



RESEARCH ORIENTATION

FACULTY

November 2018

Welcome to the Department of Medicine!

The DoM Research Committee has put together some information on local research resources that we hope you will find useful, including:

- ❖ DoM Strategic Plan – Research
- ❖ DoM policy: *Mentoring of Researchers in the Department of Medicine*
- ❖ DoM policy: *Protected time for Research in Department of Medicine: Allocation, Utilization and Evaluation*
- ❖ DoM policy: *Guidelines for Establishing Research Chairs*
- ❖ DoM policy: *Evaluation of Research Activities For Clinician Investigators And Clinician Scientists*
- ❖ Local Research Resources

And, of course, you can contact the DoM Research Office at any time! The document is available on the DoM shared drive, in the DoM Research Office folder.

DEPARTMENT OF MEDICINE RESEARCH

Dr. John Hanly
Research Director, Department of Medicine
Chair, Department of Medicine Research Committee
john.hanly@nshealth.ca

Dr. Ravi Ramjeesingh and Dr. Leah Cahill
Co-chairs, DoM Resident Research Committee
ravi.ramjeesingh@nshealth.ca leah.cahill@dal.ca

Ms. Kathryn Nelson, Research Administrative Coordinator
Department of Medicine, Room 450 Bethune Bldg
1276 South Park Street, Halifax, Nova Scotia B3H 2Y9
kathryn.nelson@nshealth.ca 902-473-6696

DoM Research Events:

- DoM Research Evening – November 8, 2018; Prince George Hotel (6:00-8:30 pm)
- DoM Faculty-Resident Research Day – March 28, 2019; Pier 21 (12:00-5:30 pm)
Abstract submission deadline: January 21, 2019

DoM Funding Opportunities and Resources:

The Department of Medicine is one of the clinical departments at Dalhousie to provide research funding. This funding enables investigators to establish or grow their research efforts and to attract additional grants or industry sponsors.

The **University Internal Medicine Research Foundation** was established to fund excellence in general internal medicine research at Dalhousie and its affiliated research institutions.

To learn more about the annual competitions, categories of funding and to view the application documents, please check the DoM shared drive and the DoM website at:

<https://medicine.dal.ca/departments/department-sites/medicine/research.html>

<https://medicine.dal.ca/departments/department-sites/medicine/research/research-funding.html>

DoM Credits with the Research Methods Unit

The Department also has a unique arrangement with the NSHA/Dal/IWK Research Methods Units (RMU), whereby eligible department members can apply for credit hours to cover the cost of RMU services for approved research projects. Application is through the RMU Consultation Request form, which can be found at:

<http://www.cdha.nshealth.ca/discovery-innovation/research-methods-unit>

DoM Travel Policy – MD, PhD, Research Staff

See Appendix 1.

DoM Research Excellence Awards

See Appendix 2.

For further information on any of these resources, please contact
[**kathryn.nelson@nshealth.ca**](mailto:kathryn.nelson@nshealth.ca)

Research Strategy

Drive research excellence

The Context

During focus groups informing the Department's planning process, some members expressed serious concerns about the future of research here. Support for a Clinician Researcher and for the Clinical Scholar program had been lost, the latter of which was to have been a vehicle for getting junior investigator awards. Attracting academic physicians is frustrated by our inability to protect academic time at least partly because recruitment is to and by the Divisions, and therefore biased toward clinical demands. And it's very hard to get funds for research supports.

Into the future, we must develop a research engine that drives more, high-quality, high-impact research. Evidence and critical thinking must permeate everything we do. The Department must attract academic thinkers and help them flourish ... people who think of research as a career. Our islands of world-renowned outcomes researchers should expand into broader groups with more people involved, and all should be better recognized locally. Effective assessment of research productivity would be individual and not designed to highlight disparities across Divisions.

Recruitment preparation should identify specific gaps for which we're seeking interests and training. The Department might recruit into a number of key positions for the purposes of enhancing research productivity in areas of strategic focus. And we need to restore research support programming that all Divisions on all campuses can tap into. Stronger support also means proper mentorship and finding ways to compensate for lost earnings opportunities.

