

## Dalhousie Department of Family Medicine



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# Department Head's Message

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Welcome to this update of the Dalhousie University Department of Family Medicine Strategic Plan. With the encouragement and guidance of our consultant, Stephanie Heath of Research Power Inc., we have translated the goals of our four strategic directions (Education, Research, Serving Our Communities, and Engagement and Partnerships) into actions. The actions have been prioritized with some being conducted earlier and some later within the five-year plan. This report shares some stories of successes and provides an update on progress on many of the actions. This progress report should serve as encouragement to continue with implementation of the actions, and to address challenges that remain - with the aim of strengthening our Department of Family Medicine.

We are privileged to be a mature department engaged in research and education broadly based in the communities we serve throughout the three Maritime provinces. The community sites are uniquely positioned to facilitate the engagement of our learners and researchers with their communities. They also provide a nimble setting in which we can innovate and evaluate new ideas that are then spread and implemented throughout our program.

We are supported in this work by leaders in the Faculty of Medicine who are recognizing the benefits of a distributed education and research model. A sign of this support is the requests we receive for our learnings and experience to inform their ongoing work.

It is as a shared and diverse community that we undertake the broad spectrum of initiatives outlined in this report. Supporting and exploring multiple perspectives and experiences strengthens this work.

We hope you enjoy this update on our ongoing journey.



David A. Gass, MD, CCFP, FCFP  
Interim Department Head  
Department of Family Medicine, Dalhousie University



# Approach to 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 outlines 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, Portfolios 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. During the first year of implementation of the operational plans (2018-2019), the department has worked 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

- David Gass, Interim Department Head
- Frederick Burge, Research Director
- Karlyne Dufour, Postgraduate Program Director
- Kathleen Horrey, Undergraduate Medical Education Program Director
- Nancy McCarther, Medical Education Manager
- Jennifer Hall, Associate Dean, Dalhousie Medicine New Brunswick
- Jacquelyn Bradford, Communications Officer
- Barbara O'Neill, Research Operations Manager
- Shannon Curtis, Site Director (PEI)
- Cathy Charles, Chief Operating Officer
- Christopher Gallant, Postgraduate Site Director (Moncton)
- Joanna Zed, Medical Director
- Tracy Kennedy, Executive Assistant to the Department Head

# Measuring Progress

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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.

Colour Coding	
	Not yet started
	Gaining momentum
	Good progress, outcomes as expected at this time

This first progress report on implementation of the strategic plan provides a summary of progress in implementation of the plan and its associated objectives and actions. Annual progress reports will be produced to continue to monitor plan implementation and achievement of the goal of each strategic direction.

## 1. Education

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





### Success Story: New Sites at Dalhousie Family Medicine

In July of 2019 Dalhousie Family Medicine opened another full site and a sub-site of one of our long-time established sites. The newest site *North Nova* is located throughout the areas of Northern Nova Scotia in Amherst, New Glasgow, Truro; and starting in July 2020 Antigonish will join. This longitudinal site (where residents are in their Family Medicine preceptor's office constantly throughout their two years) began with six residents two of which were placed in Amherst, two in New Glasgow and another two in Truro. Dr. Deanna Field is the Postgraduate Site Director for this site and worked hard to prepare the site and faculty for their grand opening in July 2019.

The Cape Breton site has also expanded to welcome two additional residents in Inverness, Nova Scotia. This satellite location of the site in Sydney is also a longitudinal site compared to the traditional block-based Sydney site. Dr. Stephanie Langley, Postgraduate Site Director for Cape Breton welcomes these additional residents and new site location to her well-established Cape Breton program.

The Dalhousie Family Medicine program has been a great success for many years and has now grown to include nine sites throughout the three Maritime Provinces with approximately 140 residents currently in the program. We continue to train residents to meet the challenges of a full scope family medicine practice within the Maritimes as well as throughout Canada.

### Success Story: Dalhousie Family Medicine Receives Full Accreditation

Dalhousie Family Medicine, along with the Royal College residency programs at Dalhousie were reviewed by their accrediting bodies in November of 2018. The accreditation team from the College of Family Physicians of Canada visited all sites and met with program leaders, faculty and resident. The outcome of the review was Dalhousie Family Medicine receiving full accreditation with a follow-up report anticipated in November of 2021. The staff, faculty and all involved worked hard to prepare for the accreditation visit (the last one was in 2014) and we thank them greatly for all their efforts on behalf of our Postgraduate Program.

