in September/October 2022; faculty development provided at two sites this year - one on Indigenous Health and the other on Time Efficient Teaching Strategies and both were *accredited for Mainpro+ credits*.
- *Timed Right DFM Community of Teachers Forum* launched in spring 2021 as an online discussion forum.

## Building a network of community faculty

- Group meetings continue via videoconference to complete *PBSG-ED modules*.
- Timed Right DFM Community of Teachers Forum sends out a *monthly digest of topics of interest, resources and questions*; FD has an ongoing segment in *Department Head's newsletter* for updates and news.
- *DFM Wellness Committee* established to support preceptor resilience and wellness.
- **All sites** conduct activities to support *networking and sharing at the local level*.

## Supporting preceptors with faculty development

Faculty development *needs are assessed in the site visit planning meetings*, and *learners continue to provide feedback to preceptors and services* which are also reviewed by site leads and can be used to help determine site level FD needs.

- **Sites** continue to orient new faculty with some sites developing *official orientation handbooks*, shared with FD leads at all sites; FD included in *welcome letters and letters to preceptors with their evaluations*; frequently used *resources were updated* and posted on *dfmfacdev.ca* and *new Teaching Certificate course* through CPDME.
- **All sites** *provide faculty development* on a range of topics (e.g., inclusion, diversity, equity and accessibility; mental health and addiction; etc.) and work to engage preceptors and faculty in the sessions/workshops including using and/or exploring new platforms (virtual, hybrid) to help make faculty development opportunities more accessible; support faculty to attain *teaching certificates*.



# RESEARCH

## GOAL

Primary care policy and practice are advanced through family medicine research and scholarship.



# Research Success Stories

## **Support CFPC's Work to Identify a Vision and Role for CFPC in Building Capacity for Family Medicine Research**

The College of Family Physicians of Canada (CFPC) and the Foundation for Advancing Family Medicine (FAFM) is undertaking a discovery and visioning process for family medicine research in Canada. To advance this work, Research Power Inc. and Dalhousie Family Medicine are working with the CFPC and FAFM to help identify a potential vision and areas of action to support building capacity for family medicine research. The work has included broad consultations with individuals and organizations that have an interest in family medicine research, as well as an environmental scan to identify initiatives, resources, and best practices that may be applied in Canada. The findings from the consultations and environmental scan will inform the development of a future vision for Canada's family medicine research environment, and roles that the CFPC and FAFM may play within it.

## **Tier II Canada Research Chair Primary Health Care**

Associate Professor, Dr. Ruth Lavergne joined Dalhousie University's Department of Family Medicine as a Tier II Canada Research Chair in Primary Care. This prestigious honor is awarded to exceptional emerging researchers to lead research in their respective fields promoting both research development and excellence. Dr. Lavergne's program of

research addresses gaps in access to primary care.

## **Expansion of Family Medicine Residency Seats in Halifax Site**

BRIC NS, the provincial pan-Canadian SPOR Network in Primary and Integrated Health Care Innovations (PICH Network) has received an additional five years of funding from Research Nova Scotia to support research that aligns both provincially and at the national level (SPOR 2.0).

## **Canadian Institute for Research (CIHR) Strategy for Patient-Oriented Research (SPOR 2.0)**

Members of the Department of Family Medicine Primary Care Research Unit (Drs Lavergne, Marshall and Grandy) are part of CIHR's ten-million-dollar nationally funded, health research network. This new Strategy for Patient-Oriented (SPOR) Primary Care Research Network (PCRN) will build upon the successes of the initial patient-oriented primary healthcare innovations network to sustainably transform primary care through evidence-based research. The vision is to create a learning health system network that includes patient-oriented, practice-based research and learning to improve both patient and healthcare provider experiences in delivering and receiving care using electronic medical records that are linked to patient-reported experience and outcome measures.

# Research Objectives



## 2.1 Lead research and support innovation to strengthen family medicine and primary health care in Maritime communities.

