

# Dalhousie Department of Family Medicine



# Table of Contents

---

Executive Summary ..... iii

Approach to Planning ..... 1

Measuring Progress ..... 2

    1. Education ..... 3

    2. Research ..... 11

    3. Serving Our Communities ..... 18

    4. Engagement and Partnerships ..... 23

Appendix A ..... 28

# Department Head’s Message

---

Welcome to our second progress report on the Dalhousie University Department of Family Medicine’s (DFM) Strategic Plan. Under the expert guidance of our consultant Stephanie Heath of Research Power Inc, we are providing 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 the successes in all four strategic areas. It is exciting 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.

We are supported in this work by our many partners including Dalhousie University, health authorities, departments of health, medical societies, community organizations, communities, and patients from across the Maritimes. Working together to support implementation of our strategic plan allows us to continue to learn from each other.

Our diverse and widely distributed department continues to work together to meet the objectives laid out in our strategic plan, guided by our united vision to meet the needs of our Maritime communities.

We hope you enjoy this update on our journey.



Katherine Stringer, MBChB, CFPC, FCFP, MCIsc(FM)  
Professor and Department Head

















# Executive Summary



## Background




Implementation of Dalhousie Family Medicine’s five year strategic plan (2018-2023) is underway. Operational plans were developed and are continually updated to support the implementation of the four strategic directions: **Education, Research, Serving Our Communities, and Engagement and Partnerships**. This second 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	
	<b>Create, innovate and evaluate comprehensive training that responds to learner and community needs.</b>
	<ul style="list-style-type: none"> <li>Expanded of Cape Breton site in Inverness to include two longitudinal residency positions</li> <li>A pivot to online learning facilitated uninterrupted quality education for learners during the pandemic</li> <li>Updated and increased learner exposure to rural and indigenous education and clinical experiences</li> <li>Continuing to expose learners to interprofessional education and collaboration</li> </ul>
	<b>Build capacity of Maritime physician and their communities to support learners</b>
	<ul style="list-style-type: none"> <li>Preceptor recruitment strategy developed</li> <li>Increased funding for teaching within Nova Scotia</li> <li>Sites continue to recruit and support preceptors through various mechanisms (recruiting graduates as faculty, support faculty appointment applications, providing faculty development)</li> </ul>
 → 	<b>Grow family medicine participation and presence in undergraduate medical education.</b>
	<ul style="list-style-type: none"> <li>Most deliverables in the Family Medicine Project Charter achieved</li> <li>Mandatory Family Medicine Med 1 rotation now in its second year with positive evaluations</li> <li>Provided input, updated cases and co-authored 10 cases for ProComp tutorials and other units</li> <li>Strengthened participation on committees to support promoting family medicine as a career choice</li> <li>Strengthening participation of faculty and residents in UG teaching (reinforcing the benefits of residents teaching medical students, faculty development, PGME version of RATS, teaching certificate program in longitudinal medical education elective for PGY2s, layered learning)</li> </ul>
 → 	<b>Lead, innovate and support faculty development.</b>
	<ul style="list-style-type: none"> <li>Continued development of faculty development opportunities</li> <li>DFM faculty development website a hub for virtual care supervision resources</li> <li>Sites orient and support faculty (orientation handbooks, welcome letters, encouraged to obtain DFM teaching certificate)</li> </ul>

<b>Research Highlights</b>	
 → 	<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>
	<ul style="list-style-type: none"> <li>• Increased interest from faculty in participating in research and researchers have included non-research faculty members on grants and supported their grant applications</li> <li>• Representation from the PCRU during the site visits helped to promote research to faculty and sites including opportunities for participation in research</li> <li>• All sites continue to support quality improvement (QI) through practice audits and offering QI training and some sites participating in the SPIDER study</li> <li>• Secured funding to build MaRNET capacity</li> </ul>
 → 	<b>Strengthen department's capacity to support learners in scholarship and research</b>
	<ul style="list-style-type: none"> <li>• Guide produced to support faculty to supervise resident projects</li> <li>• All sites continue to support resident research projects, resident research day</li> </ul>
	<b>Build a better understanding within the department and externally about primary health care research and its value.</b>
	<ul style="list-style-type: none"> <li>• Updated PCRU website</li> <li>• Developed a Collaborative Research in Primary Healthcare marketing tool</li> </ul>
	<b>Inform primary health care policy and practice with research that responds to and influences partner strategic priorities.</b>
	<ul style="list-style-type: none"> <li>• Strengthened partnerships with various groups and organizations to support research and engaged partners on research teams</li> <li>• Engaged patients on research teams including collaboration with MSSU</li> <li>• Translated research into action through presentations, publications, press releases, resident action research projects</li> </ul>

<b>Serving Our Communities Highlights</b>	
 → 	<b>Prepare learners to address health needs of all populations including underserved communities and those with complex needs.</b>
	<ul style="list-style-type: none"> <li>• Created Social Accountability Leadership position</li> <li>• Strengthened education for learners about the health and social issues facing indigenous people and the social determinants of health (enhanced curriculum, incorporated within FMREW, Family Medicine clerkship curriculum enhanced, elective opportunities, curriculum maps completed, CFPC poverty workshop).</li> </ul>

Serving Our Communities Highlights	
	<b>Participate in and influence a variety of innovative practice models.</b>
	<ul style="list-style-type: none"> <li>• All sites involved in virtual care and some sites providing training in virtual care</li> <li>• Strengthened support for learners about inter-professional and collaborative care models (OT and PT incorporated within a site, sites recruiting preceptors who work in inter-professional models, exposed in UG education)</li> </ul>
 → 	<b>Advocate for the reduction of disparities in health outcomes and access to quality primary health care.</b>
	<ul style="list-style-type: none"> <li>• Workshop on poverty offered in sites and some sites working with communities and/or community organizations who support more vulnerable populations</li> </ul>