### Success Story: Family Medicine Project Charter

In 2018, Dean Anderson requested the development of a Family Medicine Project Charter in support of enhancing the exposure of Family Medicine within the medical school curriculum with the goal of increasing family medicine as a career choice among medical students. With this support and direction, a majority of students were paired with family physicians on Shadow-A-Physician day, their first clinical experience in medical school. All students will now have a longitudinal experience in family medicine in their first year. Community preceptors contribute as tutors. All small group cases have been reviewed for family medicine content. This project will continue to build towards the undergraduate goals within the strategic plan.

# Objectives



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

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### Undergraduate:

- In 2018 the *national undergraduate (UG) peer review* was completed and many of the recommendations have been achieved

### Postgraduate:

- With faculty appointment renewals, *reviews of faculty practice profiles and matching to level of teaching are completed* and helping to address comparability of training communities
- Simulation training identified as a priority to ensure access across all postgraduate (PG) sites with a Working Group struck and report produced that *identified simulation needs in sites*
- *Resources for simulation, Quality Improvement and Patient Safety (QIPS) and program support* identified as priorities in PG education within the accreditation report
- **Halifax** meeting with Faculty of Medicine, Director of Simulation to *assess simulation needs*; and curriculum review and mapping is ongoing
- Additional *entry resident positions* identified in sites and exploring addition of residency position in **Moncton** in 2020-2021
- **PEI** exploring adding an *integrated Emergency Department program* with the Department Head of Emergency Medicine at the local hospital
- *New teaching site* opened in North Nova
- PG curriculum mapping to be completed in 2019-2020 and in May 2019 *curriculum reviewed* through feedback provided via resident surveys
- Addressing emerging needs including rural and indigenous health curricula:
  - **South West Nova** offers an *indigenous workshop* on academic day as well as *refugee and immigrant health* and *cultural competency* presentations; residents are invited to the Mi'kmaq community; *First Nations mock SOO* completed in postgraduate year 1s (PGY1); and clinical days are scheduled for residents at a *local women's health centre*
  - In **Saint John**, postgraduate year 2s (PGY2s) spend 12 weeks in a community medicine rotation outside of the city; a local *curriculum session on indigenous health* is provided through Family Medicine Resident Education Weekend (FMREW); and the site provides *learning opportunities within First Nation communities*
  - **Fredericton** is exploring a *partnership* with a local *First Nation community*
  - In **PEI**, residents are offered 12-week community rotations *outside of the core site* and experiences in rural settings, and *opportunities with First Nation communities* have been *expanded*



- **Halifax** is exploring an opportunity for residents to work in an *indigenous health clinic*; provide a *lecture on indigenous health* as part of the FMREW curriculum; and are *recruiting a presenter* for indigenous health
- Facilitating learner participation in interprofessional education and collaboration:
  - **South West Nova** is offering *interprofessional learning* through the hospitalist service, pharmacy elective and a local collaborative clinic
  - In **Moncton** pharmacy residents *attend curriculum sessions*; exploring involvement of nursing and pharmacy trainees in simulation; and have incorporated *allied health* experiences into *pediatric rotations*
  - **Saint John** exposes residents to *collaboration* with allied health professionals in various rotations (e.g., geriatrics and palliative care, simulation sessions in emergency medicine), and residents complete their core family medicine rotations in a *multidisciplinary environment*
  - **Fredericton** is working with the nursing department at the University of New Brunswick to deliver and *improve interprofessional simulation*.
  - **North Nova** provides *collaborative models of care* through family medicine clinics and inpatient units
  - **PEI** offers residents simulation sessions with other *allied health professionals*, and the opportunity to participate in *collaborative care* and work with inter-professionals through their clinic experience
  - **Halifax** provides collaborative care experience for residents through their *core academic rotations* and the clinic director is advocating for the *addition of a social worker* to the team



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

- Work is underway to support community preceptors and leaders:
  - *A preceptor recruitment strategy* has been developed with a specific strategy for HRM underway through meetings with Family Medicine Networks and Zone Chiefs
  - To better understand barriers to teaching, *a survey* was completed with preceptors to understand the benefits, value and challenges of being a preceptor
  - Work underway to improve *preceptor evaluations* through the UG Director's participation on the Program and Faculty Evaluation Committee (PFEC); *360 evaluations* of site directors, and Enhanced Skill Program Directors (ES-PD) and Postgraduate Director (PD) to occur in 2019-2020
  - *Communication strategy* developed to support preceptors
  - In **Moncton**, *program graduates recruited for various leadership positions* (e.g., development role in medical education, Medical Staff Head, DMNB Faculty Development Lead, Family Medicine PG Curriculum Lead, Family Medicine PG QIPS

