

Associate and Assistant Dean Annual Reports 2016-17

Report	Page
Senior Associate Dean	2
Undergraduate Medical Education	4
Postgraduate Medical Education	6
Dalhousie Medicine New Brunswick	8
Continuing Professional Development and the Division of Medical Education	11
Research	15
Operations and Policy	19
Medical Sciences	24
Admissions	28
Student Affairs	31

Senior Associate Dean – Darrell White

Brief Overview of Roles & Responsibilities

Senior Associate Dean is a senior leadership role (0.6 FTE) that works collaboratively with the Dean, Associate Deans with Education Portfolios as well as the Assistant Dean of Student Affairs, Assistant Dean of Admissions, Assistant Dean of BSc Medical Sciences and the Director of the Global Health Office to help coordinate the educational mission of the Faculty of Medicine.

In addition to being alternate for the Dean, the Senior Associate Dean is responsible for special project work as well as ad hoc situations that may arise with a large student body. Recently the responsibilities of this position have been altered to include oversight of Student Affairs, Admissions, BSc Medical Sciences and the Global Health Office. The Senior Associate Dean will oversee the newly created office of Resident Affairs. Other duties include involvement in the Indigenous and African Nova Scotia Community initiatives through the Global Health Office; Academic Integrity Officer for FoM; representing the FoM on the IWK Health Authority Board; FoM lead for simulation development; representation on the Physician Resource Plan Medical Education Working Group; shared responsibility for FoM role in AFP Management Committee and negotiations. The Senior Associate Dean was the co-chair for the 2017 FoM Accreditation survey by CACMS and is the executive lead for the Engaging and Serving Society pillar of the FoM Strategic Plan.

Major Achievements in 2016/2017

- Ongoing involvement in the IMU student program. Dalhousie's representative and the North American caucus chair at the annual IMU Academic Council meeting.
- Successful review of Student Affairs and search for Assistant Dean, Student Affairs.
- Ongoing work with physicians, community and government to develop an LIC program in Nova Scotia. Site visits to Sydney, New Waterford and North Sydney.
- Ongoing collaboration with the African Nova Scotia Advisory Committee with successful community events and ongoing progress in admissions.
- Faculty lead for appointment and promotion structure for clinicians in the Faculty of Medicine (CAACD). Chair of committee examining revision of specific areas of CAACD.
- Chair of Tri-Provincial Committee which coordinates PGME administrative issues across three provinces including future coordination of provincial medical manpower plans.
- Ongoing lobbying of Doctors NS, government to remunerate community based faculty members.
- FoM representation on AFPMG with ongoing progress on AFP renewal. Alternate as FoM representative for AFP negotiation meetings.
- FoM representation on IWK Board.
- Faculty lead for review of the student learning environment. Ongoing development and improvement of this aspect of medical education.
- Co-lead for 2017 CACMS Accreditation review of Dalhousie. Interim Accreditation Review Coordinator for Dalhousie.

Issues for 2017/18

- Ongoing evolution and development of the Senior Associate Dean role.
- Review of and response to the 2017 CACMS accreditation survey.

- Planning and implementation of the FoM Strategic Plan, particularly the Engaging and Serving pillar.
- Establishment and development of the Resident Affairs office.
- FoM oversight of Student Affairs, Admissions, BSc Medical Sciences, Global Health, SimEd Network, CAACD.
- Ongoing development of the FoM response to the TRC report and targeted enrollment of underrepresented populations in medical school.
- Ongoing collaboration with NSHA, Doctors NS, DoHW and DoLAE leadership to increase distributed medical education.
- Effective faculty engagement in educational mission particularly in light of changes in NS health structure.
- Clinical teaching capacity expansion including possible expansion of Longitudinal Integrated Clerkships.
- Align education programs with NS Physician Resource Plan.
- Establish equity of funding of educational programs across the three provinces.

Undergraduate Medical Education – Evelyn Sutton

Area of responsibility

The Undergraduate Medical Education Office (UGME), through the Undergraduate Medical Education Curriculum Committee (UMECC) is responsible for the overall development, implementation, evaluation and assessment of the four year program leading to the MD degree. UMECC is aided by its subcommittees: Program and Faculty Evaluation Committee (PFEC), Committee on Assessment and Performance (CASP) and by the Med 1,2 and Med 3,4 curriculum committees.

Major Achievements 2017/17

- Accreditation site visit: the official report is pending but at the exit interview, the team did not list any deficiencies with respect to UGME curriculum management, program evaluation or student assessment.
- The Collaborative Health Education Building (CHEB) opened July 1, 2016 and the learning resource center relocated to its 3rd floor.
- The 2016-17 academic year marked the first iteration of the community-based project component of the new **Service Learning Program** under the supervision of Ms. Sarah Peddle. In total, the program includes 14 community partners (9 in Halifax and 5 in Saint John) and 27 Med 2 students (16 in Halifax and 11 in Saint John). Projects, based on community identified priorities, are near completion and collaborative presentations will take place at the year-end celebrations (May 8 in Halifax and May 12 in Saint John).
- The **Interprofessional Education (IPE)** curriculum received a significant realignment for the 2016-2017 academic year under the guidance of Dr. Stephen Miller. There is a spiralled curriculum that spans Med 1 to Med 4, composed of multiple activities for learners, both mandatory and elective in nature. In addition, the Faculty of Medicine [Interprofessional Education Advisory Committee](#) is now in place to advise UMECC on types and placement of IP activities. This committee meets monthly and reports to UMECC every six months—or more frequently, if required. Significant Successes:
 - Med 1—large scale IPE event; Dalmazing IP Challenge and First Year Cohn Event to 1000 first year Health Professions/Medicine/Dentistry students
 - Med 2—large scale Collaborative Stroke IPE Parts 1 and 2 (4 hours) to 400 Med, Nursing, OT, PT, SLP, and pharmacy students
 - Med 1 and 2---IPE mini-courses from a variety of topics that all students could select from a list of 20 courses
 - Med 3---embedded IPE/Simulation sessions—EM clerkship/OBGYNE clerkship/Peds clerkship
 - Med 4—reformatted IPE 3 week elective
- Brightspace, a university wide curriculum management system, replaced BBlearn and is proving to be successful.
- All Med 1 written exams were delivered using ExamSoft, an electronic exam delivery and scoring system. It allowed us to decrease turnaround time for exam results to students and to track their performance on longitudinal themes in addition to specific content areas. Standard setting exercises were held for units. By end of next academic year, all pre-clerkship rotations will have been completed.
- An electronic tracking system was developed to document in detail the educational delivery of each department. This will allow us to refine the Educational Ask to departments.

- Our graduating students were competitive and matched to programs here and across the country. Only one school (Queen's University) had a more successful match rate. After the 2nd iteration we have 2 students who remained unmatched and they will enrol in the Med 5 year.
- Our current Med 5s successfully matched to residency positions. Since its inception, our Med 5 students have a 100% match rate.

Issues that will impact the program in 2017/18

- Standard setting will continue to include all units in Med 2 and the Class of 2020 will continue to do all written exams electronically.
- Research in Medicine (RIM) will undergo major changes in governance and in curriculum delivery. CREO, a research education tool developed in-house at the IWK, will replace lectures in Med 1 to deliver content to students when they need it for their research projects. The coordination of RIM will move from the Research Office to UGME, which will bring it in line with other units. Assessment of professionalism will be formalized in the progress reports.
- **Service Learning:** The program evaluation survey results signaled the need to bring everyone together to review program's intended outcomes, processes and clearly outline roles and expectations for projects and timelines. Mid-program sessions were held at both campuses and will host orientation sessions this fall to address this concern. Without protected time, some students found it difficult to complete their projects. Project timelines are being revised with implementation of a required work plan with half of the project hours completed in each term, is planned for next year.
- **IPE:** Student and faculty feedback has been gathered and collated as the year has progressed. As curriculum is revisited for the upcoming year, changes will be incorporated based on this data. The following barriers need to be addressed:
 - Time and Space and scheduling alignment for IPE activities
 - Financial concerns for programming I
 - Infrastructure for simulation
 - Faculty expertise in IPE and Simulation
- To meet the calls to action of The Truth and Reconciliation Commission's Report (TRC) on recommendations for health education, there is a proposed course being developed for first year students in the Faculty of Dentistry, Medicine, and Health Professions. This course is in the 'proposal' stage and planned for a pilot in 2018 for the first year with on campus students (Medicine, Dental, Nursing). Once evaluated, the course will be expanded in the second year to students in distance programs.

Postgraduate Medical Education – Andrew Warren/Geoff Williams

The Postgraduate Medical Education office (PGME) is responsible for all of Dalhousie’s post-MD medical education programs. These include specialty and sub- specialty residencies, certificate-of-added-competency programs, RCPSC diploma programs, and university fellowships. The 10 PGME office staff, led by Director Christine Silver Smith, provides supports to learners and faculty leads in all of these programs. In 2016-17, Dalhousie hosted 54 accredited RCPSC programs of which 50 were active. It also hosted 3 CFPC programs (Family Medicine, Integrated Family Medicine-Emergency Medicine, and Enhanced Skills) delivered over 8 sites. These programs had a total of 590 postgraduate learners registered in 2016-17. For direct entry programs, the most recent CaRMS match resulted in all of the positions offered, fully filled.