- *Clinical Research Chair* appointed.
- The department supported *reviews of abstracts* for NAPGRG, FMF, MERIS, the Obesity Summit and attended the *International Population Data Linkage Network* conference.
- *Meetings held with various stakeholders* (e.g., VPs of Research and Innovation at the IWK and Dalhousie Faculty of Medicine, Section of Researchers Council at the CFPC, Family Medicine Research Directors from across the county) to help current research and explore opportunities.
- DFM partnered with Research Power Incorporated to *support a consultation and visioning process* for family medicine research in Canada (see success story).



## 2.2 Grow the department's capacity for scholarship and research across Maritime communities.



- **Strategies completed to support engaging family physicians to participate in research including:**
  - *Research Director included in DFM site visits*; strong connection with research supports at HH established.
  - NSH resources incorporated into department website (e.g., REB video) and list of *research contacts updated*; *support faculty and sites interested in research* (e.g., navigating research software, supporting involvement in research projects, data analysis, etc.); *Dalhousie Medical Education Research roundtables* attended by DFM faculty.
  - Supports for faculty to participate in research include *Stimulus Fund and exploring FTEs for those interested in pursuing research*; there is increasing family physician involvement in new and existing research projects; *new 0.1 FTE for medication education research* secured within DFM.
  - Continue discussion with the MaRNet Director to *strengthen collaboration between QI and research* to support improvements in clinical care; *MaRnet* continues to be on site visit research agenda and the results of MaRnet studies (e.g., SPIDER and pregnancy) are communicated to faculty as they become available.
  - In most sites, residents continue to be supported to complete a *research project* and faculty are encouraged to supervise; family medicine faculty invited to *resident*

*research day*; working to promote a *research project in Indigenous health* in all sites; some sites have access to *research support positions*.

- **Activities to strengthen collaboration between quality improvement (QI) and research:**
  - Director of Research building relationships and *connections with Research Directors across the country* to support research opportunities and explore areas for development in the department.
  - **All sites** support *QI* including resident *practice audit*, offering *QI training* (e.g., an integrative QI course, Grand Rounds to present research in QI, QI incorporated into curriculum, mandatory IHI modules); some sites have QI positions or leads or exploring one.
- **Building community capacity and networks for research:**
  - *TimeRight platform used for sharing about research* and email communication also used.

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### 2.3 Strengthen the department's capacity to support learners in scholarship and research.

- **Strategies to engage learners in primary health care and family medicine research and support supervisors of resident projects:**
  - *Research Director is a RIM Director* and supports students in conducting and disseminating research and facilitating connection with other faculty/researchers; *resources posted on the DFM website* to support faculty to supervise RIM and graduate student research.
  - Director of Research in regular contact with IWK family physicians re: *co-mentorship model for RIM and resident projects*.
  - **All sites** support *resident research projects* through the *resident project coordinator* position that also supports *other research initiatives in some sites* (e.g., Resident Journal Club, support for preceptors who supervise research projects, support engagement in primary care research, engage partners, residents on research ethics boards, research awards created, correlate resident project with QI, QIPS course, residents are QIPS facilitators).



### 2.4 Build a better understanding within the department and externally about primary health care research and its value.

- To support building an identity for the Primary Care Research Unit (PCRU) the *website was previously updated* and consultant engaged to develop a *promotional brochure* to serve as a marketing tool to attract potential funders.



### 2.5. Inform primary health care policy and practice with research that responds to and influences partner strategic priorities.

- **Building partnerships so that Dalhousie Family Medicine is recognized and engaged as a resource to support research:**
  - Director of Research and faculty have *met with various stakeholders* including VPs Innovation at the IWK and Dalhousie Faculty of Medicine, Research Directors of other family medicine departments across the country, and the Section of Researchers Council at CFPC.
  - The work being done by the consultant on the *promotional brochure* will support *communication of outcomes of department research*.
  - Research Director *participating on national level discussions to define competencies* for research.
- **Work done to translate research into action recommendations to meet the needs of providers and patients.**
  - Department Communication Advisor supports *communicating research findings to target audiences/stakeholders*; the research department has an ongoing segment in department's monthly newsletter; *publications and media articles shared on website*.
  - In **Fredericton**, a local research project *examining recruitment and retention of physicians* was conducted and results were shared with the health authority leadership.
  - In **Saint John**, *resident project underway to inform improvements to care* (e.g. identifying gaps in breastfeeding education and supports, oral cancer screening and detection in primary care, physician burnout).
  - In **SWN** on each *PBSGL session*, one to two *goals for practice improvement are recognized*, and practice changes are readdressed on future Academic days.



