

# FAMILY MEDICINE ANNUAL REPORT

2018 - 2019

MEMORIAL  
UNIVERSITY

FAMILY MEDICINE  
Faculty of Medicine

# MISSION STATEMENTS

## MISSION STATEMENT OF MEMORIAL UNIVERSITY

Memorial University is an inclusive community dedicated to innovation and excellence in teaching and learning, research, scholarship, creative activity, service and public engagement.

Memorial welcomes and supports students and scholars from all over the world and contributes knowledge and expertise locally, nationally and internationally.

## MISSION STATEMENT OF THE FACULTY OF MEDICINE

Through excellence, we will integrate education, research and social accountability to advance the health of the people and communities we serve.

## MISSION STATEMENT DISCIPLINE OF FAMILY MEDICINE

Through respectful collaboration, the Discipline of Family Medicine (DFM) delivers excellence in learner-centred, and evidence-informed education, patient-centered research and comprehensive primary care; meets the unique needs of diverse people and communities we serve; and advocates for equity in health.

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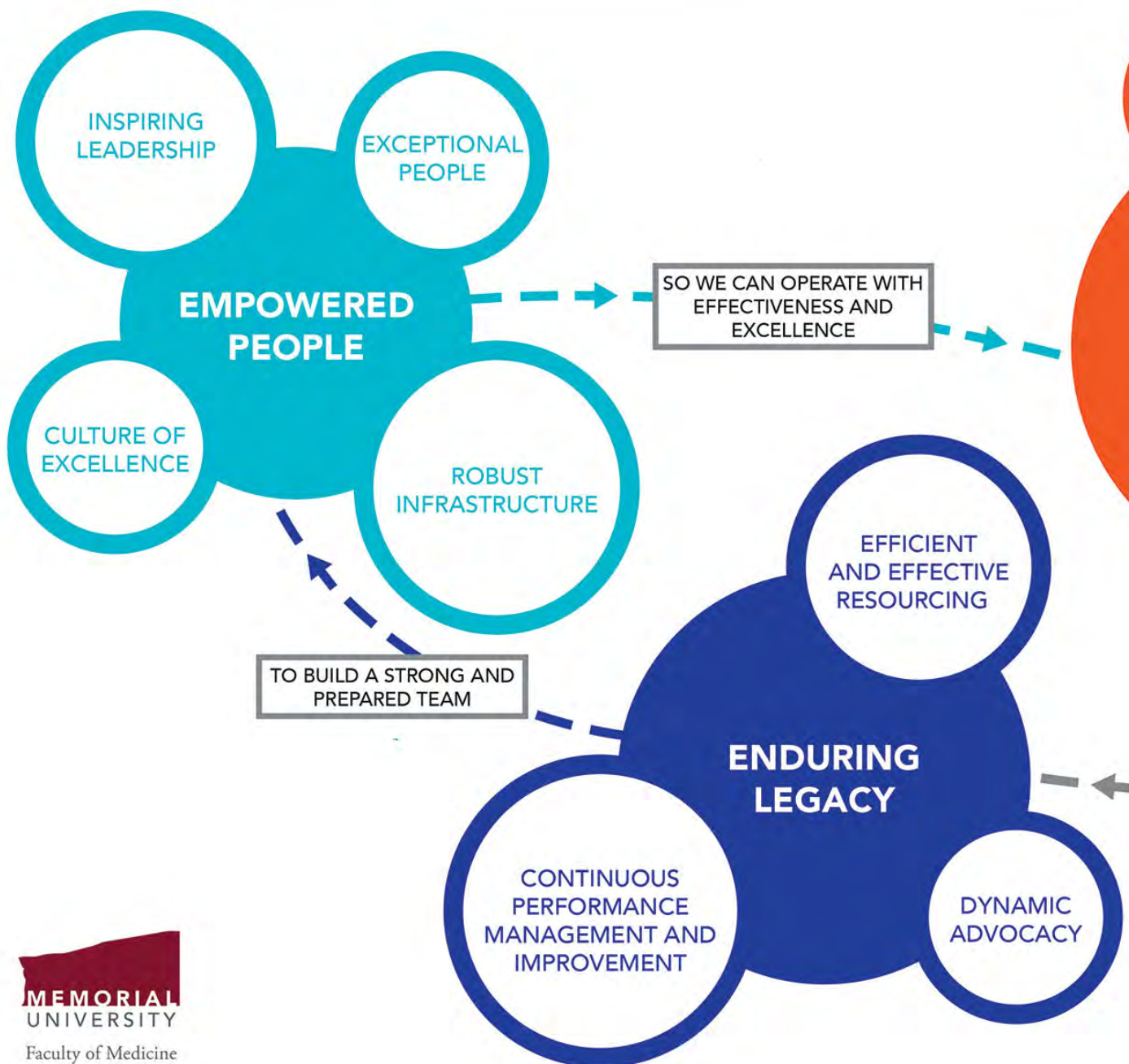
## DESTINATION EXCELLENCE 2018-2023

### OUR MISSION

Working in the spirit of partnership and respect, the Faculty of Medicine is committed to delivering integrated excellence in education, research and evidence informed care; meeting the unique health needs of our rural, remote and urban communities; and advocating for health, equity, Indigenous health and healthy populations.