Our main activities in PGME over the last year are listed below. Activities have been grouped under the relevant Faculty of Medicine strategic plan heading.

Education

- Development and implementation of new learning resources, policies and procedures to ensure compliance with undergraduate (CACMS) standards related to resident teaching and assessing of medical students.
- Ongoing preparation for PGME Accreditation onsite visit through review of new standards and completion of follow-up from the internal review process. This includes receipt and consideration of progress reports from programs deemed to require them; as well as completion of follow-up “on-site visits” by the Asst./Assoc. Deans for programs predicted to receive a follow-up accreditation status of something other than “next regular survey” at the RCPSC / CFPC on-site visit in November 2018.
- Establishment of a faculty-wide project manager for Competency by Design, Ms. Tanya Matheson, to support implementation of the RCPSC model of competency based education here at Dalhousie.
- Implementation of the recommendations of the 2015-16 PGME Task Force on resident wellness (A McGibbon/S Manos – CoChairs): establishment of resources for a Resident Affairs office and recruitment of an Assistant Dean, Resident Affairs, to support resident wellness at Dalhousie.
- Completion of collaborative site visits, and a report of same, for New Brunswick-based residency sites. These visits were made by the Asst/Assoc Deans-PGME with the Associate Dean-DMNB and the Regional Education Lead for Horizon Health.
- Completion of the work of the task force on resident remediation including a draft new evidence-informed remediation policy for PGME (M Bosma – chair).
- Hosting of the Program Directors and Administrators Education Day themed “Shifting landscapes in Education: Innovate, Motivate, Integrate” (run in cooperation with the office of CPD) with special guest Dr. Preston Smith from the University of Saskatchewan.
- Support and organization of multiple faculty-wide resident and student learning events including career night (with Student Affairs), a Communication Skills Course (with DME- J. Evans) for first year residents, Chief Residents Day (G Williams), and a Senior Residents Transition Course (run with the CMA).

Serving and Engaging Society

- Establishment and completion of the work of the task force on Opioid Teaching in PGME (G. Williams, chair) leading to the establishment of an evidence-informed, tiered, targeted curriculum for postgraduate learners around opioid prescribing
- Ongoing participation in the Nova Scotia Physician Resource Plan-Medical Education Committee to ensure Dalhousie's PGME programs are matched to regional physician resource needs.
- Negotiation of new training contracts with other provinces and the Department of National Defence for sponsorship of residency training at Dalhousie in disciplines with increased training capacity.

Research

- Continuing with PGME-based educational research activities, supported by the PGME Evaluation Coordinator, Dr Cindy Shearer and Learning and Teaching Coordinator, J. Acuna.
- Collaborating with other local and national researchers to implement and study innovative approaches to postgraduate medical education at Dalhousie
- Disseminating Dalhousie's innovative PGME-based research at local, national and international education meetings including the DME Symposium, CCME and ICRE
- Continued support for residents in fundamental-, clinical- and education- research programs at Dalhousie and elsewhere through the administration of the Killam, Ross Stewart Smith and Samuel R McLaughlin research awards

Operational, Organizational and Fiscal Renewal

- Re-design of workflow and staff responsibilities within the PGME office to better support residents, programs, students, program directors and faculty.
- Rebranding of the PGME Medical Education Unit (MEU) as the Medical Education Teaching and Research Office (METRO) to better reflect the services and support it provides
- Recruitment and retention of 74 visa-sponsored trainees – the largest number ever to train at Dalhousie

Dalhousie Medicine New Brunswick – Jennifer Hall

Areas of Responsibility include:

- Implementation of the undergraduate curriculum
- Ensuring faculty recruitment and preparation for teaching
- Appropriate physical learning environment in preclinical and clinical teaching sites
- Appropriate human, financial and physical resource supports
- On-site biomedical research facility with operational support
- Support for occupational chair and basic scientists in performance of activities
- Development and maintenance of effective relationships within the Faculty of Medicine and the Clinical communities
- Community engagement in support of social accountability
- Development of an interprofessional education community.
- Facilitation of postgraduate activities in New Brunswick

General:

- The tripartite agreement among Dalhousie University, the government of New Brunswick and the University of New Brunswick was officially signed in August 2016.
- The bipartite agreement between Dalhousie University and the University of New Brunswick was officially signed in January 2017.
- An affiliation agreement was signed between Dalhousie and VitaliteNB Health Network. The agreement provides the foundation to facilitate the process upon which Dalhousie and Sherbrooke medical students and residents can benefit from the available qualified training sites within New Brunswick.
- The Horizon Health Network/Dalhousie University Liaison Committee was established in accordance with the affiliation agreement as a means for conflict resolution. The terms of reference for the committee and membership have been recently updated. The preliminary focus of the group will be to define the role and responsibilities, reporting structure and funding of the Academic Clinical Head positions based in Horizon.
- April marked the completion of the CaRMS iterations with student performance comparable to the Halifax campus with an equal split between those choosing Family Medicine and Royal College specialty residencies. One student chose to match to a program in the United States. At the end of the second iteration one DMNB student remained unmatched.
- The fourth annual Student Conference of New Brunswick Medical Education was held in May. The CNBME is a bilingual event bring preclinical students together from both medical campuses in New Brunswick for discussions on areas of common interest.
- The search and survey for the tenure-stream Dalhousie Librarian II position, appointed by Dalhousie University and based at DMNB, concluded with Jackie Phinney being awarded the position.
- The New Brunswick Medical Education Leaders Committee continues to meet. The venue provides opportunity for collaboration on areas of common interest from Dalhousie, Memorial University and Horizon Health Network.

Curriculum:

- DMNB students continue to perform on par with the Halifax Campus including in the residency matching process and the Medical Council of Canada qualifying examination.
- Dr. Marc Nicholson was appointed Director of Interprofessional Education in February. With the growth of interprofessional education in the curriculum and the complexity of implementation, it has been clear that this domain needs dedicated resources in order to ensure the UGME objectives are met and the relationships with allied health care professionals in the local environment are developed.
- The fourth longitudinal integrated clerkship site in New Brunswick based at the Dr. Everett Chalmers Hospital is fully subscribed for the fall of 2017.
- Dr. Ross Morton was appointed Skilled Clinician Course Director in January replacing Dr. Christopher Vaillancourt.

Faculty Development:

- We continue to successfully recruit and engage faculty from all five DMNB sites for various roles including curriculum delivery, assessment and evaluation of students as well as development and delivery of faculty development sessions. An online tutor development program to facilitate tutor preparation with ongoing updates to course material was introduced with good uptake.
- Collaboration continues between DMNB and MUN to consolidate resources for the effective delivery of faculty development in the Province.
- A focussed faculty development plan for Longitudinal Integrated Clerkship Dalhousie (Fredericton), Internal Medicine (Saint John) and Psychiatry (Saint John) is currently in the development/delivery stages.

Research:

- A number of prestigious research grants were awarded to DMNB researchers in the 2016/2017 fiscal year, including
 - A salary award and research operating grant to PI Dr. Thomas Pulinilkunnil from Diabetes Canada totalling \$700,000
 - A research operating grant to co-PI Dr. Keith Brunt from the Heart and Stroke Foundation of Canada which will bring \$134,500 to DMNB
 - \$70,000 awarded to PI Dr. Anil Adishes from WorkSafe NB
 - A 5-year national team research operating grant led by PI Dr. Tony Reiman totalling \$5 million from the Terry Fox Research Institute
 - A 5-year SPOR research chair funded jointly by CIHR and NBHRF totalling \$1M to PI Dr. Reiman
- In total, new funding awarded to DMNB researchers this year, mainly via either UNB or Dalhousie University, was over \$7 million.
- Purvi Trivedi (Pulinilkunnil Lab) and Ashley Eadie (Brunt Lab) successfully completed the requirements of Dalhousie University Master's program in New Brunswick
- Kenneth D'Souza (Kienesberger Lab) received the Vanier Canada Graduate Scholarship awarded to doctoral students valued at \$50,000/year for three years.
- Currently there are a total of 3 graduate students and 5 PhD Students working the facility.

- The Canadian Council on Animal Care (CCAC), the national peer-review organization responsible for setting, maintain, and overseeing the implementation of high standards for animal ethics and care in science throughout Canada, conducted a site visit in September and recommended full certification of the facility.
- Plans are moving forward to begin the process to advertise for an faculty member in the Department of Community Health and Epidemiology to join the DMNB Research team.