# SERVING OUR COMMUNITIES

## GOAL

Priority concerns of Maritime communities are addressed through education, research and clinical activities.



# Serving our Communities

## Success Stories

### Wije'winen Health Centre

On July 8, 2022, the Wije'winen Health Centre opened its doors to the urban Indigenous community in Halifax, providing future opportunities for medical learners interested in Indigenous health. An initiative of the Mi'kmaw Native Friendship Centre, the new health centre includes a full-time academic physician position, becoming the first of its kind in Nova Scotia to host learners formally. Dr. Brent Young is an Anishinaabe family doctor, the academic director of Indigenous health in Dalhousie's Faculty of Medicine, and the clinical lead at Wije'winen Health Centre. Amidst an acute access shortage, Wije'winen Health Centre is a strong example of the importance of empowering communities to lead and serve their members. An Indigenous-led health centre will ensure that essential services are culturally relevant and eliminate barriers for urban Indigenous people to access much needed mental, physical and spiritual health services. Medical students and residents are being offered a comprehensive experience in Indigenous health – something that has not previously existed in the central zone. The Dalhousie Department of Family Medicine is committed to strengthening our ties with Indigenous communities and learning how to support education regarding

### Awards

Three of Dalhousie Family Medicine's esteemed faculty members from the Annapolis Valley Site received awards their community work and support for medical education. Dr. Ken Buchholz and Dr. Michelle Saxon received the Queen Elizabeth II Platinum Jubilee Medal and Postgraduate Site Director, Dr. Roop Conyers, received the Certificate of Merit from the Canadian Association of Medical Education.

### Anti-Oppression Framework

An anti-oppression framework was developed through work completed by Dalhousie's faculty of Medicine's anti-oppression sub-committee in collaboration with the National Collaborating Centre for the Determinants of Health at Saint Francis Xavier University. The framework will help support work as Dalhousie Faculty of Medicine strives to become an anti-oppressive organization. The six-point framework for unlearning racism and oppression is presented below:

### A six point framework for unlearning racism and oppression

1. Raise awareness - raise AWARENESS.	This is “self” work. Beware the trap of leaning on BIPOC and other colleagues or students who have been subjects of oppression for the support here.
2. Challenge - how does what I now know change EVERYTHING?	This part hurts. You can’t “unsee” things any more.
3. Disrupt.	Change things!
4. Support yourself to avoid exhaustion.	Soothe.
5. Celebrate the wins.	Don’t miss the wins.
6. Recruit to sustain the work.	Challenge yourself (ourselves) to recruit for allyship, not for “diversity”.

The framework can be used by both individuals and an organization and although DFM is not actively using the framework, the department has been engaged in anti-oppression work (e.g., examining recruitment process, curriculum retreat that focussed on EDIA [equity, diversity, inclusion and accessibility] in curriculum with a view to re-examining objectives, teaching around anti-oppressive framework at Resident Education Weekend in fall 2022, beginning to work on EDIA within CARMs selection process, Grand rounds with EDIA topics, faculty development focussing on EDIA learning, participating as a member of Faculty of Medicine’s EDIA leads

committee and Faculty of Medicine’s social accountability committee.

Despite not intentionally using this framework, DFM is addressing the first three points in the framework, and Intentionally adopting the framework and placing our work within it will help the department to address the last three points, which are integral for continuing and growing this work. Dr Watson-Creed often shows the framework as a circle which helps illustrate the need to proceed through the steps in order to carry on.



# Serving our Communities Objectives



3.1

Prepare learners to address health needs of all populations including underserved communities and those with complex needs.