Lead, President of the NB College of Family Physicians, Dean at Memorial, Family Medicine PG Program Director)

- In **South West Nova**, three local residents who graduated in 2018 have been recruited for *teaching faculty appointments*, three *new primary preceptors* recruited for the class of 2019-2020, a new *cabinet position* created for the simulation coordinator, a *new faculty advisor* recruited, and a recent graduate recruited to *practice the mock Short Answer Management Problems (SAMPS)* with residents
- In **Saint John**, an *annual primary preceptor event* is held; the chair of the Evaluation Committee and Curriculum Committee for Dalhousie Family Medicine are primary preceptors for residents; *residents have taken on leadership positions* in medical education (e.g., site curriculum coordinator, evaluation coordinator, research coordinator, UG representative); and graduates are encouraged to *obtain faculty appointments* and recruited to *teach curriculum, provide simulation sessions* and help with *exam preparation*
- In **Fredericton**, faculty development was made a *cabinet position* and the site hosted the *NB Medical Forum*
- In **PEI**, two *faculty development sessions* are held each year; residents who plan to remain in PEI are asked to complete a *faculty appointment application* to become preceptors and teach academic curriculum; and many graduates are involved in *leadership of the program*
- **Halifax** is offering a *lecture on becoming a preceptor* at the Dalhousie Annual Fall Refresher; offering an embedded community family physician experience within the core family medicine rotations; *coordinating a booth* at a NS College of Family Physicians event to support recruitment; exploring establishing a *standing recruitment letter*; a process developed to identify PGY2 residents interest in becoming a preceptor; exploring teaching deliverables in APP contracts; and *working with the Director of Recruitment and Retention at the NSHA* to develop a Continuing Medical Education (CME) series with the aim to support preceptor recruitment
- To address barriers to teaching (e.g., infrastructure, remuneration, technology) and support equitable weekly honorarium paid to preceptors, discussions are underway with the Nova Scotia Department of Health and Wellness (DHW), Nova Scotia Health Authority (NSHA) and Doctors Nova Scotia (DNS) to develop proposals for *funding through the Master Agreement negotiations*



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

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Success achieved to improve the visibility and enhance integration of family medicine content in pre-clerkship curriculum:

- *Family Medicine Project Charter* developed and implementation underway with support of the Dean of Medicine
- Developed a mandatory *Family Medicine Med 1 experience/rotation* to begin in the 2019/20 year
- *Funding secured* to recruit community preceptors in pre-clerkship teaching

- *Family Medicine residents completed case reviews* for ProComp tutorials and other units which will be reviewed by unit heads for revisions or creation of new cases
- *Family Medicine physicians identified as component heads* in human development, Positioning Integration Evaluation Research/Review (PIER) units, and metabolism and function



Work underway to promote family medicine as a career choice:

- *Support was enhanced for the Family Medicine Interest Group in NB* including exploring adding the role of Faculty Advisory to the Saint John Family Medicine Clerkship Director position and an application to the College of Family Physicians of Canada for funding support
- Exploring how to ensure Family Medicine is represented at Med 1, 2, 3 and 4 committees
- *Family Medicine participation on committees* including PFEC, Committee for the Assessment of Student Performance (CASP), Admissions committee
- Met with the Assistant Dean of Admissions to discuss greater community family medicine representation on the Admissions Committee
- *Sydney identified as a new LIC site* and clerks are paired with family medicine preceptors with *exposure to family medicine* (existing sites include Fredericton, Miramichi, Moncton, Upper River Valley)



Work underway to support family medicine faculty and residents to participate in UG teaching:

- Reinforcing the benefit of *PGY2 family medicine residents teaching* medical students
- *Longitudinal medical education elective* initiated with seven residents participating



#### **1.4 Lead, innovate and support faculty development.**

- In providing leadership to support faculty development (FD) across the Maritimes *a Dalhousie Family Medicine Faculty Development website* that is central hub for FD resources and a *central repository* of current resources and activities for faculty development have been created
- As part of supporting new and existing preceptors with their individual faculty development needs including preceptor resiliency, *a workshop on resilience and wellness* was provided
- **Fredericton** delivered the *Problem Based Small Group (PBSG)-Education (ED) modules* and provided *other faculty development opportunities* in partnership with the undergraduate program
- **Halifax** seeking physicians with the *teach the teacher* skill set encouraging them to present on faculty development topics at provincial and national conferences

## 2. Research

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





## Success Story: BRIC NS

BRIC NS is an interdisciplinary research network of citizens and patients, health professionals, researchers, decision-makers and students. It is a research infrastructure to support change to improve patient health and care experiences, health equity, and the primary and integrated healthcare system. Its focus is on individuals with and at risk of developing complex health needs. Patient-oriented research is supported by engaging patients as meaningful partners in all BRIC NS activities and in our associated research projects.