Community Engagement/Social Accountability:

- In January Joe MacEachern, Manager for Indigenous and Diversity Programs, joined Dr. Jennifer Hall, Associate Dean DMNB, Dr. Rob Boulay, Assistant Dean DMNB Clinical Education, and Pamela Bourque, Chief Operating Officer, on a site visit to the Eel Ground First Nation Health & Wellness Centre. Eel Ground First Nation is a Mi'kmaq First Nation band located in Miramichi, New Brunswick. Strategies to increase the awareness of LICD students on health issues and cultural differences were identified.
- A Lunch & Learn Series will be introduced beginning in June to celebrate 3 – 4 National Recognition Days each year. The first in the series of days selected will be on 21 June, 2017 in celebration of National Aboriginal Day. Students, staff and faculty will be invited to an interactive session led by Dr. Mike Perley, Woodstock First Nation, Aboriginal Health: Integrating traditional and western medicine.
- The Dean's Retreat will be held in Fredericton New Brunswick Oct 27, 2017 with the focus on the FOM serving the Maritime Community.

Future Challenges

- As DMNB matures, academic billing numbers as provided in the tripartite agreement may not meet the needs of the program. The concept of alternate funding plans (AFP) will need to be an item of discussion with the New Brunswick Medical Society and Government to allow faculty more opportunity to fully engage in academic delivery in New Brunswick.
- The determination of NB residency status continues to be an issue, where applicants who are clearly NB residents do not meet the criteria and are denied the opportunity to interview for a NB position.
- Given the Memorial University agreement with the Province and their desire to expand education capacity in NB, the management of clinical and administrative resources continues to be of concern.
- Preparation is required to ensure that the postgraduate program streams based in New Brunswick in Family Medicine and Internal Medicine meet or exceed the new Postgraduate accreditation standards for the November 2018 full accreditation visit.

CPDME (Continuing Professional Development and the Division of Medical Education) – Connie LeBlanc

Continuing Professional Development (CPD) and the Division of Medical Education (DME) have enjoyed a very productive year. This was accreditation year in CPD, and our review, although not yet final, was extremely positive overall.

In January 2017, we became a merged unit with the Division of Medical Education to formally include programming across the continuum of medical education including research, communication skills, humanities and critical thinking in Medical Education. This exciting opportunity to develop two - three programs of research that will be specifically supported through faculty recruitment, staffing and funding, provides an exciting next step for our office. The newly merged CPD+DME unit will replace two retiring faculty members (Dr. Joan Evans and Dr. Joan Sargeant) with two full-time tenure track PhD positions.

Strategic planning work has been ongoing since the date of the merger to delineate the work in each of the portfolios and to define the function of this merged unit. Once defined, we will set up a form to meet that function.

A co-leadership model with a managing director and an Associate Dean working closely together to lead as a team has provided strong, consistent, leadership and direction for this office. This year we developed and conducted a rigorous needs assessment to inform our programming, and we have begun to implement this in our co-sponsored programs as well.

It was also a sad year with the sudden passing of Dr. Karen Mann in late November 2016. Dr. Mann was Professor Emeritus, DME and since her joining the medical school in the 1980's, has made invaluable contributions to medical education at Dalhousie, nationally and internationally. She is missed.

Conferences

Our two large-group Family Medicine Refresher conferences in December and in April continue to be well attended. We have continued to include a greater number of break-out sessions and small group sessions to allow networking and interaction as these have been successful over the past year. This work has been made possible by the support of WorkSafe Nova Scotia. Poster presentations from the Maritime communities on innovations and scholarly work allowed participants to share their work and find collaborators in the region. We have successfully piloted a faculty coaching program and will offer this to more speakers moving forward. We offered the boutique conference on Choosing Wisely with Academic Detailing for the second time in October 2016, and we are already planning for October 2017.

In DME, the Thomas Fear and Alice Morgans Fear Memorial Education Conference was co-led with the Department of Psychiatry and targeted physician resilience *"Ballast and Buoyancy: Successfully Sailing Through Your Medical Career"* and was well attended. Grand rounds in DME are ongoing and aim to address the hidden and null curriculum.

Medicine Matters, a conference for General Internal Medicine specialists has continued to grow. CPD serves as a co-sponsor for the following events: Shared Care in Urology, Atlantic Canada Cardiovascular Conference, Atlantic Canada Stroke Conference, Atlantic Pain Conference, Update in Rheumatology and Care by Design -Long Term Care Conference. Our conference on Academic Detailing and Evidence Based Medicine at White Point Beach in October 2016 was a huge success. This interdisciplinary conference was supported by Doctors Nova Scotia and the DOHW. This year, through support from Doctors Nova Scotia, DEANS and CADTH, it will take place at the Atlantic Oak Island Resort, and we will once again integrate Academic Detailing and Choosing Wisely Canada.

Faculty Development

The faculty development team continues to develop innovative and user friendly offerings. From lunch and learns to webinars, attendance has increased. The Teaching and Assessing Critical Thinking levels 1 and 2 programs developed in collaboration with the Critical Thinking Programs continue to be in high demand both locally and internationally. The new program to provide leadership skills for emerging faculty leaders (ELAM) was launched in the fall of 2015. The Clinician as Teacher (CAT) and Resident as Teacher (RAT) programs have provided over 4000 physician-hours of faculty development and continue to grow. We have continued to work with departments and program directors to provide the RAT sessions as part of their mandatory academic teaching content and have worked closely with the internal medicine residency program leadership to provide a bespoke and longitudinal RAT course in 2016-17. This course is being formally evaluated using OSTE stations. The new tutor training sessions including the flipped classroom model allow just- in- time faculty involvement and use face-to-face sessions for actual interactive portions of this learning. The number of tutors accessing training has increased since the inception of this program.

Community Hospital Programs and Webinars

Our Community Hospital Programs offer CPD in fourteen communities across Nova Scotia at regular intervals based on local needs assessments. These programs, funded by Doctors Nova Scotia, are well attended and receive great feedback. Attendance at these sessions has continued to grow. Webinar attendance numbers are solid, and the feedback has been excellent. Regular webinars in Faculty Development are ongoing and attendance is good.

Academic Detailing Service

This service offering the detailing of evidence to practicing physicians has been demonstrated to be the most impactful intervention in medical education for therapeutics. Funded by the Drug Evaluation Alliance of NS (DEANS) of the DOHW, we conduct a comprehensive review of the evidence, synthesize our findings and trained pharmacists visit physicians either solo or in groups in their practices to share the evidence. Phase 1 of our comprehensive evaluation process is nearing completion and we are embarking on the second phase of this longitudinal QI process. Our recent topics include COPD therapies and the treatment of anaphylaxis. We hope to disseminate the latter topic broadly and have received a grant from the DOHW to evaluate the translation of this material to the bedside.

Communication Skills

The Communication skills program remains active and provides the required communication skills instruction in UGME, PGME, and CPD under the leadership of Dr. Joan Evans. Dr. Evans also provides

remediation across the continuum. Work is underway to develop a plan to meet these ongoing needs moving forward within the merged CPDME unit.

Critical Thinking Program

Integration of the Critical Thinking program into additional UGME units: ProComp, Skilled Clinician and the clerkship PIERs is ongoing under Dr. Pat Croskerry's leadership. Supported by the ongoing popularity of TACT-1 and TACT-2 offered in collaboration with Faculty Development, this program continues to provide high caliber learning across the continuum. Inclusion of sessions in CPD events has also increased enhancing visibility in other settings. Work is planned to develop a video series with Med IT for inclusion in the curriculum and in the TACT programs.

Humanities Heals

This vibrant program led by Dr. Wendy Stewart has seen a high level of success in 2016-17. The Health Professions Chorale, Artist in Residence program, history of medicine, writing program and theatre program are all functioning well and a number of events are hosted annually. Several presentations of the Worksafe NS and Worksafe NB theatre program were included in Refresher conferences and were well received.

Education Research Achievements

- Dr. Joan Sargeant: Recipient of the Ian Hart Award of the Canadian Association of Medical Educators 2017;
- Dr. Joan Sargeant: Stemmler Foundation Grant (\$150,000 USD) Work in facilitated feedback funded is nearing completion;
- Dr. Anna MacLeod: SSHRC Insight Grant (\$228,000) - Becoming a Professional Through Distributed Learning: A Sociomaterial Ethnography;
- Dr. Joan Sargeant and Dr. Constance LeBlanc: CPSNS funded work (\$150,000)- Developing and evaluating a peer review program for NS physicians;
- Dr. Karen Mann (posthumously): AFMC Award for Faculty Development, and from the International Malaysian University, an honorary Doctor of Medical Education, in recognition of her 9 years of contributions to developing their new medical school;
- Dr. Constance LeBlanc is serving as co-lead with Katie Mallam of DoctorsNS for Choosing Wisely Nova Scotia and has received support from Health Canada in the form of a Regional Support Grant to support a manager for the first three years of this work;
- Many Living Lab Grants are held by CPDME units.

Research and Innovations

Diversity in Leadership Study: This work is part of an environmental scan for the *"Diversity in Senior Leadership Working Group"* chaired by Dr. Jean Marshall. Co-PIs Dr. Constance LeBlanc and Dr. Christy Simpson are working with Tanya MacLeod conducting semi-structured interviews estimated to be completed by June 2017. These results will be shared broadly.