- The Social Accountability Leadership position is working with the *Dalhousie Faculty Medicine anti-oppression committee* who have developed an anti-oppression framework. DFM is using elements of the framework to support their work to help ensure it is anti-oppressive (see success story above).
- SWN site director involved in a *project that identified strategies to improve diversity among faculty* which included 25 recommendations to support NSH and Dalhousie University to improve hiring and retention processes.
- **Activities underway to support learner education about the health and social issues facing indigenous peoples and the social determinants of health:**
  - Through the UG curriculum refresh a *working group is exploring best practices in curricular development*; there is a *clerkship webinar on preventive health* which has information on the social determinants of health and there are plans to expand this content; social determinants of health are *highlighted in other webinars* (e.g., FM integration cases); the *clerkship syllabus had been updated* to include more information on social determinants of health.
  - *The Selection Committee incorporated I.D.E.A. (Inclusion, Diversity, Equity and Accessibility) training and modules on implicit bias* that will be completed by all faculty and residents involved in file review and interviews; and the *Selection Committee will be using an I.D.E.A. self identification questionnaire* for the 2023 CaRMS season.
  - In 2021-22, residents participated in *Find Your Voice session* led by the Assistant Dean of Serving and Engaging Society in the Faculty of Medicine who also presented at the Halifax Site rounds and at the Faculty Development weekend in 2022.
  - *Learning related to Indigenous health* continues to be incorporated within resident education as *part of FMREW*; continue to explore *elective opportunities* in Indigenous Health; the Enhanced Skills Category 1 residents attend *clinics in Indigenous communities*.
  - *Elective opportunities in Indigenous health* continue to be available at most sites (some are located in proximity to Indigenous communities and others have access through community placements in PGY-2).
  - Results of a *review of Indigenous Health education*, including recommendations shared with Site Directors in 2022.
  - ⊖ **All sites** continue to support learner education about *health and social issues facing Indigenous peoples and the social determinants of health* through *education* (e.g., curriculum and presentations/dialogue on various topics such as poverty [introducing the poverty screening toolkit], Indigenous health, addictions and mental health, etc.); *learning experiences* in First Nation communities; *partnerships* with First Nations

communities (e.g., storytelling group that provides walks to share the history of Indigenous peoples in the area); opportunities for *reflection* on the social determinants of health; *opportunities to work with other populations* (e.g., patients with complex needs, at risk populations, inpatients, nursing home, those with addiction and mental health issues, newcomer populations, developmental disabilities, trans population).



### 3.2 Participate in and influence a variety of innovative practice models.

- Through *clerkship webinars*, Emerging Topics in Family Medicine may highlight the *Patient Medical Home*; *IPE courses available in UGME* (there is opportunity for FM to have more presence); some sites participate in the Patient Medical Home Model and *Proof of Concept Interprofessional Team development*.
- **Activities done to build partnerships with provincial initiatives in primary care and family medicine include and support faculty and staff engaged in IP and collaborative care models:**
  - Department Head continues as a member of the *Nova Scotia Primary Care Network* and is also a member of the *NSH Family Medicine zonal chiefs' group*; Department Head attends *Central Zone MAC* and meets annually with Zone Medical Executive Directors during site visits.
  - Department has *representation on the NS CFPC Board* as well as *NB and PEI CFPC boards*; Department Head attended *PEI medical education strategic planning*, regular meetings with *DNS*.
  - Site Directors in NB are members of the *NB Medical Education Leadership Council* and continue to meet regularly with other key educational leaders.
  - Department Head provided *input to NSH new physician onboarding process* (faculty appointment information provided).
  - All sites offer a *range of models* for residents (e.g., fulltime, parttime, collaborative, community health centre, Patient Medical Home, FFS, sessional, etc.).
  - **Halifax** running *Inspire Project* (clinics supporting patients with moderate to severe COPD); *Proof of Concept* is a partnership with NSH, the Faculty of Medicine, and DHW to revamp clinics to enhance collaboration care, facilitate practice change and ensure efficiencies with the aim of providing access to more patients (launched in Halifax).
- **To support educating learners about inter-professional and collaborative care models:**
  - Ongoing efforts to *recruit preceptors who work in inter-professional* and collaborative environments.
  - Residents are *exposed to inter-professional and collaborative care* through their clinical practice, hospital work and in simulation sessions; residents assessed on their communication with other health professionals.
  - Ongoing discussions regarding *Academic collaborative practices* with NSH leadership; plans for *incubator clinics to be merged with third year residency program* which has begun at DFM clinics with plans for scalability to other areas of province.