Goals & Implementation Initiatives

1.1 Grow a Culture of Scientific Inquiry

To grow a culture of scientific inquiry by generating excitement around research excellence such that all Department members are involved in or supportive of research

- **Research integrated** such that there is always a research question around the clinical work we do.
- **Links to the Department's Communication Strategy** to heighten awareness and establish a profile for research.
- **Leadership** which sees the Department Head and Division Heads demonstrating strong support for multi-disciplinary and multi-departmental research. Active Division Head and Research Committee management in support of member research productivity.
- **Recruitment** that addresses research needs and reflects the Department's research goals.
- **A systematic orientation** to the Department's scientific culture that introduces current and new faculty to its research priorities, strategies, funding options, and available supports.
- **A supportive research environment** that increase the odds of retaining talented faculty.
- **Enhanced mentorship**, formalized along the career continuum (including Residents), with clear and specific expectations against which the quality of mentorship can be assessed. Designed so as to help people progress along the continuum of productivity. (see the

1.2 Establish Research Priorities

To identify and develop a research focus that complements the Department's clinical care and education activities

next bullet)

- **Clarity around what we mean by productivity.** A continuum that sets out expectations of deliverables associated with research time invested. Benchmarks for research productivity in relation to time protected as well as for clinical FTEs (to control impingement on research time). Supports that help new 'research' faculty become productive: Stipulated deliverables and a minimum proportion of total time to be spent doing research; total academic time that is not less than 20%.
- **All available funding opportunities** maximized.
- **A DoM Funding Strategy** for (a) doubling the capital within the UMIRF; and (b) funding for pilot data to help access larger funds; running a defined grant competition for multi-disciplinary collaboration.
- **Research goals** that: (a) complement the Department's clinical care and education goals; and (b) focus on early identification and prevention of chronicity.
- **A critical mass of researchers** recruited and funded to achieve DoM research goals.
- **Enhanced research productivity** needed to be recognized as go-to experts in the field from a regional, national and international perspective.

Expected Outcomes

- ✓ There will be more Department members with relatively more protected research time.
- ✓ Support for research will be an asset relative to attracting talent and resources, not a liability.
- ✓ Pre and Post Analysis will reveal our ability to influence the following outcomes:
 - The number of Department members with one research/scholarly citation;
 - Attendance and the number of presentations at DoM Research Day.
 - Resident research presentations at a peer-reviewed, national or international meeting;
 - The number of Department members with peer-reviewed funding, fellowships and research chairs;
 - Implementation of research into clinical programs.
 - Reputation nationally and internationally.
- ✓ We will demonstrate the Department's ability to create synergies across its clinical care, education and research mandates.
- ✓ We will demonstrate the Department's leadership in aligning with the Department of Health & Wellness, NSHA, and Faculty of Medicine strategic priorities to address key system problems.

Mentoring of Researchers in the Department of Medicine

Recommendations derived from 2013 Strategic Plan for Research

Mentoring of research faculty was identified as a critical issue in the Department's 2013 and 2000 strategic plan for research. This activity is important to ensure the success of individual researchers and the overall research effort of the department. Although it has particular relevance to new faculty members it may also be helpful at later phases of a member's research career. The purpose of this document is to put in place a formal process for mentoring of research faculty.

During the development of this Departmental initiative, the Faculty of Medicine concurrently launched a pilot to determine the effectiveness of providing mentorship to all faculty (i.e. not confined to individuals with research as a major focus). The Faculty initiative will provide resources (e.g. mentorship workshops), will be formally evaluated and will involve Department of Medicine members. This parallel process will be integrated into the Departmental mentorship program and thereby maximize its delivery and effectiveness.

The **goal** of the Department of Medicine mentorship program is to support the development of clinical, translational and basic science researchers in the Department at the commencement or at other critical times of their career, so that they can maximize their research productivity and independence.

Guiding Principles:

- 1.) Responsibility for implementation of the mentoring policy rests primarily with the DoM Research Committee in collaboration with the individual researcher, Division Head and Department Head.
- 2.) The opportunity for mentoring is open to all department members involved in research but should always be considered for new department members with ≥ 0.20 FTE protected time for research in the individual's Practice Profile. The DoM Research Committee should review and advise on all such faculty appointments. Implementation of the mentorship policy should be imbedded into the recruitment of such individuals.
- 3.) Other Department members may also be considered for mentoring either through their own request, the request of the Division/Department Head or arising from formal review of their research productivity by the research committee.
- 4.) Ordinarily one mentor should be identified for each researcher and the final selection made with input from the researcher, the Division/Department Head and the DoM Research Committee. At the discretion of the mentor, one other individual may be co-opted as a "sub-mentor" to help address a specific issue(s).
- 5.) Mentors should have a track record in research and may be in the individual researcher's Division, Department or outside of their Department, but usually within the Faculty of Medicine.