Engagement and Partnerships Highlights	
 → 	<b>Partner with external stakeholders to support and ensure excellence in undergraduate and postgraduate family medicine education and research.</b>
	<ul style="list-style-type: none"> <li>• Built partnerships with provincial primary care initiatives (Department Head a member of the NS Provincial PHC Management Group, meeting with Health PEI and PEI MSS re: family medicine representation on provincial PC initiatives, in NB the Site Director is a member of the NB Medical Education Leadership Council)</li> <li>• Learners encouraged to participate in preceptor or faculty partnership activities and committees</li> </ul>
	<b>Develop and support partnerships to influence and contribute to health system priorities and advance the department's program/priorities.</b>
	<ul style="list-style-type: none"> <li>• Participate on national committees and meetings and networking with national colleagues</li> <li>• Longitudinal integrated clerkship (LIC) added with South Shore</li> <li>• Work underway in NS to incorporate education responsibilities within APP deliverables</li> </ul>
 → 	<b>Engage communities to support and facilitate learners in their environments.</b>
	<ul style="list-style-type: none"> <li>• Strengthening relationships and building partnerships with community leaders and organizations (e.g., municipalities, Chambers of Commerce, Hospital Foundations, local community recruitment groups) in sites across the Maritimes to support learners</li> </ul>
	<b>Create an identity for the community of undergraduate and postgraduate preceptors.</b>
	<ul style="list-style-type: none"> <li>• Continued contribution to the Family Medicine Project Charter to support preceptor recruitment and engagement</li> <li>• Strengthened preceptor recognition through awards, and continued with networking and social opportunities</li> </ul>

# 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 second year of implementation of the operational plans (2019-2020), 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, Interim Research Director
- Sasha Sealy, Postgraduate Program Director
- Kathleen Horrey, Undergraduate Medical Education Program Director
- Nancy McCarther, Medical Education Manager
- Jennifer Hall, Associate Dean, Dalhousie Medicine New Brunswick
- 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

---

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 are 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: Expansion of Dalhousie Family Medicine

In the summer of 2019, the Cape Breton site expanded and welcomed its first group of family medicine residents to Inverness, a satellite location of the Sydney site. One year after its inception the program started a resident led unattached patient clinic. This clinic provides an invaluable learning experience and also meets a community need as many citizens are without a primary care practitioner. The initiative was developed by a resident as a resident project and allows residents to manage patients independently over the course of their training. Due to geography, remoteness and expertise, the family physicians in Inverness are experts in their field and pass along full scope family medicine skills to residents.

### Success Story: Pivot to Online Learning

#### *Post Graduate:*

With the restrictions imposed by the COVID-19 pandemic all of our teaching sites across the Maritimes efficiently pivoted to a virtual curriculum. Through on-line platforms and timely faculty development on providing virtual learning our residents were offered uninterrupted quality education. In addition, our Family Medicine Resident Education Weekend (FMREW) successfully transformed into a completely virtual format for the first time ever. Residents joined from their sites where they had the opportunity to attend curriculum, job fair and social events, all on-line.

#### *Undergraduate:*

As the undergraduate curriculum shifted to on-line delivery, family physicians from across our distributed sites could be recruited to tutor in the pre-clerkship curriculum, permitting our students to be exposed early to rural family medicine.

# Objectives



---

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

---

### Undergraduate:

- Recommendation from the national undergraduate (UG) peer review continue to be achieved – *family medicine clerkship curriculum updated, additional webinars* covering family medicine topics *integrated with longitudinal themes* such as culture/diversity/equity, continuity of care, and inter-professionalism.

### Postgraduate:

- The Simulation Training Working Group has *submitted recommendations and a request for funding of \$10,000 per site* to support simulation training.
- *All sites have completed a PG curriculum map* and curriculum objectives for Care of the Elderly are being developed.
- *Resident surveys* continue and feedback is used to improve the program.
- *Additional resources for simulation, Quality Improvement and Patient Safety (QIPS) and program support* requested but funding delayed due to the COVID-19 pandemic.
- **North Nova** is working with Antigonish *SIMS* group to increase training experience for residents (increased to four full SIMS days per year).
- **Cape Breton** site expanded to include *two longitudinal residency positions* in Inverness.
- In **PEI**, PEI medical education will likely receive an *additional .6 FTE staff for UG* and *.4 FTE administrative position for PG*; attempting to provide more in person sessions; *virtual apps* purchased to better facilitate academic curriculum.
- In **South West Nova** meetings were held in local communities to recruit preceptors and *expand the residency positions* in South West Nova.
- In **Moncton** discussions with regional health authority to provide *funding for a simulation cabinet lead*; conducting *advocacy* for space and equipment updates for simulation (space identified, equipment list developed, renovation plan); *secured significant funding* for new medical education teaching unit; plan in place for dedicated *PG teaching space*.
- Addressing emerging needs including rural and indigenous health curricula:
  - *The Curriculum Refresh Working Group* is addressing education of learners related to rural and indigenous health.
  - *Family Medicine UG Committee updated mission* to better reflect the intent to expose students to a broad range of communities, “especially small towns and rural communities”.
  - **Annapolis Valley** is a rural residency training program with *residents placed in various rural communities* and *Indigenous health curricula* predominately delivered in academic curriculum.