- **All sites** continue to offer residents the *opportunity to work* with a variety of *inter-professional providers and work in collaborative care models* and there is increasing exposure to Patient Medical Home models as they develop across the provinces.



### 3.3 Advocate for the reduction of disparities in health outcomes and access to quality primary health care.

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- Development of the *Anti-oppression Framework*.
- In **all sites**, learners have the *opportunity to work with clinics/practices and preceptors who have expertise and work with vulnerable populations* with diverse needs (e.g., addiction and mental health, mobile bus with a “street” nurse providing care to those without or with less access to primary care, community-based Social Pediatrics Program); continuing to implement the *poverty toolkit/curriculum*, partnering with *community groups addressing disparities* in health care and health outcomes.

# ENGAGEMENT AND PARTNERSHIPS

## GOAL

Partnerships formed to advance family medicine education and research, along with clinical and service delivery priorities.



# Engagement and Partnerships Success Stories

## Proof of Concept

Nova Scotia Health (NSH) and Dalhousie Department of Family Medicine (DDFM) are partnering on a Proof of Concept project for the two Dalhousie Central Zone Primary Health clinics.

The project enhances support to the primary care teams at the Halifax Mumford and Spryfield clinics to attach an additional 3500 patients to the clinics. The project is also creating supportive primary care incubator clinics that provide wrap-around services and support to care teams to improve access and efficiency.

The new structure is engaging and supporting medical learners in making connections with other health care providers and enhancing their educational experience with a focus on improving the patient experience. We are confident that with a strong partnership and collaboration with NSH, we can make improvements for providers, learners, and patients to primary care access at these two DFM clinics. Ultimately, the plan is to expand this work provincially in Nova Scotia and share evaluation data across the Maritimes to promote further development of well functioning efficient patient medical homes and an integration of clinical care and education.

As of February 28, 2023, over 2100 patients have been onboarded and are now attached to the Dal Family Medicine Clinic. There is now a rapid onboarding process in place with a team of administrative staff, RNs and LPNs. The project has increased access to the clinic's

existing and new patients through the development of clinical pathways to direct patients to the most appropriate provider on the clinic team. The clinic team has been expanded to include additional family practice nurses and licensed practical nurses, plus a pharmacist, physiotherapist, OT and social worker.

## Outcomes of Training

The Outcomes of Training project is a critical reflection on the training of family physicians in dynamically changing times and the training needed for residents to be competent and confident to begin a comprehensive family practice.

The CFPC's Outcomes of Training Project has highlighted the importance of a combination of health system and educational reform in meeting the needs of modern residents' transition to practice. As a Dept of Family Medicine, we have received funding from a Service Canada grant applied for by the CFPC to support initial curriculum planning. The implementation of the recommendation for a three-year residency program is planned for 2027—with local leadership working on its early development stages. Alongside this change, FM across the Maritimes will continue to see a much-needed shift towards team-based care. We have begun to see this in PEI, for example, where patient medical homes have been formed at five Island primary care locations, beginning their shift in primary health care from solo family practices to collaborative health care.

## Working with Communities

Chebucto Connections helps residents participate in community to improve the quality of life throughout Eastern Chebucto Peninsula. In 2022 the Department of Family Medicine supported the organization with a monetary donation for their Christmas food boxes with the opportunity to volunteer to pack and deliver the boxes and deliver them to community members. The DFM's Karen McNeil, Mandi Irwin, Amanda Comeau, and Jennie Leverman all showed up to volunteer and contribute to the effort.



# Engagement and Partnerships Objectives

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## 4.1 Partner with external stakeholders to support and ensure excellence in undergraduate and postgraduate family medicine education and research.

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- The *UG Medical Education Committee structure was adapted* acknowledging UG sites and administrative structure.
- Department Head continues as a member of the Nova Scotia *Provincial PHC Management Group* to help keep family medicine on the agenda.
- Medical students continue to be encouraged to *participate in preceptor partnership activities* at their clerkship orientation and opportunities for learners to become *engaged in local medical societies*.
- Continue to work on increasing *opportunities for UG learners in rural sites* and *LIC sites* have been established in communities throughout the Maritimes; learners continue to be encouraged to become *involved in their communities* and many medical organizations include *resident membership and positions* on committees.
- **All/most sites** *build relationships and partner with regional health authorities, community groups, foundations, local leaders* to support the implementation of their program and ensure its success (e.g., working to garner more teaching space, develop medical education units, improve simulation infrastructure, obtain equipment; participation in health system strategic planning).
- In **all/most sites** *residents provided with leadership opportunities through participation on local, provincial and national committees* (e.g., medical societies, medical education committees, health system partner meetings and committees, provincial and national committees [e.g., Indigenous Physicians Association of Canada]; provided with *leadership development opportunities*.