- 6.) In the case of new faculty members, mentors will usually be identified prior to and no later than the commencement of the new faculty member's appointment.
- 7.) The mentor and mentee should meet at least twice per year and more frequently if required. Information about the mentee acquired by the mentor should be treated in a confidential manner.
- 8.) The mentee should provide a succinct report (not more than 2 pages) to the Division/Department Head, and the DoM Research Committee on an annual basis for at least the first 3 years following the commencement of mentorship and longer if felt to be necessary by all parties. The content of the report should include the frequency of meetings with the mentor, overview of the research plan with projected milestones and timelines, and a comment on the overall value of the mentoring process.
- 9.) An information/orientation package will be compiled and made available by the Department's Research Office to provide information on local funding opportunities available from the Department, Faculty of Medicine, NSHA/IWK, and Nova Scotia Health Research Foundation; local research support services (e.g. Research Methods Unit); and the process for involving students and residents in research. Identification of potential national and international funding opportunities will be the responsibility of the mentee in discussion with their mentor.
- 10.) The following are the key responsibilities and benchmarks of the mentee and mentor in the first year of the mentee's appointment:
 - Mentee: Develop a 3-year research plan to include:
 - (i) goal(s) of proposed research program;
 - (ii) strategy for achieving the goal(s);
 - (iii) projected timelines for acquiring research funding.
 - Mentor: Regular meetings with mentee to provide feedback, advice and guidance on the mentee's goals, strategy and timelines.

20/December/2013

DEPARTMENT OF MEDICINE POLICY

Protected Time for Research in Department of Medicine Allocation, Utilization and Evaluation

Recommendations derived from 2013 strategic plan for research

Research productivity is an important and highly valued component of all academic departments of medicine. It is one of the characteristics that distinguish academic departments from those whose mission is exclusively clinical service. Protected time for research activity, in conjunction with mentoring, funding and a strong academic culture, is required to support and enhance research productivity. This is critical for new appointees whose responsibilities include research. Given the relative scarcity of funding for research, it is timely to review the current utilization of protected time for research within the department.

Background

In fiscal 2013/14 there were 16.88 filled research FTEs of 136.38 total FTEs in the Department of Medicine. This included 87 MDs (holding 12.19 FTEs), 7 PhDs (holding 3.38 FTEs), and 4 MD/PhDs (holding 1.31 FTEs). The specific allocation of research time within member's practice profiles varied from 1% to 90%. Additional details are provided in Table 1.

Table 1: Total Research FTEs in Department of Medicine in 2013/14

	1-4%	5-9%	10-19%	20-39%	40-74%	75-100%
# of individuals	20	23	27	14	11	3
# of FTEs	0.42	1.33	2.98	3.61	5.99	2.55

There were 4 individuals (2 MDs with 1.40 FTEs and 2 PhDs with 1.50 FTEs) who held endowed or Canada Research Chairs (CRCs). When these individuals are removed from Table 1, there were 13.98 FTEs allocated for research of which 0.68 FTE was for contract research activity as reported in the Practice Profiles. This group consisted of 85 MDs (holding 10.79 FTEs), 5 PhDs (holding 1.88 FTEs), and 4 MD/PhDs (holding 1.31 FTEs).

Table 2: Research FTEs in Department of Medicine excluding individuals with endowed Research Chairs and CRCs in 2013/14.

	1-4%	5-9%	10-19%	20-39%	40-74%	75-100%
# of individuals	20	23	27	14	8	2
# of FTEs	0.42	1.33	2.98	3.61	3.99	1.65

Goal: To provide guidelines for the allocation of protected time for research supported directly by the Department of Medicine in order to achieve maximum benefit for both individual researchers and the Department.

Guiding Principles and Implementation

- 1.) These guidelines do not apply to protected time for research funded through endowed research chairs and CRCs.
- 2.) The total number of research FTEs that can be supported directly by the Department through the current academic practice plan should be determined as part of the AFP negotiation.
- 3.) Allocation of research FTEs should in general be aligned with the Department of Medicine's 2013 strategic plan for research.
- 4.) Divisions within the Department are encouraged to review the current allocation of research FTEs to their members and determine if this resource is being utilized to optimal advantage.
- 5.) For new faculty who are being recruited with an expectation to develop a research program, the minimum FTE allocated for research should be 20%. In many cases the FTE for research will need to be higher to achieve success. The DoM Research Committee should review and advise on all such faculty appointments.
- 6.) All department members with $\geq 20\%$ research FTE should be included in the review process for research productivity currently conducted for members with $\geq 40\%$ research FTE by the research committee. This would not include individuals who hold endowed chairs for research or hold CRCs.
- 7.) The allocation of protected time for participation in contract research clinical trials should be incorporated into the total research FTE for department members with this activity.
- 8.) For department members who currently hold $<20\%$ research FTE, this should be identified as "scholarly/academic" time which can be used for either research or other non-clinical activity. The allocation of such time and determination of accountability is the responsibility of the faculty member's Division Head.