- **Fredericton** is working with *local Indigenous communities to build capacity for teaching* and supervision of learners at all levels, and a physician at a local First Nation Health Centre delivers the *Indigenous health curriculum* and implementing the *half-day back model of continuity of care*.
- **North Nova** is building relationships with *two First Nation communities* to support learning experiences and exploring a *two day cultural safety training course with elders* for residents with the aim to expand to preceptors.
- In **PEI**, residents are offered 12-week community rotations *outside of the core site* and experiences in *rural settings* and exploring a *longitudinal experience* for residents in a *First Nation community*.
- In **Saint John**, a faculty member has *led local and program level Indigenous health curriculum*; residents complete a *rotation in rural communities*.
- **South West Nova** offers an *indigenous workshop* on academic day as well as *refugee and immigrant health* and *cultural competency* workshops and presentations; *First Nations mock SOO* completed in postgraduate year 2 (PGY2); and *equity, diversity and inclusion* is a session offered as part of academic curriculum.
- **Halifax** continues to explore an opportunity for residents to work in an *Indigenous health clinic*; provide a *lecture on Indigenous health* as part of the FMREW curriculum; exploring adding a *blanket ceremony* to curriculum; exploring introducing a 6-module online course for residents re: *cultural safety training*, a clinic is serving as a pilot site to use iPads to gather data from patients to help assess *community needs and assets*; series in Grand Rounds on *diversity and inclusion*.
- **Moncton** added a *community site* to support Indigenous health learning (adjacent to First Nation community and in a rural area); continue to provide *opioid training* at all sites.
- Facilitating learner participation in interprofessional education and collaboration:
  - **Annapolis Valley** offers an *inter-professional and collaborative environment* for all residents and academic curriculum involves participation by *professionals from other disciplines*.
  - **Fredericton** learners participate in *interprofessional simulation* and engage with various health care providers through the *QIPS assignment*.
  - **North Nova** established trial rotation with PGY2 learners to attend *collaborative centre for Indigenous health* that includes seven longitudinal family medicine days over several months.
  - **PEI** offers residents simulation sessions with other *allied health professionals*, and the opportunity to participate in *collaborative care* and work with inter-professionals through inpatient, outpatient and clinic experiences.
  - **Saint John** exposes residents to *collaboration* with allied health professionals in *various rotations/settings* (e.g., simulation sessions in emergency medicine, inpatient, community), and some rotations involve weekly *multi-disciplinary team rounds*.
  - In **South West Nova**, learners are trained to accommodate patient needs through *various models of care*.

- **Halifax** provides collaborative care experience for residents through their *core academic rotations*.



## 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 resources identified to support implementation; *a specific strategy for HRM* developed and implemented.
  - *Increased funding established for teaching* within Nova Scotia (agreement in last Master Agreement for preceptor teaching); NB and PEI to be addressed.
  - Work underway to develop a *joint preceptor evaluation across all disciplines* through the UG Director's participation on the Program and Faculty Evaluation Committee (PFEC).
  - **Annapolis Valley** *FD Coordinator coordinates FD activities* and *attends Program Faculty Development sub-committee* meetings to stay informed on activities that could be applicable locally; new graduates in practice supported to *mentor learners*.
  - **Fredericton** actively *recruits preceptors* for UG and PG education, *facilitate faculty appointment applications* for recent graduates, *provide financial support* to local faculty to pursue FD and leadership opportunities, and *facilitate the delivery of Problem Based Small Group (PBSG) Education (ED)* modules to preceptors.
  - **North Nova** *increased* from six residents and seven core preceptors last year to *13 residents and 17 core preceptors* this year.
  - In **PEI**, residents who plan to remain in PEI are asked to complete a *faculty appointment application* to become preceptors and teach academic curriculum; many graduates are involved in *leadership of the program*; residents participate on CFPC and MSPEI Boards; strong partnership with physician recruitment and retention at the Department of Health and Wellness.
  - In **Saint John**, FD coordinator offers FD sessions using the *PBSG-ED modules*; foster leadership as evidenced by *past graduates taking leadership roles* in the program including the Program Director; graduates who stay to practice locally *recruited as faculty members*.
  - In **South West Nova**, a *FD coordinator recruited*; local *FD sessions* being planned with Dalhousie Community Continuing Professional Development Program Coordinator at South West Nova.
  - **Halifax** exploring an *embedded community family physician experience* within the core family medicine rotations.
- To address barriers to teaching (e.g., infrastructure, remuneration, technology) and support equitable weekly honorarium paid to preceptors, discussions are underway with the Departments of Health and Wellness and Health Authorities in all three Maritime provinces to *ensure appropriate level tri provincial funding for the program*. In NS funding *for preceptor teaching* obtained in last Master Agreement.



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



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

- *Family Medicine Project Charter* supported by the Dean and most deliverables have been achieved.
- Implemented the mandatory *Family Medicine Med 1 experience/rotation*, which is now in its second year; evaluations of the 2019/20 academic year were exceptionally positive.
- Funding secured to recruit community preceptors in pre-clerkship in 2018-19 and in 2019-20 *10 tutorial groups were done*, facilitated by community family physicians.
- *Cases reviewed for family medicine content and hidden curriculum* for ProComp tutorials and other units and feedback provided to all unit heads; family medicine has provided input, updated cases and co-authored approximately 10 cases.
- *Family Medicine physicians continue to participate as component heads* in human development, Positioning Integration Evaluation Research/Review (PIER) units, metabolism and function, human sexuality, and musculoskeletal and dermatology.