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## 4.2 Develop and support partnerships to influence and contribute to health system priorities and advance the department's program/priorities.

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- **Partnership activities to influence and contribute to health system priorities that align with department priorities include:**
  - Networking with national colleagues and *sharing resources through the UG and clerkship directors* attending national Canadian Undergraduate Family Medicine Education Directors (CUFMED) and Learn-FM meetings.
  - Collaborating with NSH, DHW and Dalhousie University on initiating and then managing the *Proof of Concept* project.
  - The department toured NB and NS sites where there were *opportunities to meet education leadership, faculty, community supporters and partners* (e.g., in SWN site, the Chamber of Commerce was involved in creating accommodations for learners).

- Department Head, UG and PG Directors continue to participate on *national committees* and meetings and the PG Director *participated in the NOSM accreditation* in the fall of 2021.
- *Continued collaboration* with NSH, DHW and DNS re: education responsibilities in APP deliverables (preceptor payments are now in effect).



#### 4.3 Engage communities to support and facilitate learners in their environments.

- **The department continues activities to engage communities** to support and facilitate learners in their environments include *building relationships with community leaders in sites* across the Maritimes (e.g., Chambers of Commerce, Hospital Foundations, local politicians, municipalities, local community recruitment groups).
- **Specific activities in sites:**
  - In **Cape Breton** the program *partnered with the community* to launch the new satellite longitudinal rural program) the *Site Director has worked closely with ER leadership* to develop an integrated FMiEM program and the first two residents begin in 2022; *learners participate as volunteers* in the community with various programs and community groups.
  - In **Fredericton**, the *site is working with medical education and the medical staff* office on ongoing changes within the program and evolving community, needs; continue to *build capacity with Indigenous communities* in the region; and *liaise with the hospital foundation, medical staff and chamber of commerce* to build capacity within the hospital and community.
  - **Halifax** continued to *make connections with more rural communities and First Nation communities*; residents continue to have exposure to *underserved communities*; exploring integrating community engagement within learning.
  - In **Moncton**, engaging with *local leadership* and the Department of Health in physician recruitment; engaged with the *Foundation and other community partners* to support funding raising for physician recruitment and support for simulation.
  - **North Nova** continuing to *partner with NSH, local leaders and community groups* to support the program and explore expansion; fostering *connection with Doctors Nova Scotia*; community liaison positions integral to community connections and events in various towns/communities.
  - **PEI** places residents across the province including within *smaller communities*; offer experiences at a *First Nation Wellness Centre, newcomer clinic* continues which is led by residents with faculty support; new family medicine and specialty preceptors recruited; residents invited to recruitment events in communities across the province.
  - **Saint John** continuing to *collaborate with the regional Family Medicine Department Head*; connections made with *local municipalities and business association* to increase community involvement in the teaching program and recruitment efforts for residents/practicing physicians; continue to *encourage residents to volunteer in the community* and also continue to support *social activities* in the community for residents.



- **South West Nova** *works with the hospital foundation* who are involved in supporting the residency program including sponsoring welcoming events, graduation events and resident gifts; the foundation also provided a donation to the program used to purchase equipment for skill and procedure lab; *the mayor meets with new residents during orientation*; a local business built an apartment building nearby the hospital to help address the housing problem in rural NS and this building accommodates residents, students and locum physicians; and collaboration with the credit union and chamber of commerce to support resident accommodation.