Choosing Wisely Canada: Our work with Choosing Wisely (CWC) continues to evolve. The Try-Try-Apply research project is completed and this work will be written for publication and used to develop

communication strategies for healthcare providers. This concept was presented at the CWC inaugural conference in Toronto in March 2016, and as an invited plenary in Calgary 2017. Dr. Constance LeBlanc, Tanya MacLeod, Katie Mallam (DoctorsNS), and Dr. Samuel Campbell have been successful in obtaining Health Canada funding to support this work moving forward.

ALTCN: Supported with a Technology Evaluation Grant (TVN) we have completed a review of the evidence for use of antidepressants in the frail elderly both with and without dementia. This work will culminate in a publication, and has been presented to the National Frailty Network and in the Department of Medicine research Day. (Co-PIs: Dr. Constance LeBlanc and Dr. Laurie Mallery)

Ae4Q at Dalhousie: We are working with the Charles Keating Emergency Department to improve door to needle times in sepsis using knowledge translation and an interdisciplinary approach. This work is ongoing and will be disseminated once complete. (Dr. Constance LeBlanc and Dr. Darrel Chiasson)

Medical Education Research

- The faculty members' perspectives on remediation work is ongoing and we will publish this once completed. This qualitative work will inform our approach to remediation and faculty development in this area. (Dr. Lara Hazelton, Dr. Constance LeBlanc and Michelle Boudreau)
- An evaluation project for the Resident as Teacher (RAT) program has been conducted and data are being analysed to support its formal inclusion in the curriculum in Internal Medicine (Dr. Ian Epstein, Dr. Constance LeBlanc and Tanya MacLeod)
- Work in feedback funded by a Stemmler grant to develop a model for facilitated feedback is now complete. Testing an evidence based model for facilitating performance feedback and improvement in residency education: what works and why? (Joan Sargeant PhD and Michelle Boudreau)
- Working with the CPSNS, we have developed tools to assist peer-reviewer physicians and peer-reviewed physicians in Nova Scotia using the Federation of Medical Regulatory Authorities of Canada's Physician Performance Improvement (PPI) Framework to enhance their work. We have completed a pilot and are moving into the launch in 2017 for all Family Physicians in primary care in Nova Scotia. (Dr. Constance LeBlanc, Joan Sargeant PhD, Dr. Graham Bullock, Mary Power and Heather Elliott)

Medical Research Development Office – Roger McLeod

The Medical Research Development Office (MRDO: <http://medicine.dal.ca/research-dal-med.html>) is overseen by the Associate Dean, Research (Roger McLeod) along with four Assistant Deans (CORES [Gerry Johnston], Research in Clinical Departments [Sultan Darvesh], Clinical Trials [Mike West] and Research DMNB [Tony Reiman]). The office is fortunate to have support from five dedicated and skilled staff members, Carla Ross (Director of Research Development), Jesslyn Kinney (Program Manager, Personnel Support Programs), Terrilyn Chiasson (Program Manager, PREP), Deanna Foster (RIM Administrative Clerk) and Sandy Bennett (Administrative Assistant). In January 2017, Deanna Foster left the office for a position in the Faculty of Dentistry. Her position remains vacant as of April 27, 2017.

MRDO and the research enterprise within the Faculty is further supported by the Faculty of Medicine Research Advisory Committee (RAC), a group of faculty members broadly representative of both basic science and clinical departments who participate in peer review of funding requests, resource allocation (e.g., such as CRC and CFI JELF assignments), and salary/stipend awards. The committee also supports MRDO in making strategic decisions about the use of limited funds and personnel. As a result of frequent consultations with, and input from RAC, the office ensures that available resources are focused on the creation, maintenance and oversight of core facilities (<http://medicine.dal.ca/research-dal-med/facilities.html>), matching and bridge funds, trainee/faculty programs (<http://research.medicine.dal.ca/academicresearch.htm>) (including stipend support, administration of research programs for residents, graduate and undergraduate medical students) and PREP (<http://www.dal.ca/faculty/prep.html>). In addition, the office is responsible for mentoring programs and internal peer review. Over the past year, substantial effort, through MRDO and RAC has been dedicated to development and implementation of the new strategic plan for research (#DalMedForward) (<https://medicine.dal.ca/about/dalmedforward/documents-resources.html>).

Major Accomplishments in 2016/2017

- CORES (CMDI, FACS, EGAD) were co-located to the first floor of the LSRI, joining Proteomics and Zebrafish. This move was enabled by a CFI Innovation Fund grant to Chris McMaster (Dalhousie lead). New infrastructure was also acquired as part of this CFI, the majority of which has been purchased and is now operational including:
 - BioSorter (EGAD)
 - LightSheet Z1 Fluorescence microscope (CMDI)
 - Q-trap LC/MS/MS with Shimadzu LC system (Proteomics)
 - Agilent Gas chromatograph (EGAD)
 - Agilent HPLC (EGAD) with in-line radioactivity detector (EGAD)
 - TLC plate radioactivity scanner (EGAD)
 - Micro-CT SkyScan (Animal Care)
 - *In vivo* rodent imaging system (IVIS) – Animal Care
 - Metabolic monitoring cages (Animal Care)
 - *In vivo* rodent muscle physiology test system (Animal Care)
- A draft version of the 2016/2017 CORES annual report has been reviewed by CORES Chairs and circulated to the Research Advisory Committee. On the recommendation of the CORES Chairs group, external reviewers will be asked to review the report and participate in a site visit over the

summer of 2017. A final report will be reviewed by RAC in the fall, where recommendations for changes to CORES administrative and operating structure will be considered.

- Supported and became engaged in the establishment of the Canadian Network of Scientific Platforms, an national organization for core facilities.
- Participated in AFRED (Atlantic Facilities Research Equipment Database). Has implications for marketing of CORES to external users in industry and other academic institutions.
- The Associate Dean Research also participates in two oversight committees for space allocation within the Faculty of Medicine (Short Term Space Management and Integrated Space Planning Committees). Substantial effort has been expended dealing with the assessment of space utilization within the LSRI and the Tupper complex. A complete space inventory was completed in March 2017. The transfer of the CMDI core (Tupper 13th to the LSRI has allowed the assignment of research space for two dry-lab research programs based in Psychiatry. In addition, the renovation of an existing basic science lab that bridges the Departments of Microbiology & Immunology and Surgery (Corcoran/Weeks) has been completed. Nevertheless, space allocation remains a significant concern.
- Two CFI Innovation Fund applications were submitted: CVIC, led by Roy Duncan and Craig McCormick and NMR, led by Jan Rainey. Carla Ross in MRDO assisted with budget preparation and project management.
- Project Management support and data acquisition were provided by MRDO for the CERC application led by Duncan and McCormick, beginning in January 2017.
- Faculty awards nominations were prepared by Carla Ross:
 - Ken Rockwood (Royal Society of Canada),
 - Jason Berman, Michael Dunbar, Jean Marshall, David Anderson, Sultan Darvesh, Susan Howlett (CAHS)
 - Christine Chambers, Jason LeBlanc (CIHR Gold Leaf)
- Over 200 applications for research funding were routed through MRDO in 2016/2017.
- Collaborative Research Grants for graduate student researchers were solicited in March and will be allocated through a peer review process before the summer.
- MRDO adjudicated the McCormick and Multiple Sclerosis Society Graduate Studentships in 2016. A second funding competition was announced, with deadline of May, 2017.
- MRDO facilitated the review of DMRF Weldon travel and conference grants.
- CFI JELF internal process and allocation of JELF funds were administered through MRDO, with peer review by RAC.
- Carla Ross supported Dalhousie Research Services (DRS) in the management of an internal peer review and submission process for CIHR Project Scheme applications in October. This will continue in 2017-2018. Applications from Medicine, Health Professions, Dentistry and hospital-based faculty, were submitted to MRDO. Reviewers were assigned, applications circulated and committee meetings set by MRDO. Evaluation of first stage success was as follows:
 - 33/74 applications overall (Dal + Hospitals) moved to Stage 2 (45%)[National success – 44%]
 - 20/29 “positively” internally reviewed and submitted applications to Stage 2 (69%)
 - 15/19 face-to-face (panel) reviewed and submitted applications moved to stage 2 (79%)
 - 13/42 applications NOT submitted for internal peer review moved to Stage 2 (31%)
- Bridge Funding – No funds were available for bridge funding in 2016/2017.