Enhancements made to promote family medicine as a career choice:

- Family medicine *participating on Med 1 and 2 and Med 3 and 4 committees*, as well as UMECC to ensure representation.
- *Family Medicine participation continues on committees* including PFEC, Committee for the Assessment of Student Performance (CASP); added Admissions Committee in 2019-20, and family medicine involvement in working groups for UGME curriculum refresh.



Work continues to strengthen participation of family medicine faculty and residents in UG teaching:

- *Review of AFP physician teaching deliverables* completed and process underway to track teaching to ensure both PG and UG teaching needs are prioritized and efforts underway in rural sites to implement *administrative personnel to support UG and PG learners*.
- Continue to reinforce the benefit of *PGY2 family medicine residents teaching* medical students and identified as a priority for 2020-21 and ongoing discussions and *faculty development*.
- *Longitudinal medical education elective* continues with seven residents participating last year and eight this year.
- *Residents are participating in the PGME version of RATS*, follow-up reflective sessions to be done; residents *encouraged to pursue faculty appointments*; longitudinal medical education elective for PGY2s introduced *teaching certificate program*.

- **Fredericton's** *UG curriculum is a LIC that relies on family medicine* to act as preceptors and preceptors are encouraged to facilitate *layered learning*.
- **North Nova** site director *participates in UG medical education cabinet meetings* to facilitate connection between UG and PG training; *PGY2 residents supporting practice SOO exams* for PGY1 resident and helping with *casting session* for PGY1 residents.
- **PEI** exploring *layered learning*.
- **In South West Nova** two graduates of the Residency Program *recruited as faculty* and have started taking students; the *longitudinal medical education elective* helps to prepare residents to become preceptors.
- **Moncton** promoting *layered learning* with some evidence of uptake; *strengthened and formalized feedback* provided to residents on teaching; three of seven PGY2s involved in *longitudinal medicine education electives*.



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



##### Leadership to support faculty development.

- *Collaborative development of faculty development (FD) courses* with continuing professional development (CPD) (e.g., reflection in medicine module, working with IMG learners module, teaching certificate program).
- *Dalhousie Family Medicine (DFM) Faculty Development website (DFMFACDEV.ca)* was a central hub for virtual care supervision resources during the start of the COVID-19 pandemic.
- *Tracking to log FD activities* available on DFMFACDEV.ca with little uptake, alternate options to be explored.



##### Building a network of community faculty

- Groups meeting via videoconference to complete *PBSG-ED modules*.



##### Supporting preceptors with faculty development

- Sites *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*; local *FD coordinators* support preceptors with FD needs.
- **Annapolis Valley** preceptors committed to engage in the process to obtain their *Dalhousie Family Medicine Teaching Certificate*; all family physicians *invited to FD workshops*.
- **Fredericton** participated in the *Practice Improvement Program for QI* and support the *NB Medical Education Forum*, which is an annual FD day delivered by local faculty.

- **North Nova** conducting *online zoom FD sessions* and working through *PBSG ED modules* with faculty.
- **PEI** offers two *faculty development sessions* each year (one cancelled this year due to the pandemic and virtual options are being explored); developing faculty development sessions on layered learning.
- **Moncton** continues to provide *faculty development* for preceptors linked to the department (family medicine and specialty) rounds; *strengthened support for physician wellness* (including preceptors); provided multiple sessions on *faculty development remediation*.



## 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 to support change to improve patient health and care experiences, health equity, and the primary and integrated healthcare system. BRIC NS continues to foster research ideas and support grant development among interested clinicians and is currently working with family physicians, community members and geriatricians to develop their research idea related to influencing the progression of frailty in the community. With Northwood care, BRIC NS is working with patient partners, CARP (Canadian Association of Retired Persons), researchers and providers on the development of a project(s) to evaluate the extension of using the Age Care Technology (ACT) tool among community living older people to assess their needs in order to support their aging in place. BRIC NS has also aided in the development of several COVID-19 funding submissions including a collaborative project between Dalhousie Family Medicine, the school of occupational therapy and the school of physiotherapy. BRIC NS initiated a summer learning webinar series with presenting 'Preparing for the Post-COVID World Using Primary Care Data'. As a result, the pan-Canadian PIHCIN network created a national webinar summer learning series with individual networks hosting learning events.

### Success Story: Research Interest and Participation Expanding

Over the past year there has been increased interest from many DFM faculty in participating in research. Researchers from DFM PCRU have successfully integrated non-research faculty members on grants as investigators and have supported faculty in developing successful grant applications relevant to work being done in our clinics.

Representation from the primary care research unit was included in the site visits to all distributed sites. While these were mostly virtual this year due to the COVID-19 pandemic, they signalled a very clear desire to engage and support distributed sites in primary care research and facilitated connections with local faculty and established research entities in all provinces and sites. Initial discussions were very positive yielding many faculty who were either already engaged in primary care and medical education research or keen to become engaged in research. Positive results engaging faculty and connecting with research leads across our Maritime faculty included the signing of many new family physicians on to the SPIDER network and the successful funding of a project in collaboration with the Research Director, Department of Medical Education, Horizon Health, NB entitled *Patients' Perceptions of Family Physicians Patient-Centredness between Virtual and In-person Clinical Encounters*. Active follow up of these initial connections is now underway.