- BRIC NS is one of 11 CIHR Primary and Integrated Health Care Innovations Networks (PIHCIN), which is an initiative of the Strategy for Patient-Oriented Research (SPOR) and the Community-Based Primary Health Care Signature Initiative. All CIHR SPOR PIHCI networks have a tripartite leadership model with representation from research, clinical practice and policy. Both CoR-PHC and BRIC NS have fostered the close collaboration of Nova Scotia Health Authority's (NSHA) Primary Healthcare and Chronic Disease Portfolio who are integral members, as principal and co-investigators, of our research teams.
- During the past year nine new multi-province CIHR SPOR PIHCI applications where NS was either the lead or partner province were successfully funded. In addition, BRIC NS fostered the development of several that were successfully funded within NS in 2019.
- BRIC NS officially took on the role of hosting the annual Primary Health Care Research Day (PHCRD) in June 2019 with Dr. Walter Wodchis, Professor, Institute of Health Policy, Management and Evaluation, University of Toronto; Research Chair, Implementation and Evaluation Science, Institute for Better Health, Trillium Health Partners as the keynote speaker. There were 175 attendees and 54 posters (18 student posters eligible for the BRIC NS student poster award) and 20 oral presentations were accepted. In conjunction with the PHCRD 2019 the keynote speaker hosted an additional workshop providing an opportunity to learn about evaluation and to co-design solutions to some of the barriers in implementing and evaluating health care programs/research.
- In building capacity for the future, BRIC NS supported five graduate students, held 10 Student Seminar Series presentations and participated in ongoing integrated knowledge translation activities with PHC NSHA. It also provided financial support for a Dalhousie Epidemiology doctoral student to take part in the pan-Canadian PHC research training initiative TUTOR PHC.
- Other activities related to BRIC over the year included six facilitated targeted research idea incubators, participation on various national PIHCI network working groups including the CIHR SPOR PIHCI Performance Evaluation group, being the pilot site for this performance evaluation, participation in project team meetings, BRIC NS management, advisory council and leadership priority setting meetings, MSSU bridging events, and community groups. We continue to strengthen our patient engagement activities and have increased the complement of patient representatives on our advisory committee, reached out to the public through coffee house meet and greets and have started discussions with patient partner champions about the creation of a patient advisory network. We have established a patient engagement guide working group and the first of four guides in the series is now available online and as a brochure.

### **Success Story: The Collaborative Research in Primary Healthcare (CoR-PHC)**

The Collaborative Research in Primary Healthcare (CoR-PHC) is an interdisciplinary and interfaculty research team at Dalhousie University funded by the Vice-President Research as a 'Strategic Research Initiative' in 2013. Led by Dr. Fred Burge (Dept of Family Medicine Faculty of Medicine) and Dr. Ruth Martin-Misener (Faculty of Health Professions), CoR has sustained growth and success and spawned the Canadian Institutes of Health Research (CIHR) Strategy for Patient Oriented Research (SPOR), and Research Nova Scotia funded the \$1 million interdisciplinary research network known as Building Research for Integrated Primary Healthcare (BRIC-NS). From the success of both CoR-PHC and BRIC NS we were successful in Dalhousie Faculty of Medicine's Wave 2 initiative under the Health Priorities Cluster identifying the potential to be internationally competitive within three to five years.

### **Success Story: Practice Design and Delivery**

The Primary Care Research Unit also thrives more broadly as well in the area of practice design and delivery. Dr. Emily Marshall has continued to engage practices by providing research findings in 'bite size' pieces to family practices who participate in the Models of Access and Atlas of Primary Care study (MAAP NS) using practice profiles and NSHA communication collaborations. She completed her UP-Study, interviewing unattached patients from across Nova Scotia, and presented those findings to NSHA and at Family Medicine Forum. The inter-provincial study she co-led on Early Career Practice Choices of new family physicians will help us understand and plan better health human resources in primary care.