- Personnel support programs: Administered by Jesslyn Kinney, MRDO supports a number of research training programs including Research in Medicine (RIM) that was launched in September, 2013 and will see the first graduating class complete RIM this May. The third annual RIM research day was held in April and featured both poster and platform presentation by our medical students. The event brought together faculty, medical students, alumni, allied health professionals, and administrators across Dal medical school, to share information on a broad spectrum of student research, and to celebrate research excellence.
- Other training programs managed by Jesslyn Kinney include the Clinician Investigator Program (Royal College accredited program) and Medical Research Graduate Program (graduate degree program) both designed for medical residents and foreign medical graduates. As well as the Summer Student Research Program (SSRP) non-medical, available to those living in Nova Scotia of African descent and Aboriginal students with an interest in medicine and/or medical research.
- The office also oversees the recruitment, evaluation and renewal of endowed chairs and Canada Research Chair program within the Faculty. Formal structures for the evaluation of Chairs are under development to assess their impact on the research enterprise.
- Under the direction of Terrilyn Chiasson, PREP primarily supports our trainees by providing workshops to help enhance education and skill acquisition in areas such as responsible conduct of research (in accordance with the Tri-Agency Research Integrity Policy), career preparation for both academic and non-academic options, writing research documents, and communication skills. These workshops are free of charge and offer content that may not otherwise be available to these participants. The annual PREP Graduate Student Research Day is an excellent opportunity for trainees to share their research with others outside their departments, in the health research community, and to hone their research presentations in preparation for future conferences. This activity is free for all graduate students at Dalhousie who are conducting research related to health. PREP is supported by the health faculties within the University (Medicine, Dentistry and Health Professions) and the Faculty of Graduate Studies allowing for invaluable interdisciplinary collaboration and peer-learning. Over the past 4 years, more than 80 sessions have been offered, with an average of 15 participants per session, many of whom attend multiple sessions and express their appreciation of this supplementary education. With strong support from the Faculties of Medicine and Graduate Studies, our graduate and undergraduate medical students receive a notation on their transcripts recognizing their completion of a PREP research skills program. PREP contributes to the infrastructure of a successful research enterprise at Dalhousie and is a valuable 'support-system' and recruitment tool for investigators to bring new talent to the University. This Program provides invaluable 'in-kind' support to the Dalhousie research community.

Issues that will impact research in 2017/2018

- Core facility funding: Funding for core facilities has been accomplished through a combination of existing Faculty resources and the collegiality of our faculty members. Overall funding for core facilities remains unstable. There is still only one core facility with partial but secure multi-year funding (Enhanced Gene Analysis and Discovery). CORES will benefit from SIF funding, but this will cease in 2017/2018. This funding has helped offset the cost of relocating existing infrastructure into the new LSRI space and with ongoing maintenance costs. A stable cost-recovery model will need to be established for future viability. User fees may need to be increased.

- General research support: The major source of funding for research support within the Medical Research Development Office is derived from Clinical Trials and Contract Research Overhead (CTRO). This resource is slowly declining annually but still realizes about \$320k each year. In consultation with the Research Advisory Committee which sees all aspects of our budget and expenditures, the Office has placed highest priority on support of core facilities and bridge funding. CTRO has been used for CORES support, but other sources will be required to support bridge funding. We recognize that each year there will be unanticipated requests that have merit. We also need to recognize the considerable financial support for research that has been provided by the Dean and our finance office through various one-time sources of money. The Research Office will need to see a more stable source of funding in the future to support core facilities and mount much needed programs such as bridge and matching funds.
- Other financial challenges persist. There is an ongoing commitment of approximately \$70,000/year (in partnership with affiliated hospitals) to help with the shortfall in funding for the Challenge Unit within the Canadian Centre for Vaccinology (CCfV). This contribution is expected to be completed in 2018/2019.
- Because the University budget is insufficient to cover salaries of staff within the Office another \$150,000 is committed annually from CTRO. The PREP (including the salary of the program manager) also draws on the CTRO since this is the only source of funding for this support program.
- The new strategic plan implementation has and will continue to strain the available resources of the MRDO. Faculty have indicated the need for writing support, analytical expertise and project management support in order to complete the larger multi-disciplinary proposals that are becoming more common. One additional FTE is likely to be required in the near future.
- The RIM program will transition to the UGME office in May 2017 with the loss of our RIM clerk position to that office. Financial oversight of the program will be transferred to Finance.
- Search for a permanent Associate Dean Research should begin in 2017.

Operations & Policy – Anne Weeden

Operations and policy provides administrative supports and resources to enable the medical school's academic, teaching and research missions. Our group includes: Associate Dean, Operations and Policy; Assistant Dean, Operations; Directors of Finance, HR, MedIT and Performance/Accountability; and staff members that support these functions. The Associate Dean oversees coordination to ensure strategic and administrative integration. Together, this leadership team facilitates a vibrant and action-directed Faculty of Medicine capable of achieving its strategic vision.

The Operations and Policy staff would like to take this opportunity to acknowledge Diane Gorsky's leadership over the past 8 years. Diane resigned her position as Associate Dean in May 2017 and will be relocating to Cambridge, UK with her husband. As Associate Dean, Diane led a number of important initiatives on behalf of the FoM including strategic planning, AFP renewal, budgetary and governance reviews, internal and external stakeholder engagement and enhanced performance management practices and supports across the FoM.

2016-17 was a busy and productive year for Operations and Policy. Key highlights include:

Governance and Operations

- Continued planning for 150th Anniversary Celebration underway with a range of events/activities identified to celebrate medical school's anniversary
- Continued implementation of streamlined governance committees for improved space planning
- Launch of new faculty awards in education, clinical practice and community service.
- New resident affairs function created and combined with student affairs to create a new unit – Office of Resident and Student Affairs
- Coordinated the collection and collation of the Faculty's documentation for the 2017 undergraduate accreditation process; organized the site team's visit in March 2017
- Successful recruitments for the Head/Chief of the Department of Pediatrics; the Assistant Dean, Student Affairs; the Assistant Dean, Resident Affairs; recruitments underway for head/chief for Departments of Critical Care, Medicine, Pathology and Radiation Oncology.
- Departmental surveys/reviews completed for Biochemistry & Molecular Biology; Critical Care; Medical Neuroscience; Physiology and Biophysics; Obstetrics & Gynaecology; Urology
- Successful transition of Learning Resource Centre into new state-of-the-art facilities with governance structure in place (C3LR: Centre for Collaborative Clinical Learning and Research).
- Continued discussions with departmental and unit administrators to ensure effective communication and transparency of Dean's Office staffing and supports.

Building Services

- Worked with Facilities Management to facilitate the University's energy savings retrofit of the Tupper/CRC complex
- Renovations to the Kellogg Health Sciences Library space in the Tupper Building was completed in December. The new space includes 40 study spaces for students.

- The CORES program (Centralized Operation of Research Equipment and Support) has had construction completed on level one of the Life Sciences Research Institute. The newly constructed facilities on level one is now home to the Cellular & Molecular Digital Imaging Facility, the Flow Cytometry Facility and the Enhanced Gene Analysis & Discovery Facility. Other CORES facilities on level one are the Zebrafish Facility and the Proteomics & Mass Spectrometry Facility.
- The Dean's portraits located in the Tupper lobby have gone through a complete restoration project. The project began in 2016 with its last portrait completed in early 2017.
- Developed a new FoM Room Booking Policy which aligns with the University's Modernizing Academic and Space Scheduling (MASS) initiatives led by the Office of the Provost and Vice-President Academic. Department meeting rooms are now booked on the university campus booking system.

Human Resources

Launch of new staff leadership awards – to recognize and celebrate leadership staff and faculty leadership competencies The CORES program (Centralized Operation of Research Equipment and Support) has had construction completed on level one of the Life Sciences Research Institute. The newly constructed facilities on level one is now home to the Cellular & Molecular Digital Imaging Facility, the Flow Cytometry Facility and the Enhanced Gene Analysis & Discovery Facility. Other CORES facilities on level one are the Zebrafish Facility and the Proteomics & Mass Spectrometry Facility.

- Contribution to accreditation process
- Contribution to Dean's Office & Basic Science administrative review
- Increased recruitment support to departments/units
- Developed new tools/templates for department administrators
- Increased issues-management support to leaders

MedIT

This has been a very successful transition year for MedIT as the unit settled into a co-leadership model, with a focus on improving the culture and goal of "one MedIT." This was accomplished through the inaugural annual MedIT Retreat in June, followed up with full departmental meetings held monthly via Skype for Business where different staff members present and discuss the work they and their teams do, and cross-team collaboration takes place for projects and operational work.

- Improved team communication, engagement, and collaboration within the department, and with colleagues throughout the Faculty of Medicine and all of Carleton Campus
- Significantly improved communication and collaboration with the UGME office, facilitated by a focussed effort to implement a SharePoint solution for managing documents and lecture content
- New Systems Implemented:
 - Brightspace – new learning management system (with CLT/Library)
 - ExamSoft – online examination tool for UGME.
 - Panopto – new lecture capture and video management platform (with CLT/Library)
 - Novell retirement - migration to Network Attached Storage solution (with ITS)
- Development of partnerships throughout Dalhousie
 - Academic Technology Services – a strong relationship has been developed at a leadership level and discussions of aligning processes and sharing resources for mutual benefit are underway

- MedIT now has representation on many Dalhousie technology related committees
 - Health Science Committee on Classroom Services (Ian Taylor – Chair)
 - Dalhousie Classroom Planning Committee
 - eLearning Committee
 - Academic IT Steering Committee
- Continued delivery of high quality IT support services across the FoM (video conferencing, MedIT Help Desk, Classroom Support Services, Records Management, Videography, among others).