### Success Story: Successful Year for Grant Awards

In the past year DFM was successful in securing several grants including:

- The CUP Study: Comparative Analysis of Centralized Waitlist Effectiveness, Policies, and Innovations for Connecting Unattached Patients to Primary Care Providers”. (Dr. Emily Gard Marshall: CIHR; \$593,000).
- Primary Care and Pandemics: How do we get care to those who need it? (Dr. Fred Burge, NS COVID-19 Health Research Coalition, \$35,000)
- Pharmacists managing care for Unattached Patients in Nova Scotia: An exploration of pharmacists' perspectives (PUP study). Dr. Emily Gard Marshall, \$24,901)
- PUPPY Study – Problems Coordinating and Accessing Primary Care for Attached and Unattached Patients Exacerbated During the COVID-19 Pandemic Year: A Longitudinal Mixed Methods Study with Rapid Reporting and Planning for the Road Ahead. (Dr. Emily Gard Marshall: CIHR; \$407,550).
- Pandemic Planning for Primary Care: Lessons from Four Provinces. (Dr. Emily Gard Marshall: CIHR; \$321,361).
- Developing a multifaceted intervention to support annual health checks for adults with intellectual and developmental disabilities: A step towards health equity. (Dr. Karen McNeil, Nova Scotia Health Research Fund, \$24,980).

### Success Story: Expanding Research Partnerships:

Dalhousie Family Medicine's PCRJ has not only cultivated partnerships with other Dalhousie Faculties but has also developed strong working partnerships with Nova Scotia Health, IWK Health Centre, Dalhousie Department of Obstetrics and Gynecology, Nova Scotia Department of Health and Wellness, universities across the province, and Doctors Nova Scotia allowing for the growth of an enriched research program and fostering collaborations to improve the health care of Nova Scotians.

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

During the past year, our faculty research team has had 17 peer reviewed scientific journals, was awarded six research grants, invited to present at several national and international conferences and are serving on national and local strategic research groups. Members of our research faculty are reviewers for several medical journals.

# Objectives



---

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

---

- Search completed for *Research Chair* for the department and candidate identified, *Canada Research Chair application underway*.
- *Living list created* of national and local programs that support capacity building for research; *financially support* Transdisciplinary Understanding and Training on Research Primary Health Care (TUTOR-PHC) program through Building Research for Integrated Primary Healthcare (BRIC NS); support faculty and research associates to attend the North American Primary Care Research Group (*NAPCRG*).
- Continue to assess *research topics and opportunities* with partners and *priorities identified*.
- Support *presentations* on research and support faculty with *grant submissions*.



---

## 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:

- *Engaged faculty* in research teams and studies (e.g., Maritime Family Practice Research Network [MaRNET], Models of Access and Practice in NS [MAAP-NS], COVID-19 grants, ECPC, PriCAre, Structured process Informed by Data, Evidence and Research [SPIDER], Screening for Poverty And Related social determinants and intervening to improve Knowledge [SPARK], DFM Ground Rounds, Andrew Pinto research)
- *Secured EMR system* to enable family doctors to participate in MaRNET; *secured funding* from Dalhousie Medical Research Foundation to strengthen MaRNET.
- Continue to strengthen mentorship through *mentoring opportunities* provided to faculty.
- Research being *integrated into department events* through Resident projects, Grand Rounds, Journal Club, Resident Education weekend.
- Continue work with Dalhousie Advancement to *identify possible donors* to support community family physician researchers to develop skills and attend research events.
- **Annapolis Valley** encouraged faculty and preceptors to *engage with the MaRNET*; and *advocated for participation* in the SPIDER study.
- In **Fredericton** a *Research Director was hired* to support research projects, engage residents and faculty in primary care research and support academic faculty and Horizon clinicians to engage in research (e.g., assisting faculty in Saint John to develop a study examining physician burnout during the COVID-19 pandemic).

- PEI invites residents and faculty to participate in the *Resident Research Day* and faculty are invited to become *supervisors* of resident research projects.
- In **Saint John**, family physicians act as *supervisors for resident projects* and are invited to Resident Project Day along with faculty (virtual session held with high attendance).
- **South West Nova** building connections with *MaRNET*.
- In **Halifax**, family physicians in the community have *access to a research support position*.
- In **Moncton**, *funding policy* in place to support resident travel to present research.



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

- Dalhousie Family Medicine clinicians signed consent to *participate as MaRNET sentinels*; *SPIDER grant* underway, which provides a bridge to support family physicians to incorporate QI into practice.
- **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** participating in the *SPIDER study*, exploring *positions to support QI*, encourage residents to *link resident project to Quality Improvement and Patient Safety* (QIPS)



Building community capacity and networks for research:

- In collaboration with DMRF *secured funds* to build MaRNET capacity.
- *MaRNET* is being used as a platform for building community capacity for research (e.g., received Funds from COVID-19 Coalition, Molly Appeal, SPIDER, CHF)
- *Continuing communication to share research* (e.g., standing item on Halifax Faculty agenda, promotion through website, and working with Faculty of Medicine communications).



### 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:
  - *Guide produced* to support faculty to supervise resident projects identified as research.
  - *Compiled a list* of departments of family medicine from across Canada that offer *graduate programs in family medicine*.
  - **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); in **some sites**, residents participate on Research Ethics Boards and *Resident Research Day*; a resident at one site (South West Nova) received the *CFPC Family Medicine Resident Award for Scholarly Achievement*.



---

## 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 *updated* and *examining the development of a PCRU sub website* and links to partner websites; LOGO pending.
- Two Dalhousie Family Medicine *clinics signed up with MaRNET* and built *a proposal in principle* with PEI, NB and NS through PIHCIN networks.
- Work to define the value of family medicine and primary health care research for funders included the *development of a Collaborative Research in Primary Healthcare (COR-PHC) marketing tool*.