### **Success Story: Research Leadership at the IWK Health Centre**

A new role has been developed - Dr. Helena Piccinini is Research Lead at the IWK Health Centre. Family physicians have long played an active role in the care of women and new babies at the centre and enabling them to grow research in this setting will be a focus. The objectives of this position are to raise awareness and build a better understanding about family medicine research and its values, build capacity to strengthen family medicine and primary health care at IWK Health Centre, foster research relationships within and outside IWK Health Centre, and use research to inform family medicine and primary health care policy and practice.



### Success Story: Renewal of MaRNet

The Maritime Family Practice Research Network (MaRNet) has readied itself for the migration of all of its sentinels to new electronic medical record systems and new ways of extracting data for future studies. It has worked with multiple partners in the past year on new disease identification algorithms for heart failure, opioid use and frailty. A renewed effort to add sentinels will unfold in the coming year.

### Success Story: Knowledge Translation and Service to Research

During the year our faculty research team has had nine articles published in peer reviewed scientific journals, was awarded three research grants, was invited to present at several national and international conferences and are serving on national and local strategic research groups.

## Objectives



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

- Proposal developed and *funding secured* for a Research Chair for the department; *recruitment underway*
- Participating on *national and local research programs* including participating as mentors with the national Transdisciplinary Understanding and Training on Research Primary Health Care TUTOR-PHC program.



### 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:

- Conducted a *focus group* with sites to identify challenges and opportunities to engage family physicians in research
- *Engaged faculty* in research teams and studies
- *Created a budget* to support faculty to attend research related conferences
- *Secured funding* for a research assistant position with the Maritime Family Practice Research Network (MaRNet) to support engaging family physicians in research
- *Identified BRIC NS members as potential mentors* for research and exploring how to identify mentees
- Research being *integrated into department events* such as PG and UG committee retreats, and the Dalhousie Refresher event

- Working with Dalhousie Advancement to *identify possible donors* to support community family physician researchers to develop skills and attend research events
- **Moncton site** participating on department *Research Working Group* and there are ongoing efforts to *strengthen communication* with the Horizon research lead
- In **Saint John**, family physicians act as *supervisors for resident projects* and are invited to Resident Project Day along with faculty
- **Fredericton** has redeveloped a *research coordinator position* to support local research efforts
- **PEI** invites residents and faculty to participate in the *Resident Research Day* and faculty are invited to become *supervisors* of resident research projects
- **Halifax** has access to two *Resident Project Coordinators* to support physicians acting as supervisors and assessors. Physicians are encouraged to attend resident project presentation day and *Primary Health Care Research Day*. Four AFP family physicians are participating as team members in research projects for their first time.



Activities to strengthen collaboration between quality improvement (QI) and research:

- Exploring *growing the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) and MaRNet*; and offering opportunities (e.g., Structured Process Informed by Data, Evidence and Research [SPIDER]; Screening for Poverty And Related social determinants and intervening to improve Knowledge [SPARK]; resident projects, practice audits) for family physicians, faculty and preceptors to build understanding about QI and research
- **Moncton** developed *QI curriculum* for faculty and residents, recruited a *site QI lead*, exploring *linking resident projects to QI*, and revived of the *Medical Quality Improvement Committee (MQIC) rounds* with attendance of trainees
- **South West Nova** conducts *practice audits* in PGY1 which is repeated in PGY2 to reflect practice improvement; and at Problem Based Small Group Learning (PBSGL), *one or two goals for practice improvement* are developed and readdressed on Academic Days
- In **Saint John** primary preceptors, along with residents are *initiating a QIPS exercise* during first year core family medicine that will be reassessed during second year
- **Fredericton** has moved the *practice audit* to first year to ensure residents can help to *develop and implement a QI plan* based on the findings
- **PEI** residents participate in *practice audits*
- **Halifax** applied to create a position to support QA and QI research in its clinics, is investigating incorporating *Morbidity and Mortality Rounds into curriculum*, uses *Grand Rounds* to present research in QI, and is exploring moving *practice audits* to first year of residency to better incorporate QI



Building community capacity and networks for research:

- *Budget created to support MaRNet* to serve as a platform to build capacity and create networks
- CPCSSN MaRNET provided the infrastructure for *clinical practices to participate in research*

- *Communication underway to share research* (e.g., feature in Chronicle Herald to promote PHCRD, SPIDER featured in QEII Foundation newsletter, currently redesigning the research section of the Dalhousie Family Medicine website)
- *Events* were held at the IWK Health Centre: *journal club sessions* and *research presentations* at department meetings.