Finance Office

- Finance Committee met regularly throughout the year to review issues related to the Faculty's budget.
- Implementation of robust integrated budget development process for departments and units.
- Integration of Finance & HR functions/staff.
- Oversight of bursaries and awards:
 - A total of \$1.2M awarded to medical students: \$789K in bursaries and \$445K in scholarships
 - Bursary success rate 99% (284/288 received a bursary, of which the minimum was \$1,000)
 - Of the total bursaries, \$30,000 awarded to African Nova Scotian or Aboriginal students

Performance, Accountability, Policy and Planning

- Successfully completed consultation and plan development work for #DalMedForward, the faculty's strategic plan that will guide strategic initiatives for the next 5 years. Under the leadership of executive sponsors for the key strategic areas of Education, Research and Serving & Engaging Society, seven focus area groups have completed project plans that detail how we will implement our priority initiatives. Each group has identified measurable outcomes that will be tracked over the course of the plan. The #DalMedForward Oversight Committee will monitor progress and provide regular updates (<https://medicine.dal.ca/about/dalmedforward.html>)
- AFP negotiations completed and new contract signed. FoM actively involved in ongoing governance of new model.
- Records and Information Management project roll out continues with retirement of Novell server and migration to NAS and SharePoint. Records Management Analyst continues to work with Dean's Office units to help transition to new RM policy and procedures.
- Collaborated with UGME and MedIT to develop an academic activity tracking application that will consolidate data tracking of the various teaching activity. Department heads will benefit from a consolidated report of individual faculty teaching contributions, and the dean will be able to generate reports on overall department contributions for each academic year. This application will be critical in providing accurate reporting on AFP teaching deliverables.
- Preliminary discussions and planning underway for new LIC program in Cape Breton
- New Affiliation Agreement Oversight Committee – Dalhousie and health authorities working together to support effective program/facility integration and to ensure the overall success of the affiliation

Communications

- Plan to monitor Faculty of Medicine's website to maintain quality and brand standards developed and will be implemented during 2017/2018
- Monthly Dean's blog published on website to enhance internal communication and engagement
- Active traditional media relations and continued growth/development of social media including:

Traditional media (e.g., newspaper, online news, television and radio): members of the medical school community are featured in local and national media on a frequent basis (often daily.)

Facebook (e.g. media reporting on Dalhousie Medical School community; profiles; original FoM news stories; photos; etc.)

Twitter (original tweets and retweeted content from news outlets, partner organizations, Dalhousie accounts, and medical school learners, faculty, and staff);

Instagram

FoM website (all shared through social media)

Anticipating future challenges in the year ahead, the following challenges and opportunities are identified and will be addressed in 2017-18:

Governance and Operations

- With the departure of D. Gorsky, a review of the administrative functions within the Dean's Office is planned and will include determining how to organize and manage the functions of finance and communications.
- Continued efforts to addressing administrative space shortages for a range of Dean's Office units to support implementation of new strategic plan.

Building Services

- Laboratories in the Tupper complex are being reviewed for compliance to Environmental Health and Safety requirements. Both short and long term corrective plans are being developed based on SNC Lavalin's Tupper Building Safety Compliance Audit. It is expected that this project will continue throughout 2017 and into 2018.
- The Tupper Energy Retrofit project which started in early 2016 should be completed by the end of 2017.

Human Resources

- Ongoing workload pressures

MedIT

Many of the technology solutions planned for implementation over the next year will require users to understand how the systems work, and adapt behaviour to make effective use of the tools available. This means that MedIT must make a focussed effort to provide adequate and effective education sessions and training materials and for all users.

- Retirement of Jabber Video and implementation of a new software based bridging solution for delivery of Med3 distributed sessions

- Implementation of Records Management policy and document management strategy/tools
- PGME resident placement/scheduling tool
- Supporting the shift to Competency Based Medical Education

Finance Office

- Continued review of FoM budget and resources to ensure alignment with strategic plan (while operating in climate of fiscal restraint).

Performance, Accountability, Policy and Planning

- Implementation of #DalMedForward priority initiatives and ongoing monitoring and evaluation of progress
- Transitioning records management from project to operational; focus will be on staff training and resource support
- Enhanced reporting of AFP deliverables

Communications

- Engaging faculty, staff, learners and stakeholders in #DalMedForward priority initiatives.
- Supporting the FoM's strategic priorities by working with departments and units to tell the stories of faculty, staff and learners.
- Engaging faculty, staff, learners and stakeholders in the 150th Anniversary celebrations/activities.
- Monitoring and maintaining quality standards for FoM's website.

Medical Sciences – Sarah Wells

Areas of Responsibility

The Assistant Dean of Medical Sciences (Sarah Wells) serves as academic and administrative leadership for the Bachelor of Science in Medical Sciences Program, entering its 4th year in September 2017. This role involves the development and maintenance of working relationships with students, faculty, staff and administrative leaders to facilitate the continued success and expansion of the Program. The Assistant Dean chairs the Medical Sciences Program Committee and serves as the course coordinator for the (i) 4th year Capstone course, (ii) 4th year Directed Project course, and (iii) the 3rd year Experiential Learning course in the Summer term. The Assistant Dean works closely with the Program Coordinator (Julie Jordan), who oversees the day-to-day operation of the program, advises the students, monitors the success of various aspects of the program and suggests adjustments to areas in need of change, chairs the Honours Committee, and acts as the Honours Coordinator.

Admissions

Admission to the program is managed by the Registrar's Office. Offers are currently based on grades only. To be eligible, students must have Grade 12 English, Pre-calculus, and three additional university preparatory courses. Grades for the two required courses, plus the average of all five, are reviewed. The minimum grade to apply is 80%, but the cut-off is much higher. For each cohort to date, the starting cut-off has been 98% or 97%.

i) 2016/2017 Academic Year

As of September 19th, 2016, of the 915 applications processed, 131 students were accepted into the program, 10 of which were transfer students into second year, one into year three, and 120 into year one. Ninety-three of the accepted students were from the Maritime Provinces (71 NS, 18 NB, 4 PEI; up 5 from last year), 14 were from Ontario (up from 5 last year), three were from BC, four were from AB, and 11 were International (up from 7 last year). One-hundred and twenty-six offers were declined.

Our annual nine-question survey was distributed to the incoming cohort of students to gather information about enrolment and program interest. There was a 79% response rate, with 74% providing completed answers. When asked, "How important was the option of the Medical Sciences program in your decision to apply to Dalhousie?" 62% said that it was very important (a 5 on a scale of 1-5), 26% said it was important (a 4 on the scale) and only 2.6% said it was not important (a 1 on the scale). When asked the question "If you had not been accepted into Dalhousie Medical Sciences, would you still have come to Dal?", 47% said they would not have come to Dal, suggesting that almost 50% of the students are new to Dal (as we predicted). Interestingly, 72% said they would have gone to another school that offered a Medical Sciences program if they had not been accepted to Dalhousie.

ii) 2017/2018 Academic Year

Over 900 applications are also being reviewed for the 2017/18 academic year for 120 seats. As in other years, most of applications are coming from Nova Scotia (34%), Ontario (21%), or are International (20%). Twice as many offers are going to applicants from Nova Scotia as to Ontario applicants.

Major Achievements of 2016-17

1. New core courses offered for the first time

- **ANAT3010**, Department of Medical Neuroscience, for Medical Sciences students only
- **PATH3000**, Pathology Department, for Medical Sciences students only

2. New core courses approved for 2017/18

- **SCIE 4900** (Honours) to be offered in September 2017 (coordinated by MedSci Program Coordinator and developed with contribution by the Medical Sciences Honours Committee)
- **SCIE 4005** (Major Capstone) case-based course will be offered in September 2017 (coordinated by the Assistant Dean of Medical Sciences and developed with contribution by the Medical Sciences Program Committee). A library of cases is also under development.
- **CH&E 4010** to be offered in January 2018 (by the Department of Community Health & Epidemiology)

3. Research courses in medical sciences developed and approved (in keeping with other departments in the Faculties of Science and Medicine)

- **SCIE 3100** "Experiential Learning in Medical Sciences" half-course (3 credit hours) offered year-round (Fall, Winter, Summer); coordinated in Fall & Winter by Marie-Soleil Beaudoin (Physiology & Biophysics) and in Summer by Sarah Wells, Assistant Dean.
- **SCIE 4100** "Directed Project in Medical Sciences" Full-course, coordinated by Sarah Wells, Assistant Dean.

4. As per the request of the Faculty of Science Curriculum Committee, a set of criteria for **Medical Sciences Selectives** was created in consultation with the CLT and Medical Sciences Program Committee.