---

## 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 DMRF; Office of Advancement; Dean of Faculty of Medicine; VPs of Research at Dalhousie University, NSH, IWK; Doctors NS, Reproductive Care Program of NS [RCPNS], and Research Directors of other family medicine departments across the country.
  - *Engaging various stakeholders* on research teams and events (BRIC NS, Canadian Association for Retired Physicians [CARP], RCPNS, Primary Health Care Research Day [PHCRD], IWK Health Centre).
  - In **Fredericton**, a *resident is working with the Department of Health and the Horizon Midwifery Clinic* on a study which will provide the groundwork for developing the evaluation for the midwifery program.
- *Engaging patients in research teams and planning* including collaboration with MSSU to support patient engagement; *development of brochures* for patient engagement through BRIC NS; *patient participation* on BRIC NS advisory council; and patient participation as partners in research projects.
- Work done to translate research into action recommendations to meet the needs of providers and patients
  - *Sharing research* through *presentations* to various groups (e.g., BRIC NS student presentations, PHCRD, NAPCRG, Grand Rounds, AFP Halifax Faculty meetings, Doctors NS), *publications*, *press releases*; *translated research into action* through PHCRD, conference, stakeholder meetings and social media.
  - In **Fredericton**, the Research Director is working with a *pan-Canadian research team to improve community-based cancer care* along the continuum which includes patient engagement in research.
  - In **Saint John**, residents are involved in *action research projects* including one that developed an *e-learning tool for Medical Assistance in Dying* last year and is now a CME available through the NB Medical Society.

- In **Halifax**, resident projects completed focusing on *action research* (e.g., developed a tool to assist family physicians in determining drug coverage for patients on provincial formulary, developing a practice tool for caring for Border Line patients).

### 3. Serving Our Communities

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





### **Success Story: Social Accountability Lead**

The DFM was very excited to appoint Dr Mandi Irwin to the position of DFM Social Accountability (SA) Lead. In this position, Dr Irwin is reviewing and assessing existing social accountability, and equity, diversity and inclusion (EDI) work of the department and conducting an environmental scan of local, national and international organizations. The information from the review and environmental scan will be compiled into a report, which will include recommendations about how the department should apply this lens across our various DFM activities to ensure we are effectively serving our communities. This report will also include suggestions for the role of the SA lead to help support our Maritime Department in this area. Each site continues to support work in the area of social accountability including strengthening opportunities for learners to develop knowledge and skills to understand and address social determinants of health in their practice and work with communities, as well as growing opportunities to work with First Nation communities and support Indigenous health.

### **Success Story: South West Nova**

In 2020, South West Nova graduated seven Family Medicine residents, six of which decided to stay and practice in SWN where they have trained and built strong relationships with staff and community. South West Nova is a fully integrated longitudinal, competency-based Family Medicine training site where residents practice and learn comprehensive FM.

The collegial and learning friendly medical community at SWN attracted graduates to consider establishing lifelong careers in the area. One of the new graduates has an interest in sexual health and serving populations with special needs. In collaboration with partners including mental health and primary care at Nova Scotia Health, a new clinic was established in the community and SWN new graduate is now providing care to the LGBTQ population through the “Tri-County Pride Health clinic”, in addition to her primary care family practice. One of the graduates is supporting the unattached patient clinic in Shelburne, as well as supporting the hospitalist service at Roseway Hospital in Shelburne, and at Yarmouth Regional Hospital. He is also involved in the recruitment committee to attract new physicians to the Shelburne area. Another graduate has started a family medicine practice in Yarmouth and is also providing care in Long Term Care facilities as well as hospitalist service in Yarmouth Regional Hospital. She has also joined the SWN education cabinet as the Faculty Advisor and is offering her experience to support the new residents. One of the new graduates started a new family practice in addition to joining the primary care obstetrics group in YRH, providing prenatal care and low risk deliveries to the pregnant women in the Tri-County. One graduate has also started a family medicine practice as well as providing hospitalist service and service at the ED. The last two graduates provide hospitalist service, locum services for family physicians, coverage in ED Yarmouth, Digby and Roseway hospitals, as well as providing care to the primary care clinic that looks after unattached patients in Yarmouth.

Residents at SWN learn to practice comprehensive FM in different settings in regional and community hospitals where resource availability vary. Therefore, graduates feel comfortable and competent to meet the needs of any Canadian community. 2020 graduates are currently providing a great variety of services across the three counties, Yarmouth, Shelburne and Digby. They are also paying it forward and contributing to the education of the new generation of physicians.

### Success Story: Virtual Care

In the past year, DFM worked with medical societies, departments of health and health authorities across the Maritimes to quickly incorporate virtual care into practice to ensure access to care for our patients during the COVID-19 pandemic. The incorporation of accessible and appropriate forms of virtual care into family medicine has been a focus for some time at a national level for the CFPC. The expedited uptake of virtual care by both providers and patients during the pandemic illustrated that change can occur quickly under the right circumstances. This change was supported in all Maritime provinces and allowed DFM to continue to provide ongoing continuity of primary care to our patients. The hope is that virtual care continues to be used to support clinical care in family medicine long after the pandemic is over. Successful linkage of the provision of virtual clinical care and virtual clinical precepting of our learners occurred thanks to the dedication and extensive amount of work by all involved in clinical education of our learners.