## 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:

- **Halifax** accepted seven *Research in Medicine (RIM) students* for the summer 2019 and *created and shared resources* for faculty to support student supervision
- **Moncton** supporting *resident projects*; established an *annual research award* and a *funding program* to support resident travel to conferences for presentations (residents from the Moncton sites *received research awards* including the Faculty of Medicine award and Doug Mulholland award)
- **South West Nova** has a *research award* to recognize resident research projects
- In **Saint John**, residents participate in a *Resident Research Day* where junior learners are exposed to research presentations of the PGY2 residents and provided with feedback on their project proposals
- **Fredericton** has redeveloped a *research coordinator position* that will support local research efforts
- The department is supporting a resident to complete a concurrent family medicine *residency and Master of Science in Community Health and Epidemiology*
- **Saint John** is supporting supervisors of resident research projects including the *development of handouts* disseminated to individual supervisors from the research committee
- **PEI's** research coordinator sent potential supervisors of research information outlining their *role and expectations*
- **Halifax** has two *Resident Project Coordinators* to support residents. The Halifax site developed a proposal to fund a *new position* to support QA/QI/research. Faculty continue to support and supervise RIM and resident projects; participate on examination committees and grant review for student awards; updated resident research guidelines; connect learners and supervisors with research resources; and have accepted the first resident doing an integrated *MSc and Family Medicine Residency program*



## 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) a communication consultant was engaged* to update the research component of the department website and create communication tools to build awareness and understanding about research
- Work to define the value of family medicine and primary health care research for funders completed including *building a relationship with Dalhousie Medical Research Foundation*

(DMRF) to identify potential funders, development of *marketing brochures* to promote department research, provision of *media training* for faculty researchers, creating a *website for MaRNet*, and seeking matching funding for research projects



## **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 *presented and met with various stakeholders* including the Dean and Associate Dean of Research, Faculty of Medicine, VP of Research at Dalhousie University, Board of Directors at NSHA, IWK and DHW
  - Department faculty member recently appointed as the *research lead for the Department of Family Medicine at the IWK*
  - *Engaging various stakeholders* on research projects and events including faculty who have not traditionally been involved in research, policy makers, patients, health care providers, and learners
- *Engaging patients in research teams and planning* including patient/citizen advisor participation on the BRIC NS advisory council, patient advisor on the planning committee of PHCRD, and *communication tools* under development to inform patients about research and recruit them to research teams
- Work done to translate research into action recommendations to meet the needs of providers and patients
  - Creation and *dissemination of brochures* summarizing research work,
  - *Sharing research* through existing communication mechanisms (e.g., BRIC NS newsletter and website, The Models of Access and Practices in Nova Scotia [MAAP-NS] website, CoR-PHC website, MaRNet website), and Twitter accounts are maintained for BRIC NS, MAAP-NS, and faculty member
  - *Participation on committees* to share research (e.g. Dalhousie, NSHA, IWK, DHW, and other partners)
  - Sharing through *media and presentations* to various organizations such as NSHA, DHW, CFPC, CAHSPR, NAPCRG, and Obesity Canada
  - **South West Nova** *applying recommendations* from a simulation research project completed by a resident
  - In **Saint John**, residents are involved in *action research projects* including one that will develop into an e-learning tool for Medical Assistance in Dying which will be available through the NB Medical Society, and another examining the peer review process for family physicians
  - In **Halifax**, resident projects underway or done focusing on *action research* (e.g., developing a tool to assist family physicians in determining drug coverage for patients on provincial formulary, developing a tool to assist family physicians to support patients who have experienced death by suicide in a close family member or friend)

### 3. Serving Our Communities

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





## Success Story: Focusing on Communities of Need

The Halifax Site offers clinics that address needs of under served and/or vulnerable populations including:

- A clinic at the Spryfield site which provides regular methadone maintenance to support community members who are stable with opioid dependency. Physicians have additional training to provide this service and the aim is to increase interest and basic skills of residents to provide methadone maintenance programs.
- The Rockingstone school initiative in Spryfield where a weekly clinic for students and families is operated in the local elementary and junior high school, focused on community members who experience challenges related to social economic needs as well as isolation and lack of access to health care. Through this clinic, residents gain knowledge about and experience in addressing social determinants of health and their impact on individual and community health. This initiative also includes partnerships with the local Regional Centre for Education, Public Health, the Department of Pediatrics at the IWK Health Centre and the community.
- A clinic for adults with development disability is a consultative service for patients of other family physicians. Two physicians with advanced training in the area of developmental disabilities provide this service.