#### 4.4 Create an identity for the community of undergraduate and postgraduate preceptors.

- The Department Head and UG Medical Education Program Director continued to contribute to **implementation of the Family Medicine Project Charter** to further engage, recruit and strengthen preceptor participation in education.
- *Site visit survey* that was created to obtain community preceptor input into the *structure and function* of site visits is being implemented and findings inform future site visits.
- **To help create an identity for preceptors through networking and socialization:**
  - *Time Right DFM community of Techers Forum* launched in the spring of 2021.
  - *A DFM Awards night* was created in June 2021 and repeated in 2022 as a virtual event to present DFM awards and to network/socialize.
  - All sites continue to provide *networking and social opportunities* (e.g., welcome dinner and orientations, research day, graduate party, Christmas party, journal club); organize *appreciation and awards* events; facilitate *meeting with various stakeholders* in support of preceptors and the overall program (e.g., physician recruiters, Chambers of Commerce, medical staff offices, etc.).

# APPENDIX A

## Table of Objectives and Actions

**Education Goal:** The continuum of family medicine education programs to support the provision of comprehensive care that meets the evolving needs of Maritime communities.

Education Objectives	High Level Actions
Create, innovate, and evaluate comprehensive training that responds to learner and community needs	<ul style="list-style-type: none"><li>• Review and address comparability of comprehensive training communities</li><li>• Review and adjust curriculum on a regular basis to identify important and emerging topics<ul style="list-style-type: none"><li>○ Prioritize simulation training and ensure access across all postgraduate sites</li></ul></li><li>• Address emerging needs including rural and indigenous health curricula</li><li>• Facilitate learner participation in interprofessional education and collaborative care</li></ul>
Build capacity of Maritime physicians and their communities to support learners	<ul style="list-style-type: none"><li>• Develop and implement a coordinated preceptor recruitment strategy</li><li>• Work with partners to address barriers to teaching such as infrastructure, remuneration, and technology</li><li>• Support and develop community preceptors and leaders</li></ul>
Grow family medicine participation and presence in undergraduate medical education	<ul style="list-style-type: none"><li>• Develop and implement strategies to improve the visibility and enhance integration of family medicine content in the pre-clerkship curriculum/units</li><li>• Further develop and implement strategies to promote family medicine as a career choice</li><li>• Review and address gaps in the capacity of family medicine faculty and residents to engage in innovative use of resources to participate in undergraduate teaching across all communities</li></ul>
Lead, innovate, and support faculty development	<ul style="list-style-type: none"><li>• Provide leadership and collaborate with partners to support faculty development across the Maritimes</li><li>• Build a network of community faculty engaged in faculty development using innovative methods</li><li>• Support new and existing preceptors with their individual faculty development needs including preceptor resiliency</li></ul>

**Research Goal:** Primary care policy and practice are advanced through family medicine research and scholarship.

Research Objectives	High Level Actions
Lead inter-disciplinary research and support innovation to strengthen primary healthcare in Maritime communities	<ul style="list-style-type: none"> <li>• Create a primary healthcare research chair in the department with a focus on family medicine research</li> <li>• Participate in national and local programs that support capacity building for research</li> <li>• Create a research agenda with priority areas identified</li> </ul>
Grow the department's capacity for scholarship and research across Maritime communities	<ul style="list-style-type: none"> <li>• Create a strategy to advocate for protected time for clinicians in the department to participate in research</li> <li>• Strengthen collaboration between quality improvement and research to support improvements in clinical care</li> <li>• Provide mentoring opportunities</li> <li>• Build community capacity and networks for research</li> </ul>
Strengthen learner capacity for scholarship and research	<ul style="list-style-type: none"> <li>• Develop a strategy to engage learners in primary healthcare research and family medicine</li> <li>• Explore the development of a graduate program in family medicine including a clinical scholar program</li> <li>• Support supervisors of research projects to ensure they are well informed and have the tools to effectively support learners</li> </ul>
Build a better understanding within the department and externally about primary healthcare research and its value	<ul style="list-style-type: none"> <li>• Build an identity for the Primary Care Research Unit to foster greater recognition and create a higher profile for scholarship and research</li> <li>• Build research partnerships with collaborating organizations</li> <li>• Create a knowledge translation strategy including celebrating and sharing successes, and building understanding within communities about the importance of primary care and primary care research</li> <li>• Develop and implement tools to define the value proposition of primary healthcare research for funders</li> </ul>
Inform primary healthcare policy and practice with research that responds to and influences partner strategic priorities	<ul style="list-style-type: none"> <li>• Build relationships/partnerships with health authorities, provincial government departments, universities, and others so that Dalhousie Family Medicine is recognized and engaged as a research resource to support partner priorities</li> <li>• Collaborate with certificates of added competencies and enhanced skills to build research topics of interest within these areas</li> <li>• Facilitate comparative research in the three health systems of the Maritimes</li> <li>• Support engagement with potential funding partners</li> <li>• Support a strategy to introduce patient engagement in research teams and research planning</li> <li>• Translate research into action recommendations to meet the needs of patients with complex needs and multiple co-morbidities</li> </ul>