11/April/2014

Guidelines for Establishing Research Chair Endowments in the Department of Medicine

Derived from the 2013 DoM Strategic Plan for Research

Background:

The importance of maximizing funding opportunities for research was recognized in the Department of Medicine (DoM) 2012 strategic plan for research. Support for research academic Chairs is one way of achieving this either through federal programs (e.g. Canada Research Chairs (CRC)), health charities (e.g. Cancer Society, Heart and Stroke Foundation) and endowments (e.g. from individual donors or industry). The primary use of these funds is to provide salary support for MD or PhD researchers and secondly, operating funds if available. Typically, research activity supported by Chairs occurs in a clinical department and the administration of the funds (including the yield on endowment principal) is the responsibility of the University or academic medical center/foundation. Thus, the latter is not within the control of the clinical department in which the researcher primarily functions.

Although some Chairs (e.g., CRC) have clearly defined funding and terms, this is not the case for endowed Research Chairs. As a consequence, the size of the endowment is variable, which impacts the amount of financial support that is provided. Any shortfall in annual funding from the Research Chair endowment is usually made up by funds from the clinical department's annual operating budget. If unchecked, this model could eventually lead to most, if not all, of a clinical department's annual research budget being used to support endowed Chairs in lieu of supporting other meritorious research personnel and activities.

Goal:

To provide principles and guidelines for Research Chair endowments in support of research activity in the DoM that is sustainable and benefits all DoM researchers.

Principles and Guidelines:

1. The DoM encourages its members, Divisions and research groups to establish endowments to support Research Chairs for both MD researchers and PhD scientists.
2. The endowment should be of sufficient size to be self-sustaining in a low interest rate environment and to be housed in Dalhousie University or the academic medical center's foundation.
3. Assuming realistic annual yields, the endowment should be large enough to provide both salary and some operating support to the individual who is awarded the Research Chair.
4. For individuals who occupy research Chair positions, the protected time for research should be at least 75% for MD researchers and 90% for PhD Scientists.

5. The yield from the research Chair endowment should be sufficient to provide at least 60% of the MD researcher's annual total revenue share plus benefits (with the remaining 15% research time supported from DoM funds, and the final 25% revenue share provided for non-research activities).
6. The yield from the research Chair endowment should be sufficient to provide 100% of the PhD Scientist's salary and benefits.
7. After the previous principles have been addressed, any remaining funds from the Research Chair endowment may be used as operating funds by the Research Chair pending approval by the Department Head, Research Director and Research Committee of the DoM.
8. A Research Chair endowment must be sufficient to maintain the Chair based on the above principles; however, funds provided by individuals, foundations, health charities, industry or other entities which do not provide the level of support outlined above, can be held until sufficient funds have been identified. Alternatively, the funds may be used to provide operating grant support to a designated researcher pending approval by the Department Head, Research Director and DoM Research Committee.

Approved by DoM Executive/Divisional Chiefs Committee: October 21, 2015

Approved by DoM Research Committee: May 21, 2015

**Evaluation of Research Activities for
Clinician Investigators and Clinician Scientists**

Complete and submit one electronic copy to DoM Research Office
(kathryn.nelson@nshealth.ca)

As a means to ensure that clinician investigators and scientists are able to take full advantage of their research opportunities and potential, the Department of Medicine has a process by which research activity is reviewed on a periodic basis.

As part of this process, for Clinician Investigators (20% to 75% protected time), a **three-year** research plan should be developed. For Clinician Scientists (over 75% protected time), a **five-year** plan is to be developed. This plan should consist of proposals for specific projects, potential collaborators, potential sources of funding, and expectations for presentations and publications. The template for this plan is contained on the following page. Division Heads are also required to complete a letter of support. This plan will be reviewed and evaluated by the Research Committee, following which recommendations will be made to the Division Head, the Department Head and the individual researcher.

Ordinarily the process will be repeated following an interval of three years after the year of full approval by the Research Committee. If the committee has concerns about current and future research productivity of the member, the interval between reviews may be shorter.

Greater accountability for an investigator's research activities will help ensure that the Division and the Department are making the best use of their limited research resources. Greater accountability of the assessment for research activities will also benefit investigators. Accountability will provide researchers with direction to their work and assist them to identify barriers to research that may be dealt with in a timely manner by the appropriate administrative authorities. It should also serve to identify early warnings of problems in research and ensure that the investigator is pursuing appropriate collaborations and opportunities. Such a system of assessment should also have mechanisms to address under-productive investigators. In this latter situation, an individual's research, clinical, teaching and administrative profiles will be re-examined, and if necessary, their career path may be modified with the subsequent loss of protected time for research. Such turnover would ensure that other Department members showing promise are given additional dedicated protected time for research. It is important that the method of accountability be constructive, not punitive. Investigators demonstrating research potential should be given the opportunity to pursue alternative research avenues if needed before the removal of protected time.