5. Four new selective courses were approved: PHYL 3600, SCIE 3100, SCIE 4100, ANAT 4010

6. Approval was received for a casual, part-time **clerical position** (Nov 2016 – May 2017). This position is filled temporarily, while a job description has been submitted to Human Resources for posting. We hope to start interviewing candidates for this position by June 2017.

7. The Medical Sciences team (Assistant Dean, Program Coordinator and Administrative Assistant) has secured **office space** in the Tupper Link and can be found in rooms 2L-C2 and 2L-C3.

8. An operations **budget** for Medical Sciences program has been submitted to the Faculty of Medicine.

9. Potential for **program expansion**: The approved application for the program stated that the Medical Sciences program would be introduced in incremental stages. In 2014 and 2015, an enrolment cap of 100 students was put in place. Although there was a proposed increase to 200 in 2016 and subsequent years, the Faculty of Science and Faculty of Medicine agreed to expand the number of

seats to 120 for 2016/17 and 2017/18, with discussions ongoing to consider expansion to 200. We will explore this possibility.

10. **Student Rating of Instruction** (SRI: online course evaluations administered by the Center for Learning and Teaching) have been added to current and upcoming Medical Sciences courses that did not have an SRI linked (ANAT 3010, PHYL 2044, PATH 3000, PHAC 3001, PHIL 2810, SOSA 2503, SCIE 3100, ANAT 4010, SCIE 4100, SCIE 4005, CH&E 4010). This is only a short-term solution (See issues affecting the program in 2017/18 below).
11. The Assistant Dean and Program Coordinator are co-authors on a **conference paper "Design of 4th Year Curriculum in Medical Sciences BSc"** that will be presented at Society for Teaching and Learning in Higher Education Annual Conference, June 2017 in Halifax.
12. Information workshops were held for each cohort. In addition to academic information, we have now included **information on mental health resources and visits from the Dalhousie Student Health Services Social Worker.**

Issues that will Impact the Program in 2017/18

1. Delivery of 4th year courses for the first time:

- **SCIE 4900** (Honours)
- **SCIE 4005** (Major Capstone) We will continue development of a library of cases. This course will require participation from a significant number of basic sciences and clinical faculty (i.e. guest lecturers on various topics). This course will also be the first Medical Sciences course in which TA support will be required.
- **SCIE 4100** "Directed Project in Medical Sciences"
- **CH&E 4010** to be offered in September 2017 (by the Department of Community Health & Epidemiology)

2. The Medical Sciences Program is omitted from Institutional Student Rating of Instruction

Ideally, core courses in the Medical Sciences (or at least courses developed specifically for Medical Sciences students) would have SRIs and reports would come to the Assistant Dean, in addition to the head of the department offering the course. **Student feedback is especially important when delivering new courses in a new program.** At this time, however, the Medical Sciences Program does not take part in the Student Rating of Instruction (SRI) administered by the Center for Learning and Teaching (CLT). SRIs provide student feedback that is recognized as an essential component of a formal institutional evaluation strategy. The CLT has a liaison in each department, and course SRI reports are sent to Department heads. Indeed, the system does not recognize any interdepartmental program because they are not included in Dalhousie's Banner system. This issue has arisen in other Programs at Dalhousie, and the CLT plans to discuss this in the future. **The Assistant Dean requested that our concerns be passed along to the SRI supervisor, and that we be included in these discussions.**

3. Student Stress levels will continue to be an issue. The Assistant Dean and Program Coordinator will continue to liaise with the Faculty of Medicine Student Affairs office and Student Health services regarding these issues.

4. Registration Issues

Registration issues continue to be most prevalent in second year courses; particularly, the second year biology courses. This is especially true for late offers, where all labs are full and reserved seating is removed before late offers have chance to register. In some courses (SOSA 2503 and CH&E 4010), Banner did not recognize prerequisite descriptions.

5. Course Availability

Psychology & Neuroscience are discussing removal of **PSYO 1021/1022**, the non-lab intro courses that are currently core courses in the 1st year MedSci curriculum.

Sociology and Social Anthropology will no longer offer **SOSA 2503** (core 3rd year course) every year after 2017/18.

6. Interviews for a part-time Clerical Position will commence in June 2017.

Admissions – Andrea Rideout

Brief Overview of area of responsibility:

The Admissions office is responsible for overseeing the process of selection of students to be admitted for 108 positions for medical study for Year I and for 8 positions for advanced entry in Year III (6 positions as per International Medical University Agreement and 2 positions as per International Medical Graduate Clerkship Program) in accordance with Dalhousie University rules and regulations. There are 63 positions for NS applicants, 30 positions for NB applicants (placed at Saint John Campus), 6 positions for PEI applicants and 9 positions for Non-Maritime applicants. There are a maximum of 10 supernumerary seats available for qualified international applicants approved under the criteria of external contracts with the Saudi Arabia Cultural Bureau and the Kuwaiti Cultural Bureau. The final authority for selection of qualified applicants rests with the Admissions Committee.

The Office ensures that a duly constituted faculty committee receives orientation of their roles and responsibilities; sets meeting times; assigns files for review; recruits interviewers, volunteers and administers the annual interview process—a multi-mini interview (MMI). In addition, the office assesses transcripts, verifies application activities, collects admissions data, and provides information to prospective and unsuccessful applicants. The Admissions Office keeps abreast of the most current information available on Admissions Processes through medical education literature, participation in the Association of Faculties of Medicine of Canada (AFMC) Network on Admissions, and annual attendance at the CCME (Canadian Conference on Medical Education).

The Office works collaboratively with the Registrar regarding application issues and regulations. The Office works collaboratively with the Faculty of Medicine's Global Health Office, specifically the Indigenous and Diversity Programs Manager and the Promoting Leadership in health for African Nova Scotians (PLANS) Manager in efforts to increase recruitment and admission to Dalhousie medical school from underrepresented populations of the Maritime Provinces.

Major achievements of 2016-2017

- Internal Review of Admissions Office completed, August 2016. Report reviewed by Admissions Committee in Sep 2016 and March 2017. In response to recommendations, the Terms of Reference of Admissions Committee have been revised and an Admissions Committee Specific Conflict of Interest Policy is in development. Regarding admissions requirements recommendations, Admissions Committee has decided to retain the current admissions selection score assessment and ranking.
- CASPer, a video-based situational judgement test, has been approved as an admissions requirement beginning with the 2017-2018 application cycle. All applicants will be required to complete CASPer. CASPer will be used as an interview selection tool. Applicants who do not complete CASPer or who fall below the minimum of 1.5 standard deviations below the mean will not be selected for interview.

Entry Year	Total No Applicants	Total No submitted Applications	Total Maritime Applicants	Total Non-Maritime Applicants	NS Interviewed	NB Interviewed	PEI Interviewed	Maritime Interviewed	Non-maritime Interviewed
2013	938	728	444	494	203	72	24	299	59
2014	1013	760	440	573	199	80	21	300	59
2015	1147	868	474	673	229	101	21	351	58
2016	1163	904	439	724	199	69	16	284	58
2017	1066	775	350	716	128	63	12	203	72 (+10 IMG)

- There were a total of 775 eligible applications for medicine. Of these, 275 were invited for interview. There were 12 IMG applicants for the IMG clerkship. There was 1 applicant under the Saudi Arabia external contract. Of note, the 2016-2017 application cycle was the first cycle in which only scores from the MCAT 2015 format were accepted (ie MCAT scores prior to 2015 are not eligible). This may have been a factor in the reduced number of applications for this cycle. Of note, the percentage of applicants age 26 and older decreased from 31% (2015-2016 application cycle) to 23% (2016-2017 application cycle). The percentage of applicants 25 years or younger increased from 69% to 77%.
- 12 international medical graduates, who are current residents of Nova Scotia, applied for the IMG Clerkship program. 10 were interviewed for the 2 seats available.
- Education Equity/Affirmative Action statement –In 2016, Dalhousie University expanded the categories of voluntary self-identification to include Mi'kmaq status, Mi'kmaq non-status, Inuit status, Inuit non-status, Other First Nations status, Other First Nations Non-Status, Metis, Black/African Nova Scotian, Black /African Canadian, Black/African, Other visible minority. The expansion of these categories is helpful for identifying our priority populations, namely Mi'kmaq, Maliseet and African Maritime (largest group is African Nova Scotia) descendants. According to Admissions Data (voluntary self-identification on application) from 2013-2016, 5 Indigenous applicants and 16 African Canadian applicants have accepted offers of admission. According to Matriculant Diversity Survey Data (anonymous survey of first year students, response rate 77-90%) from 2013-2016, there are 9 Indigenous medical students and 13 Black medical students in the current medical student body who responded to the survey.
- The office continues to conduct research on student diversity through a detailed annual questionnaire administered to each first year class. While this is part of a larger research project led by McGill University, the information in the annual surveys is useful for self-analysis and identification of areas of success and concern. For example, the percentage of students that report that they live in a rural area has been consistently around 30%.

Identification of any issues in 2016-2017 and beyond

- CASPer is being introduced as a new Admissions requirement and interview selection tool for assessing non-academic attributes.