**Serving Our Communities Goal:** Priority concerns of Maritime communities are addressed through education, research, and clinical activities.

Serving Our Communities Objectives	High Level Actions
Prepare learners to address the health needs of all populations, including underserved communities and those with complex needs	<ul style="list-style-type: none"> <li>• Provide opportunities for reflection on diversity, inclusion, and cultural responsiveness in Maritime communities</li> <li>• Partner with the Faculty of Medicine and health authorities to develop and implement packaged/modular cultural competency and diversity training sessions for students, faculty, and staff within Dalhousie Family Medicine</li> <li>• Educate medical students and residents about the health and social issues facing indigenous peoples to help them attain competencies to provide culturally safe care</li> <li>• Enhance the diversity of preceptors and faculty members and staff over time within the department</li> </ul>
Participate in and influence a variety of innovative practice models	<ul style="list-style-type: none"> <li>• Build partnerships with provincial initiatives in primary care and family medicine</li> <li>• Identify and support faculty and staff engaged in interprofessional and collaborative care models such as the Patient's Medical Home</li> <li>• Educate learners about evolving interprofessional and collaborative care models</li> </ul>
Advocate for the reduction of disparities in health outcomes and access to quality primary healthcare	<ul style="list-style-type: none"> <li>• Identify key health disparities at the provincial and community level</li> <li>• Identify and support faculty and staff who are advocating for the reduction of disparities in health outcomes and access to quality primary healthcare</li> <li>• Partner with community groups who are addressing health disparities</li> </ul>

**Engagement and Partnerships Goal:** Partnerships formed to advance family medicine education and research, along with clinical and service delivery priorities.

Engagement and Partnership Objectives	High Level Actions
Partner with external stakeholders to support and ensure excellence in undergraduate and postgraduate family medicine education and research	<ul style="list-style-type: none"> <li>• Engage with the health authorities to support rebuilding undergraduate education networks in distributed environments</li> <li>• Engage and build partnerships with departments of health and wellness to support family medicine education</li> <li>• Encourage preceptors to engage learners in their organizational partnership activities</li> </ul>
Develop and support partnerships to influence and contribute to health system priorities and advance the department's programs/priorities	<ul style="list-style-type: none"> <li>• Develop a strategy to increase department participation within departments of health and health authority structures within the Maritime provinces               <ul style="list-style-type: none"> <li>◦ Identify structures and committees where the department should increase participation</li> </ul> </li> <li>• Respond positively to partner invitations to participate in structures/processes that are in alignment with the department's strategic priorities</li> <li>• Invite partner organizations such as departments of health, health authorities, professional associations, and community partners to participate on department structures to help ensure alignment of strategies, goals and objectives               <ul style="list-style-type: none"> <li>◦ Identify working groups and settings to invite partner participation</li> </ul> </li> <li>• Engage and build partnerships with other educational institutions to ensure efficient use of resources and maximize capacity</li> <li>• Develop and implement a communication strategy to build awareness among partners of the resources, strengths and priorities of the department throughout its distributed environment</li> </ul>
Engage communities to support and facilitate learners in their environments	<ul style="list-style-type: none"> <li>• Engage community leadership in the planning and evolution of teaching sites</li> <li>• Identify and support activities that connect learners with communities and their members</li> </ul>
Create an identity for the community of undergraduate and postgraduate preceptors	<ul style="list-style-type: none"> <li>• Develop an organizational structure that represents and supports community preceptors' unique roles and voice</li> <li>• Develop networking and socialization opportunities to strengthen the identity of the preceptor group</li> </ul>