Investigator: _____ **Date:** _____

1. Information:

Division _____ Academic Rank _____

FTE Percent _____ Percent protected time for research in Practice Profile _____

Mailing address _____

Telephone _____ Fax _____ Email _____

2. Division Head Letter of Support (Department Head in the case of a Division Head review), which should contain:

- commitment of proportion of time protected for research
- resources to be provided by the Division
- additional resources required for success by the researcher
- procurement of collaborative support for the investigator
- justify & support the need for the Clinician Investigator/Clinician Scientist.

3. **The Investigator's Research Plan**, which should include:

- overview with time lines, expected collaborators, sources of funding, required resources, available resources and other relevant details for your proposed research plan over the next 3 (Clinician Investigator) or 5 (Clinician Scientist) years;
- description of your role (lead investigator or collaborator) in the project(s); and
- description of the interaction you will have with other Department of Medicine and Faculty of Medicine research activities.

NOTE: MAXIMUM 5 PAGES - typed, single-spaced, on one side of each page only, 12 font. Begin on a separate sheet. Indicate investigator's name on the top right corner of each page.

4. Attach an electronic copy of your CV (preferably Canadian Common CV) with details of research productivity over the past 5 years.

SIGNATURES:

I have read the submitted Clinical Investigator/Clinical Scientist Research Plan.

Division Head

Date

I have read the Division/Department Head's letter of support

Investigator

Date

LOCAL RESEARCH RESOURCES

Nova Scotia Health Research Foundation:

Nova Scotia Health Research Foundation
9th Floor, Suite 905, 1660 Hollis Street
Halifax, NS, B3J 1V7

Mailing address: PO Box 2684 Halifax, NS, B3J 3P7

NSHRF Funding Opportunities and Resources

<https://www.nshrf.ca/programs-services>

<https://www.nshrf.ca/funding>

<https://www.nshrf.ca/fundingdates>

Faculty of Medicine, Dalhousie University

Research Office

Dr. Roger McLeod
Associate Dean, Research
Office of the Dean, Faculty of Medicine
Dalhousie University
Clinical Research Centre
5849 University Avenue
Halifax, Nova Scotia B3H 4R2
roger.mcleod@dal.ca

Ms. Sara Lavender, Director
Medical Research Development Office
Faculty of Medicine, Dalhousie University
Room C-203, CRC Building
5849 University Avenue
Halifax, Nova Scotia B3H 4R2
Sara.lavender@dal.ca

Transfer of Research Funds to Dalhousie/Opening New Accounts/ Account Inquiries

Ms. Caroline Sequeira
Research Grants Officer, Dalhousie Research Services
902-494-2247 caroline.sequeira@dal.ca

Ms. Sharon Ganong
Manager, Research & Special Purpose Funds
Dalhousie University
Room 12, Financial Services

Henry Hicks Academic Administration Building
Box 15000, 6299 South Street
Halifax, Nova Scotia B3H 4R2

902-494-1703 sharon.ganong@dal.ca www.dal.ca/fs

Hiring Dalhousie Post-Doctoral Fellows

Ms. Meagan Chaffey
Scholarship and Postdoctoral Fellows Clerk (postdoctoral fellowship processing)
Faculty of Graduate Studies, Dalhousie University

902-494-7458 Meagan.Chaffey@dal.ca

Supervising Graduate Students

Membership in the Dalhousie Faculty of Graduate Studies is required to teach graduate courses, serve on supervisory and examining committees, and supervise or co-supervise graduate students.

Application for regular membership is through the Department of Medicine (Research Office).

<https://www.dal.ca/faculty/gradstudies/faculty/membership.html>.

Dalhousie Funding Opportunities and Resources

<https://medicine.dal.ca/research-dal-med.html>

<https://dmrf.ca/>

<https://dmrf.ca/awards-grants/>

Nova Scotia Health Authority (NSHA)

Ms. Lisa Underwood, Director
Research Services
Centre for Clinical Research Building
5790 University Avenue
Halifax, Nova Scotia B3H 1V7

lisa.underwood@nshealth.ca

<http://www.cdha.nshealth.ca/discovery-innovation/contact>

Research Methods Unit

Ms. Daniela Meier, Manager
Research Methods Unit
Centre for Clinical Research, 5790 University Avenue
Halifax, Nova Scotia B3H 1V7

rmu@nshealth.ca

Opening New Accounts/Transfer of Research Accounts to NSHA

Ms. Stacey Pyke
Research Administrative Coordinator
Contract and Grant Facilitation Office
Research Services, Centre for Clinical Research
Rm. 121, 5790 University Avenue
Halifax, NS B3H 1V7