## Objectives



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

- *Working group struck and partnering* with the Faculty of Medicine and health authorities *to identify tools* to support reflection on diversity, inclusion and cultural responsiveness
- Activities underway to support learner education about the health and social issues facing indigenous peoples and the social determinants of health:
  - Initial meeting with *UG Medical Education* and the *Global Health offices* to explore strategies for educating medical students and residents about the health and social issues facing indigenous peoples
  - *Learning related to indigenous health incorporated* within resident education as part of FMREW
  - Identified *champions for indigenous health* at each site
  - Currently completing a *curriculum map to identify gaps* in education related to social determinants of health
  - The College of Family Physicians of Canada (CFPC) *poverty tool was presented* at each site
- In **Moncton**, *francophone preceptors* have been added to the core preceptor pool
- In **South West Nova**, one to two *francophone residency positions* are available, and residents are offered opportunities to attend the *unattached patient clinic*



- In **Saint John**, some community sites provide opportunities to *serve Indigenous communities* and some family practices serve *high needs communities*; a *local curriculum session on Indigenous health* is provided by a preceptor and provided at FMREW, and a poverty workshop is presented in curriculum to first year residents
- **Fredericton** is *developing partnerships* with First Nation communities and communities that serve disadvantaged populations
- **PEI** offers residents experience *in practices serving populations at higher risk* (e.g., those with addictions, indigenous and newcomer populations), provide academic sessions on *global health* and use of the *PEI poverty tool*
- **Halifax** offers resident experience in *underserved community clinics* that serve vulnerable populations (e.g., newcomer, developmental disability, methadone clinics, school-based clinic in underserved community, etc.); continue to liaise with NSHA about expanding learning opportunities; are exploring provision of experience working with a *First Nation community*; provide a *lecture on indigenous health* as part of FWREW curriculum; are exploring *adding a social worker* to the clinic team; and encourage discussion about the *impacts of the social determinants of health* in managing complex and challenging cases



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

- Activities done to build partnerships with provincial initiatives in primary care and family medicine include:
  - The Department Head joined the *NS Primary Health Care Provincial Chairs and Directors group*
  - Initial meeting held with *Family Practice leads* in the Zones
  - Exploring family medicine *representation at Zone Medical Advisory Committees* and family medicine site representation on other appropriate structures at local sites
- To support educating learners about inter-professional and collaborative care models:
  - Through the *Family Medicine Interest Group* and at the undergraduate level through the *Assistant Dean of Interprofessional Education*
  - All sites offer residents the *opportunity to work* with a variety of inter-professional providers and work in collaborative care models



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

- In **Saint John**, a *poverty workshop* for first year residents includes local and provincial data and the local department of pediatrics facilitates the *Parent Child Assistance Program* where residents can refer patients (from prenatal clinic or family practice)
- In **Halifax**, a *mandatory poverty workshop* is integrated into curriculum and partnerships with community groups addressing disparities are facilitated through *co-location* which supports relationship building, communication and referrals

## 4. Engagement and Partnerships

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



### Success Story: Nova Scotia Practice Ready Assessment Program

The Nova Scotia Practice Ready Assessment Program (NSPRAP) is an assessment program to ensure that international medical graduates (IMGs) who wish to practice family medicine in Nova Scotia possess appropriate clinical skills and knowledge to provide quality patient care. The program is one of several ways the Nova Scotia Department of Health and Wellness is addressing the province's physician shortage. Established in the fall of 2018, the NSPRAP is a unique recruitment tool to attract international medical graduates (IMGs) who are committed to practicing in underserved communities of the province with acute physician shortages. IMGs make a valuable contribution to the delivery of health care and patient services, particularly in underserved communities. IMGs not only contribute to the health and wellness of their patients, but to the community itself. Upon completing the NSPRAP's 12-week assessment period, graduates of the program commit to practice for a minimum of three years in a designated community in need.