## Objectives



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

- A *Social Accountability Leadership position* created in Dalhousie Family Medicine and Dr. Mandi Irwin hired for the position.
- Ongoing work to *enhance the diversity of preceptors and faculty* including *review of recruitment process and terms of reference of committees* and unconscious bias training for recruitment committee booked.
- Activities underway to support learner education about the health and social issues facing indigenous peoples and the social determinants of health:
  - *Enhancement of curriculum* to provide opportunities for reflection on diversity, inclusion and cultural responsiveness underway through curriculum refresh of the Medical School.
  - *Learning related to indigenous health incorporated* within resident education as part of FMREW.
  - *Family Medicine clerkship curriculum updated* related to educating learners about the *social determinants of health*.
  - *Elective opportunities in Indigenous health* available at most sites (some are located in proximity to Indigenous communities and others have access through community placements in PGY-2)
  - *Curriculum maps* completed for each site identify were *social determinants of health* are addressed and gaps.

- *CFPC poverty workshops* presented at each site and SOOs completed with residents at each site throughout the 2-year program
- **All sites** support learner education about *health and social issues facing Indigenous peoples and the social determinants of health* through *education* (e.g., curriculum, presentations, engaging elders) and *learning experiences in First Nation communities*; 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 addictions, newcomer populations, developmental disabilities); and one site (Halifax) working the Social Accountability Lead to trial new forms of *community engagement for food security*.



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

- In **all sites** learners were involved in *virtual care* due to the pandemic and some sites providing *training in virtual care* and building understanding in how to provide effective education and supervision in virtual care.
- **Fredericton** worked with a graduating resident to establish a *primary care obstetrics program*.
- Activities done to build partnerships with provincial initiatives in primary care and family medicine include:
  - Department Head is a *member of the Nova Scotia Provincial PHC Management Group*.
  - Initial meeting with *Health PEI and another with PEI MSS* to explore family medicine site representation on provincial primary care initiatives.
  - *Family medicine network leads* in the Nova Scotia Zones invited to Undergraduate Medical Education Committee (ongoing).
  - Site Directors in NB are members of the *NB Medical Education Leadership Council* and meet regularly with other key educational leaders.
- To support educating learners about inter-professional and collaborative care models:
  - *Physiotherapy and Occupational Therapy learners* incorporated within Halifax site academic clinics.
  - Ongoing efforts to *recruit preceptors who work in inter-professional* and collaborative environments.
  - Early career events held for *Med 1 and 2* to expose learners to a *variety of models of care*.
  - Through the *Family Medicine Interest Group* and at the undergraduate level through the *Assistant Dean of Interprofessional Education* inter-professional and collaborative care models are explored.
  - **All sites** continue to 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.

---

- PEI uses the *poverty toolkit/curriculum* (discusses poverty and connection to health) to support education of learners; and residents are *working with the Canadian Mental Health Association* in PEI on fundraising efforts
- 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) and the Pediatric Department instituted a *Social Pediatrics Program* with a community clinic opened in November 2019.
- In **Halifax**, a *mandatory poverty workshop* is integrated into curriculum and continued 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: Interprofessional Education

In March 2020, the Halifax Site entered into a collaborative clinical educational experience that provided students from the Dalhousie Schools of Occupational (OT) and Physiotherapy (PT) an interprofessional collaborative clinical learning experience with the DFM clinics. OT-PT students, under the guidance of clinical instructors and faculty and in collaboration with the DFM faculty, developed a needs assessment for DFM Halifax clinics, and then developed a framework for referral and engagement with DFM patients. This has been a very successful and innovative collaboration, resulting in a new clinical opportunity for the OT-PT students in community-based family medicine and for FM residents and UG learners who gained knowledge of the skills and scope of practice of their OT-PT colleagues. In addition to being a new IPE opportunity for both groups, it has employed an innovative methodology for delivering care as most of the patient encounters have been virtual. OT-PT students attend DFM patient huddles virtually and the majority of patient care is carried out over phone and Zoom health, eliminating barriers to care experienced by patients early on in the pandemic.

This is an ongoing collaboration; a new cohort of OT students started with the DFM Halifax team in the fall 2020 and another group of PT students will rotate through early winter 2021. Feedback from students, FM faculty and residents and patients has been positive with respect to the method of delivery, quality of care and educational opportunity.

## Objectives



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

- Department Head is a member of the Nova Scotia *Provincial PHC Management Group* to help keep family medicine on the agenda.
- Nova Scotia Health hired *staff for SWN* in collaboration with the Faculty of Medicine and Dalhousie Family Medicine *to support UG learners* and ensure connection with PG administration and medical education leadership.
- Medical students encouraged to *participate in preceptor partnership activities* at their clerkship orientation and opportunities for learners to become *engaged in local medical societies*.
- Working on increasing *opportunities for UG learners in rural sites* and promoting *increased LIC sites* throughout the Maritimes.
- In **Annapolis Valley**, resident participate in local *Health Authority Department of Family Medicine meetings*; preceptors encouraged to *include residents in organizational activities* of the clinic (e.g., a resident was involved in a meeting with Nova Scotia Health to discuss payment models and organizational planning).