Tel: 902-473-6682

stacey.pyke@nshealth.ca

Account inquiries

Ms. Jane MacLeod
Analyst, Finance and E-Information Management
Nova Scotia Health Authority
Room 813, Bethune Building
1276 South Park Street
Halifax, Nova Scotia B3H 2Y9

Tel: 902-473-5705

jane.macleod@nshealth.ca

Hiring Research Staff (including post-doctoral fellows)

Ms. Judith Thompson
Research Human Resources Manager

Tel: 902-473-1337

judith.thompson@nshealth.ca

NSHA Research Services

Information and a brochure of their services are available on the NSHA Intranet at <http://www.cdha.nshealth.ca/discovery-innovation/about>

NSHA Funding Opportunities and Resources

NSHA Research Fund Grants:

<http://www.cdha.nshealth.ca/discovery-innovation/research-fund>

QEII TRIC Grants:

<http://www.cdha.nshealth.ca/discovery-innovation/qeii-fdn-tric-grants>

Research Methods Unit:

<http://www.cdha.nshealth.ca/discovery-innovation/research-methods-unit>

The DoM has research 'credits' with the RMU which allow DoM researchers to charge RMU services to the DoM for eligible projects – see RMU Consultation Request form at the website identified above.

Research Ethics Board:

<http://www.cdha.nshealth.ca/discovery-innovation/ethics>

Maritime SPOR Support Unit:

<http://www.cdha.nshealth.ca/discovery-innovation-16>

NSHA Library Services:

<http://library.nshealth.ca/Home/Request>

NOVEMBER 2018

APPENDIX 1

DEPARTMENT OF MEDICINE POLICY

Department of Medicine Travel Policy

Effective July 1, 2014

SECTION I – PURPOSE

The Department of Medicine encourages the active participation of Department physicians in scientific meetings, conferences and workshops. Financial support for this policy comes from the Department of Medicine's annual budget and as such is restricted by available funding. Members also recognize that maintenance of high calibre education, patient care, research and administrative programs will necessitate plans for adequate local staffing and this will from time to time limit travel opportunities. The Department also provides funding for resident and staff travel to meetings and courses. Residents are encouraged to participate in research projects as part of their residency training.

SECTION II -TRAVEL COMMITTEE TERMS OF REFERENCE

Membership: There is a standing Travel Committee of the Department of Medicine consisting of a Chairman and two members as selected by the Department of Medicine Nominating Committee. The terms of the committee members are staggered to provide for continuity of membership. The Department Head and Chief Financial Officer are ex-officio members of the committee.

Chair: The Chairman will be selected from one of the three members of the Department of Medicine sitting on the Travel Committee as recommended by the Nominating Committee of the Department of Medicine.

Voting/Quorum: All members may vote. In the event of a tie vote, the Chair will cast the deciding vote.

Frequency of Meetings: Meetings are held as required.

Attendance: Representatives on the Travel Committee are to attend at least 50% of the meetings.

Reports to: This Committee reports directly to the Financial Management Committee and Executive. If required, a yearly report to the Department is made as well.

Specific Responsibilities of the Travel Committee include:

1. Regular review of the travel expenses for physicians, residents and staff members of the Department of Medicine.
2. Upon review of the travel expenses make recommendations to the Executive and Financial Management Committees with respect to policies for controlling costs and appropriate limits for travel expenses.

SECTION III - FUNDING, ORGANIZATION, AND ADMINISTRATION

Travel funds should be derived from the Faculty of Medicine, research grants to individual faculty members, departmental operating budget, University Internal Medicine Research Foundation and other sources wherever appropriate.

Individual Hospital Teaching Units may, from their operating funds, initiate and fund travel of importance to their own unit outside the terms of reference of this policy but in accordance with the Department's Practice Plan Guidelines.

SECTION IV - PHYSICIAN TRAVEL

Educational Leave

Physicians are entitled to one week of educational leave prorated by FTE subject to approval by their Division Head.

Annual Travel Allowance

Physicians will be paid an annual travel allowance each January prorated by their FTE as of December 31st. The amount of the travel allowance will be approved during the annual budget process by the Financial Management Committee. As independent contractors this allowance will continue to be taxable income.

Research Travel Eligible for Reimbursement

UIMRF will include an annual budget for research travel. Each physician member would be eligible for the funding of one research trip per year. An eligible research trip would include attendance at a meeting in which a member presents a paper or a lecture.

Program Directors Travel

Each division will be allocated travel funds for one trip per year for their Program Director to attend a Royal College specific educational conference or meeting in addition to the above policy. Per diem expenses for food (based on Dalhousie's travel policy) and registration fees, if any, will also be paid for this travel.

Pre-Travel Authorization

A physician wishing to have travel expenses reimbursed by the Department must have authorization from his/her Division Head at least one month prior to the expected travel date. Travel for Division Heads must be approved in advance by the Department Head.