## Objectives



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

- Discussions underway in Nova Scotia with NSHA (network leads, recruiters, etc.) and the [new Undergraduate Medical Education Committee \(UMEC\) structure](#) launched in the fall of 2018 to support rebuilding undergraduate education networks in distributed environments
- Medical students encouraged to [participate in preceptor partnership activities](#) at their clerkship orientation
- **South West Nova** [collaborates with Dalhousie School of Nursing](#) on their Interprofessional Health Education Day, residents are encouraged to [attend medical staff meetings](#), PGY1s [spend time with VON nurses](#) in the community, and residents have [access to Dalhousie School of Nursing simulation lab](#)
- In **Saint John**, some [primary preceptors teach at DMNB and residents accompany](#) them to help teach UG learners
- In **Halifax**, chief residents are [invited to organizational meetings](#); residents are encouraged to participate in [teaching UG students](#); in the spring of 2019 residents joined physicians and allied health professionals for a [round table discussion](#) on key health issues; the clinic director meets regularly with NSHA Zone lead and participates on the Zone Council to advocate for Dalhousie Family Medicine presence in the community and for community involvement in teaching; and exploring building relationships with the Physician Ambassador for Family Medicine in Central Zone and the Director of Recruitment and Retention to explore regular socials and CMEs throughout residents two year training



#### 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:
    - The *Practice Ready Assessment program*, which is underway and engaging with the first cohort of candidates
    - Inclusion of *support for community-based teaching through the current negotiations* being led by Doctors Nova Scotia
    - Support for the establishment of longitudinal integrated clerkship (LIC) opportunities with the *Cape Breton site planning to host four students* in the fall of 2019 and other Nova Scotia communities exploring opportunities
    - Networking with national colleagues to *share resources through the UG and clerkship directors* attending national Canadian Undergraduate Family Medicine Education Directors (CUFMED) and Learn-FM meetings
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#### 4.3 Engage communities to support and facilitate learners in their environments.

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- Department activities to engage communities to support and facilitate learners in their environments are exploratory including a *meeting in Bridgewater about the potential for a new LIC site*, *participation in rural week recruitment* at the Valley site
- The department is partnering with Doctors Nova Scotia and community groups to *host a session* in the fall of 2019 to brainstorm how to more effectively *support learners in communities* in Nova Scotia
- **In Moncton**, participating on the *DoFM Physician Resources Planning Committee*; collaborating with Horizon Health Network senior and local leadership, NB Department of Health, Department of Medicine NB, and Memorial University to construct *a new teaching unit* and navigate *human resource* issues; developed a RFP/7 year contract for *resident/learner accommodations*; and residents are involved in various community initiatives
- **South West Nova** has established a partnership with *the hospital foundation* to sponsor resident events, developed a partnership with NSHA to engage in a new *interprofessional high fidelity lab*, encourage resident engagement in community and volunteering
- **Saint John** collaborating with Family Medicine Emergency Medicine (FMEM) programs; the site director is a member of the *NB Medical Education Leadership Group* and *Dalhousie Postgraduate representative for the NBCFP*; and residents participate in a variety of community activities
- **Fredericton** has reached out to a *local First Nation's community* to support partnership development
- **North Nova** is meeting with *foundations and community partners* to garner support for the program and completed a *roadshow* to introduce the program



- **PEI** working with a *local physician and First Nation community* to offer residents opportunities for learning experiences; *a newcomer clinic* was initiated and led by residents with faculty support; and residents participated in *community events* to support fundraising
- **Halifax** met with the NSHA recruitment officer to explore development of a *continuing medical education series* and support engagement of community physicians with the postgraduate department and facilitate preceptor recruitment; has begun discussions with the Head of the Department of Family Practice about including *teaching deliverables in APP contracts*; provides residents with opportunities to work with underserved populations; provides lectures on indigenous health as part of FMREW curriculum



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

- The Department Head and Undergraduate Medical Education Program Director are working on the *Family Medicine Project Charter* to further engage, recruit and strengthen preceptor participation in education
- To help create an identity for preceptors:
  - *Faculty preceptor awards* were presented at the provincial College of Family Physician meetings in Nova Scotia and PEI
  - **Moncton** has facilitated *networking and socialization opportunities* (e.g., End of Residency Completion Event and Social, Orientation and Social for preceptors, and Research Day for preceptors)
  - **South West Nova** offers *social opportunities* (annual welcoming and graduation events), and residents attend *various community events*
  - **Saint John** provides *social opportunities* (e.g., a welcome reception for new residents, Christmas party, and End of Year Celebration for residents and faculty); provide a *Resident Research Day*; and *NB Medical Education Forum*
  - **Fredericton** hosted a *medical education forum* which provided opportunities for networking; conducts orientation events for residents; and socials at the end of residency
  - **PEI** provides *social opportunities* for residents and faculty (welcome reception, graduation party, annual Christmas party) and faculty development sessions include a social component
  - **Halifax** provides *social opportunities* (e.g., welcome dinner, annual Christmas party, graduate party); *team building* events; and is *building relationships* with NSHA recruitment

# 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>