- Process of file assessment has been revised. The revision increases the number of file reviews per Committee member. A random sample of files, and any files requested by Committee Members, will be brought to full Committee for discussion and review.
- Although 10 supernumerary seats are available for international applicants identified under external contracts (Saudia Arabia/Kuwait), there continues to be a shortage of applicants who successfully meet minimum admissions requirements.
- There is a cohort of 8 Committee members whose term will be completed in 2018. The Admissions Committee and Office will be actively seeking new members to begin in Sep 2018.
- Expanding Student Affairs portfolio continue to stress the capacity of administrative staff and Director to meet demands of both Admissions and Student Affairs concurrently.
- Organization and integration of Office of Resident Wellness with UGME Admissions and Student Affairs is to be determined.

Student Affairs – Joanne MacDonald

Overview of Roles & Responsibilities

The Student Affairs office activities are led by the administrative Director of Student Affairs & Admissions (0.5 FTE), Sharon Forward and the Assistant Dean Student Affairs (0.4 FTE) Joanne MacDonald. The considerable core areas of student life that FoM Student Affairs attends to are personal wellness, resiliency, professionalism development, physical and mental health, crisis management, academic vulnerabilities and failures, progression through the transitions inherent in each year of the medical school curriculum, general career counselling, specific accommodation and supports both academic and personal, financial literacy and stability, financial aid and loan applications, elective planning, CARMS residency match preparation, counselling and organization for Med 5 Year with unmatched students and reception and management of learning environment concerns at all levels. Our activities are both proactive, preventative and general as well as highly individual in their application. Core supports and education are provided in group and online formats but much of the work remains intensively case based and as broad as the student requires within our roles as sources of knowledge and liaison with other areas of academic life, particularly UGME, as case planners and coaches, facilitating and advocating for services and supports of a confidential nature through other professional clinicians and university resources. The office operates through the main Halifax NS campus, at DMNB campus in Saint John NB and through representative faculty advisors at each of the NB LIC Clerkship sites.

Achievements of 2016-2017

- A full external review of the Student Affairs office and activities was completed.
- The search and hiring of a new Assistant Dean Student Affairs was successful with Dr. Joanne MacDonald succeeding Dr. Michael Teehan as of 1 July 2016.
- Focus groups were held with students in all four years of medical school, at both primary sites in NS and NB to highlight areas of both successes and remaining gaps in meeting student needs across the many areas of our activity.
- The activities of the Student Affairs office were organized under a Prepare to Practice structure emphasizing individual development and progression during medical school with emphasis on skill development, resiliency and peer support models.
- There was expansion and development of the roles and scope of the relatively new Student Liaison and Wellness Representatives (SAWLS) - 2 students from each of Med 1, 2, 3 & 4 in both Halifax and Saint John – with regular monthly meetings with the whole group and SA staff; with individual meetings as class issues arose, and utilization of the SAWLS to communicate important SA activities and initiatives.
- The Careers in Medicine- Med 1, 2, 3 & 4 programming was further organized and communicated to students in print, banner and online communications strategies.
- Career focused individual meetings were held with the Asst Dean in Halifax and the Director in Saint John with every entering Med 1 student.
- Career Planning individual meetings with Drs. MacDonald and Forsythe were offered to each Med 2 student.

- Career counsellors and early career family physicians, Dr. Rachel Shaw and Dr. Patricia MacDonald, assisted students through panel presentations, individual planning meetings, review of CVs and CARMS interview preparation.
- A list of career advisors within each clinical Department and Division were identified and communicated to students.
- Career counselling and exposure was also provided through both robust Departmental and student participation in Career Night and Day, as well as various Med 3 & 4 panel presentations organized through SA office to present student perspectives on track selections, elective choice, CARMS processes and transition to residency.
- Specific liaison expansions were sought with Dalhousie Psychological and Counselling Services, with Social Work Counsellor at Dal Health, Doctors NS Physician Support Program, MARDOCS resident support and advocacy organization to understand the continuum of supports needed and provided, several community based physicians and psychologist, financial advisors and coaching approaches.
- Student Affairs designed and implemented the first year of an ongoing Resiliency and Professionalism Series, sponsored by Sr Associate Dean White and Dean Anderson, where external speakers of prominence and expertise are brought before students and faculty to bring their perspectives on resiliency and professionalism in high level 'TED' type presentations. First external speakers were Lt General(rt'd) Michael Day, former head of Canadian Special Forces and NATO officer, and Dr. Danielle Martin, VP Medical Affairs and Health Systems, Women's College Hospital Toronto & CBC medical broadcaster and health advocate.
- We were pleased to be integral to the successful rollout of the online and direct Learning Environment mistreatment process through Student Affairs and on through Dr. Simon Field, Asst Dean Clerkship UGME and Dr. Darrell White. Student receptivity and trust has been higher and furthered and opening of the discussion generally about the kind of respectful inclusive working environments we hope to promote in the profession of medicine in general.
- The 2017 CARMS match was fairly successful for Dalhousie relative to many other Canadian schools with only 2 Canadian and 2 IMU students unmatched after 2nd iteration. Student readiness was aided by interview preparation through the new CMA sponsored program. All students who participate in Med 5 year have successfully matched the subsequent year.
- Last but not least, there was a high level of engagement and effort to align our work with the CACMS standards across our core areas of student health, wellness, personal counselling, financial stability, career and mistreatment; to present our work effectively to accreditors. The formal report is awaited but the informal exit communication suggested we were focused appropriately and could only continue to improve ongoing in refining personal wellness and counselling supports towards student concerns and expectations.

Issues/Directions for 2017-2018

- The Director Student Affairs position has been reviewed and reorganized to include higher level director responsibility for Student Affairs, interim for Admissions and newly for Resident Affairs as that office is expected to open 1 July 2017 with an equally new Asst Dean Resident Affairs search underway. With additional support under this amalgamated position there will be challenges to design and develop an entirely new program and office, though with a hopeful continuum and active liaison and conjoint activity with Student and Resident Affairs initiatives.

- The Student Affairs office will move, with the Resident Affairs office, in early Fall of 2017 with anticipated involvement in organizational planning, alignment and support to the orientation of the anticipated new RA Asst Dean.
- Rates and intensity of student personal crisis and mental health care needs continue to increase. This represents a routinely increased triage and directive caseload for the Director and the Asst Dean. But also highlights the need for increased rapidly available personal counselling and psychotherapy resources. The intake delay at the otherwise very helpful well trained Dalhousie Psychological Services represents too long a period for medical students during which their studies and progression will be affected, given the high volume and rapid pace of the Medicine curriculum. Alternate distance counselling and services are being researched.
- Proactive resilience and mental health information and programming will be further developed in online and in person formats.
- In the next year we will have SAWLs enhanced roles in all 4 years of the medical program.
- Dalhousie Faculty of Medicine will be the first undergraduate Medical school or program to participate with the Mental Health Commission of Canada in a research/developmental partner role, to initiate the Inquiring Mind mental health program intended to promote anti-stigma, peer support and graduated mental health assessment and intervention within educational settings, an extension of the work done in military and first responder communities nationally, known as the Road to Mental Readiness. Dalhousie Student Affairs and support staff in both NS and NB will be trained as trainers in the Fall of 2017, with successive half-day training of each incoming Med 1 class in January of each year. This will align our students' education in mental health support with residency initiatives, trained health care providers and noted first responders they will encounter in ER and community clinical settings, to bring a common language and approach within the provider community generally.
- Summer/Fall of 2017 will see the rollout of improved communication vehicles for much of the existing work and resources within Student Affairs as described above. This will include revision of the Orientation guide for incoming Med 1s, the use of the video boards in the Link and CHEB, stored video resources for review at any time, and improved graphic portrayals of services and programs.
- Student Affairs will lead the development of increased programming in Resiliency in a 'curriculum' and experientially based model. This will include continuation of our pilot Prepare for Clerkship 6 week series where Med 2s are exposed to transitional tools and skills to ready personally and organizationally. More external speakers in the Resiliency and Professionalism Series will be brought before students and faculty. We hope to see all students actively engaged in their personal as well as academic development towards the ready, personally healthy, resilient, inter-professionally sophisticated physicians the future appears to require.
- Increased education and support around financial knowledge and budgeting skill is planned to address the growing debt and financial strain experienced by some students.
- Student Affairs office will further the support roles we do have with IMU and IMG students in liaison with the Global Affairs office. This will include helping them prepare for career decisions post-clerkship.
- We will support the Orientation Committee in organizing the introduction to Dal Medicine and the broader Halifax community to reflect goals for diversity and inclusion, faculty engagement and the Strategic Plan goal to "Serve and Engage the Maritime Community".

- Our project for the Dalhousie Faculty of Medicine's 150th anniversary will be to create "Profiles in Practice" that showcase the positive interweave of the professional and personal lives of less known Dalhousie trained physicians across the region, in various kinds of work and communities. These vignettes are intended to demonstrate in 'first voice' the principles of resiliency, professionalism and well-being that are critical Student Affairs contributions to medical education.