Expense Claim

Completed travel claims must include **original receipts** and be submitted to the Finance office **within 60 days** of the travel having taken place.

Expenses Eligible for Reimbursement

Transportation – reimbursement will be made for economy return airfare (ex. Tango/Tango Plus) up to a maximum of \$1,500. Flight cancellation insurance may be included in the cost of airfare. Proper documentation must be submitted.

Ground Transportation – ground transportation for travel to and from the Halifax International Airport will be reimbursed at the rate of \$50 per one way trip. This flat rate is intended to help offset the costs of getting to and from the airport via taxi or a personal vehicle and parking. Receipts are not required.

Ground transportation that is required from other airports to a hotel or other travel depot will be reimbursed based on submission of actual receipts. When a car rental is required to meet ground transportation needs then reimbursement will be made for the rental of a compact car (no extras) based on actual receipts. In

instances when a physician uses a private vehicle rather than air transportation to and from the meeting location, then reimbursement will be based on the km rate used by Dalhousie University. The maximum reimbursement will be the lesser of economy airfare or the kilometers traveled times the Dalhousie reimbursement rate.

Hotel – reimbursement will be based on actual expenses up to the following maximums:

\$215 per day at a Canadian hotel (excluding Vancouver BC)

\$310 per day at an international destination (including Vancouver BC)

Reimbursement will be paid for each meeting day plus a travel day if circumstances warrant it. A copy of the hotel receipt is required with submission of receipts.

Registration Fees - reimbursement will be made for course or conference registration fees. For research travel the reimbursement will be up to a maximum of \$700.

Documentation notification

When proper documentation is not submitted (for example, fly first class and don't provide a quote for the economy airfare) then the Finance office will determine what a reasonable fare would have been and will reimburse the physician based on that information.

SECTION V - RESIDENT TRAVEL

Application for Travel Funds

All Department of Medicine residents are eligible for funding under this policy. Residents are eligible for a maximum of two funded trips per academic year July 1 to June 30th. At least one of these trips must be a trip for the purposes of presenting a research paper or poster. Residents are encouraged to participate in research projects as part of their residency training.

With respect to the one (1) allowable educational trip per academic year, the resident must consult with his/her program director to ensure that the scientific meeting or course offers an appropriate learning experience.

In the period of the first three years of residency training (i.e., R1/PGY1 to R3/PGY3), it is suggested that one course and two scientific meetings might be a reasonable combination for the allowable educational trips, with the course occurring in either the second or third year.

A resident applying for travel support must first complete their Conference Leave Request form and be approved by the Chief Resident(s), the affected Service(s) and the Education Office (or Program Director for subspecialty trainees) before submitting the Resident Travel Claim Form – Pre Travel Authorization.

Approval of Travel Claim

The Travel Claim form should be approved by the relevant Program Director or designate before submission to the Department Finance Office. Once approved and processed by the DoM Finance Office a copy of the form will be returned to the resident, who at the completion of his/her trip will complete the section outlining actual travel expenses and return it to the Education Office or Program Director for signature and final submission to the DoM Finance Office for payment. Please allow sufficient time for processing of payments.

Expenses Eligible for Reimbursement

Transportation – reimbursement will be made for economy return airfare up to a maximum of \$900. Examples of economy airfare are Tango and Tango Plus. Proper documentation must be submitted.

If a resident is traveling for the purpose of presenting a research paper or poster and a reasonable airfare exceeds \$900 then reimbursement of the airfare in excess of \$900 may be considered. Approval must be received in advance from the Finance Office.

Hotel – a hotel per diem of \$130.00 per day is paid for each hotel night, with the maximum allowable hotel nights being the number of meeting days, plus one travel day if circumstances warrant it. A meals/incidental per diem of \$50.00 per day is paid for each hotel night. The maximum funding for the trip's combined hotel and meals/incidentals per diem is \$1,080.

Hotel and meals reimbursement for travel for the purpose of presenting a research paper or poster is eligible for reimbursement at the same rate as Physician travel.

Ground Transportation - ground transportation for travel to educational meetings and courses is not reimbursable.

Ground transportation for travel for the purpose of presenting a research paper or poster is eligible for reimbursement at the same rate as Physician travel for ground transportation (see page 5).

Registration Fees – registration fees for educational meetings and courses are not reimbursable. Registration fees are reimbursable up to a maximum of \$700 for trips involving the presentation of a research paper or poster.

If a resident attends a conference in Halifax Regional Municipality then they can claim their registration fees (up to a maximum of \$700) in lieu of airfare.

Completed travel claims must include **original receipts** and be submitted to the Finance office **within 30 days** of the travel having taken place.