- In **Fredericton**, faculty in leadership positions *involve learners in leadership activities*, learners are involved in the *NBMS* and in local *medical education committees*.
- In **North Nova**, *partnering* with *Nova Scotia Health*, *local leaders* and *community groups* to ensure the success of the North Nova Program; and *partnering with a community elder* in a First Nation's clinic to offer a cultural training workshop for residents.
- In **PEI**, residents participate in *various organizational meetings and boards* (e.g., MSPEI Board, CFPC PEI Board, Research Ethics Board, Dalhousie Family Medicine Selection Committee); the Associate Chief Resident is on the PEI Family Medicine cabinet.
- In **Saint John**, many *primary preceptors* are *involved with various organizations* (e.g., teaching at DMNB, leadership roles with Saint John Medical Society and NB Medical Association, sport organizations, Town committees) and are encouraged to *involve residents*.
- In **South West Nova**, *learners participate in various committees* at a program and national level (e.g., Program Evaluation Sub-committee, Maritime Resident Doctors, Doctors NS, CFPC); in partnership with Nova Scotia Health, *an administrative position* that supports UG and medical education was created.
- In **Halifax**, chief residents continue to be *invited to organizational meetings*; residents included on COVID Planning committee in department; resident representative *participates* in UG family Medicine Interest Group, the Family Medicine UG Skills Night, and on the Indigenous Physicians Association of Canada.
- In **Moncton**, meetings/*partnering* with the regional health authority, foundations and other community groups for funding/resources to support the program (e.g., simulation, new medical education reaching unit, PG teaching space); *participate on health authority structures/groups*.



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

- 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.
  - Support for the establishment of *longitudinal integrated clerkship* (LIC) opportunities with South Shore added in 2020/2021.
  - Department Head and UG, PG Directors participate on *national committees* and meetings and upcoming opportunities to participate in the *accreditation process for other universities*.
  - Continuing to work with Nova Scotia Health *to incorporate education responsibilities within APP deliverables* and *partnering* with the health system.



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

- Department 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, local community recruitment groups)
- **In Annapolis Valley** *local communities continue to support the family medicine residency* program (e.g., municipalities actively engaged with residents to support their training and creating welcoming environments), support for *social events for residents*); work underway to engage local community group to *financially support* the new Annapolis Valley Medical Education Home at VRH; residents encouraged to *participate in community activities and groups*.
- **In Fredericton**, medical community leadership *meets monthly with the local community* and at a site level, regular *meetings* are held with *regional representatives*; developing *partnerships with local Indigenous communities*; and learners have opportunities to work with at risk populations and Indigenous populations.
- **North Nova** *partners with community recruiters and organizations* to host resident social and welcome event; in 2020 participated in small group and *toured the Municipality of Colchester* to visit local communities.
- **PEI** exploring a *longitudinal elective in a First Nation community*; increased resident presence in a local rural community, new core family medicine and specialty *preceptors recruited, newcomer clinic* continues to be led by residents, and residents continue to participate in *community events* to support fundraising.
- **Saint John** continuing to collaborate with Family Medicine Emergency Medicine (FMEM) programs; the site director is a member of the *NB Medical Education Leadership Group* and recently completed a term on the *NB Medical Society Board of Directors*; and encourage resident involvement in community and volunteering.
- **South West Nova** conducted multiple *meetings with community partnerships* in local communities to discuss learner support at community hospitals and remote clinics; continue to support the *partnership with the hospital foundation* who support the stie in various ways (e.g., supporting resident events, supporting the interprofessional simulation lab in partnership with Nova Scotia Health); encourage resident involvement in *community and volunteering* (e.g., community sports teams, hospital foundation fund raising, community charity support); the community supports learners particularly through the *community navigator role*.
- **In Moncton**, continuing to participate on the *DoFM Physician Resources Planning Committee* and *NB Medical Education Leadership Committee*; continue collaborating with Horizon Health Network senior and local leadership; engaging with *NBCFP* to support transition to practice.
- **Halifax** *recruited three* community family physicians as preceptors, established a *community pediatrics rotation*, started a *new Obstetrics training site*, added another *Psychiatry training* site and made connections with more *rural communities* and First Nation communities; residents continue to have exposure to underserved communities (e.g., school clinic, developmental disability clinic, methadone and addictions clinics); exploring integrating community engagement within learning.





---

#### 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* administered to obtain community preceptor input into the *structure and function* of site visits.
- To help create an identity for preceptors:
  - *Online PBSG-Ed* and small group modules developed and offered.
  - *Awards committee* increased opportunities to recognize teaching with *additional awards*.
  - **Fredericton** organizes a medical education awards/appreciation night annually which happened in 2020 despite the COVID-19 pandemic.
  - **North Nova** offering *small group learning via Zoom*, regular *cabinet meetings* and UG representation added to Cabinet; *North Nova featured on Facebook and Instagram* pages developed by the Associate Chief Group to profile DFM in the community.
  - **PEI** provides *social opportunities* for residents and faculty (welcome reception, graduation dinner,) and local *FMREW*.
  - **Saint John** provides *social opportunities*, although scaled down during the pandemic (e.g., resident social event funded during the virtual FMREW, scaled down graduation celebration and Christmas party)
  - **South West Nova** offers *networking and social opportunities* for residents and preceptors sponsored by various organizations such as Doctors NS, Nova Scotia Health, Yarmouth Community Navigator Committee (e.g., welcoming and graduation events, physician appreciation events, holiday events), and residents attend *various community events*.
  - **Halifax** provides *social opportunities* (e.g., welcome dinner, annual Christmas party, graduate party); *team building* events; continues to *build relationships* with Nova Scotia Health recruitment; encourage community family physicians to build relationships with residents.
  - **Moncton** continues to facilitate *networking and socialization opportunities*, use of social media strengthened; *preceptor awards* given (two regional and one internationally).

# 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
<p>Prepare learners to address the health needs of all populations, including underserved communities and those with complex needs</p>	<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>
<p>Participate in and influence a variety of innovative practice models</p>	<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>
<p>Advocate for the reduction of disparities in health outcomes and access to quality primary healthcare</p>	<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>