A **copy of the meeting agenda** confirming official dates and a **copy of the hotel receipt** are also required.

SECTION VI – OTHER TRAVEL

The Department of Medicine encourages the professional development of its staff and is supportive of staff travel. Subject to budgetary constraints Department of Medicine employees are eligible for one trip per year. The purpose of the travel should be to support professional development, to support learning associated with improving an employee's skill set, sharing of knowledge, and job related learning. All travel must be approved in advance by one's supervisor and will be subject to budget approval.

Included in this category are Department of Medicine employees who are:

- Research faculty (PhD's)
- Research support staff

Does not include physician travel. Research, clinical and postdoctoral fellows; masters students; medical students; nurses; and technicians are not eligible for travel support from the Department.

Expenses Eligible for Reimbursement:

Transportation – reimbursement will be made for economy return airfare up to a maximum of \$1,000. Proper documentation must be submitted.

Ground Transportation – ground transportation to and from the Halifax airport will be based on actual expenses (private vehicle km traveled and parking or taxi). The km reimbursement rate is based on Dalhousie University's policy (currently 0.44 cents per km). Ground transportation that is required from airports to a hotel or other travel depot will be reimbursed based on submission of actual receipts. When a car rental is required to meet ground transportation needs then reimbursement will be made for the rental of

a compact car (no extras) based on actual receipts. Reimbursement for private vehicle use instead of air transportation will be the lesser of airfare and km reimbursement.

Hotel – reimbursement will be based on actual expenses up to a maximum of \$215 per day. Reimbursement will be paid for each meeting day plus a travel day if circumstances warrant it. A copy of the hotel receipt and proof of payment is required with submission of travel claim.

Meals – a per diem rate (based on Dalhousie University’s travel policy) will be paid for meals including taxes and gratuities. The current rates are: breakfast \$10.00, lunch \$14.00, dinner \$24.00. These rates will be paid for those meals that are not provided for at the conference. The submission of receipts is not required; however there will be no reimbursement of meal expenses in excess of the rates listed above.

Registration fees – only reasonable expenses will be reimbursed. The travel claim must be submitted to the Finance Office **within 30 days of travel**.

The travel reimbursement form is available on the DoM shared drive, under folder DoM Finance Office. Pre-travel authorization is required. Finance Office contact: Mc'Edward.Jones@nshealth.ca

Appendix 2



DEPARTMENT OF MEDICINE RESEARCH AWARDS

GUIDELINES

Purpose

The Dalhousie University Department of Medicine distributes awards to members within the Department who have demonstrated excellence in research in the previous three years. The main purpose of these awards is to honor and publicly recognize the members' research achievements. Presentation of these awards also aims to encourage research involvement amongst Department members.

Eligibility Criteria

Awards are presented for achievement to members whose primary appointment is in the Department of Medicine. Individuals in one of three groups determined by the individual's academic rank (lecturer/assistant professor; associate professor; full professor) are eligible to apply. Ordinarily individuals would receive an award no more than once in their career for each academic group. The amount of protected time for research, as indicated in the member's practice profile, will be taken into account during the adjudication process. Special consideration will be given for members in the first three years following their initial academic appointment.

Number of Awards

Consideration of awards will be given on an annual basis; however, depending on the merit of the application, they will not necessarily be given every year. These awards will be presented at the Department's annual Research Evening.

Nomination Process

Any department member may nominate potential candidates. It would be expected that most nominations would come from Division Heads. The Department Head may nominate Division Heads. To nominate an individual, please submit an electronic copy of the following information to the Research Office, Room 450, Bethune Building.

- a covering letter justifying the nomination,
- a completed application form (*available Research Office 473-6696 or kathryn.nelson@nshealth.ca*)

Nomination Deadline

Nominations must be submitted to the DoM Research Office not later than September 30th.

Award Review Process

All applications will be reviewed by the Research Committee using the following criteria to guide their decision. Fulfilling minimal nomination criteria will not necessarily result in the receipt of an award.

CRITERIA TO GUIDE ADJUDICATION OF RESEARCH AWARDS

The following benchmarks, in addition to the amount of protected time that an individual member has for research, will be used in considering an individual for a Research Award.

- presentations at national or international meetings as first or senior author
- publications in moderate to high impact peer-reviewed journals as first or senior author
- publications in non-peer-reviewed journals as first or senior author
- holding external peer reviewed grant(s) as PI or co-PI
- holding internal peer reviewed grant(s) as PI or co-PI
- holding external salary support
- membership on a steering committee of national or international clinical trial(s)
- membership on a departmental, faculty, provincial, national or international peer review committee
- acting as a mentor and actively participate in research programs at Dalhousie, and
- supervising residents, fellows, or others in research activities.