### OUR VISION

Through excellence, we will integrate education, research and social accountability to advance the health of the people and communities we serve.





## DISCIPLINE OF FAMILY MEDICINE STRATEGY IMPLEMENTATION MAP 2019-2024

WE ACHIEVE OUR VISION AND MISSION	OUR MISSION Through respectful collaboration, the Discipline of Family Medicine (DFM) delivers excellence in learner-centred, and evidence-informed education, patient-centered research and comprehensive primary care; meets the unique needs of diverse people and communities we serve; and advocates for equity in health.			
	OUR VISION To advance health through leadership in socially accountable education, research, and patient-centred care.			
AND OUR OUTCOMES TO MEET THE NEEDS OF THE PEOPLE WE SERVE	IMPROVING LIVES			
	Thriving learners and graduates Develop and maintain relationships with our alumni and retirees	Impactful research and scholarship Support our faculty, staff, researchers and learners to be active in research and scholarly pursuits	Healthier communities Participate in sustainable partnerships to shape and improve health equity and the health system	
BY OPERATING WITH EFFECTIVENESS AND EXCELLENCE,	EXCELLENCE IN ALL WE DO			
	Education excellence <ul style="list-style-type: none"><li>Promote generalism in a family medicine context</li><li>Increase number of DFM residency spots to 50%</li><li>Promote layered learning at every teaching site</li><li>Promote innovative educational approaches, layered learning, IPE and faculty development at all teaching sites</li></ul>	Research excellence <ul style="list-style-type: none"><li>Foster a productive research environment with clear research priorities</li><li>Increase the number of funded research projects, and publications</li></ul>	Social accountability <ul style="list-style-type: none"><li>Champion efficient and effective use of resources</li><li>Advocate for health equity, indigenous health, and healthy populations</li><li>Develop a comprehensive, inclusive DFM Social Accountability framework</li><li>Consider the patient voice in all that we do</li></ul>	
BUILDING A STRONG AND PREPARED TEAM,	OUR EMPOWERED PEOPLE			
	Culture of Excellence <ul style="list-style-type: none"><li>Create a productive, unified, engaging and supportive work environment promoting wellness</li><li>Embrace the changes required to implement our strategic plan</li></ul>	Inspiring Leadership <ul style="list-style-type: none"><li>Embrace innovation</li><li>Develop an integrated communications plan for internal and external stakeholders</li></ul>	Exceptional People <ul style="list-style-type: none"><li>Develop a revitalized organizational structure highlighting faculty and staff position descriptions, accountability and succession planning</li></ul>	Robust Infrastructure <ul style="list-style-type: none"><li>Advocate for continued creation and implementation of new technologies in education, research and clinical care</li></ul>
AND USING OUR RESOURCES WISELY,	OUR ENDURING LEGACY - SUSTAINABILITY			
	Efficient, Effective Resourcing <ul style="list-style-type: none"><li>Develop a structured process for new initiatives including resource and sustainability planning</li><li>Explore donor opportunities</li></ul>	Continuous Performance Management and Improvement <ul style="list-style-type: none"><li>Develop metrics to track, monitor and analyze our performance, opportunities, risks and challenges.</li><li>Share our performance results with our various stakeholders</li></ul>	Dynamic Advocacy <ul style="list-style-type: none"><li>Develop key messages and mechanisms to promote the DFM</li><li>Formalize outreach for engagement of community partners</li><li>Engage alumni and retirees as mentors</li></ul>	
WHILE BEING GUIDED BY OUR VALUES.	OUR VALUES			
	Strong, respectful relationships with patients, partners, communities, and each other			
	Advocacy to improve healthcare and medical education			
	A supportive, innovative environment that promotes success for all			
	Integrity and professionalism			
	Leadership across the educational continuum			
	Ethical, impactful research			
	Collaboration and interdependent teamwork			
Providing access to rural medical education opportunities				

## MESSAGE FROM THE CHAIR



The annual report is a time to reflect on how much the Discipline of Family Medicine has accomplished. This year is no exception as our wonderful group of faculty, staff and learners continue to succeed as they advance the vision and mission of the Discipline.

This past year, the creation of the DFM Strategic Plan based on the Faculty of Medicine's Destination Excellence was one of the highlights. With the development of 5 project teams, actively working to ensure our goals are achieved, I have no doubt the momentum will continue to build. Thank you to everyone for your positive engagement in this process.

Our Discipline has definitely taken the call to ensure an adequate provision of family physicians for our health care system seriously. From our involvement in Discovery Days introducing Family Medicine to high school students and our ever increasing and significant involvement in the Faculty of Medicine's undergraduate curriculum, to working with communities and regional health authorities across 3 provinces and 1 territory in support of our residency training program and continuing professional development for family physicians, as well as our significant contributions to primary care research, our commitment to promoting family medicine in all 3 Provinces and 1 Territory is clear.

Relationships in family medicine are central to all that we do and I commend you all for the strong relationships the Discipline of Family Medicine is building both internally and externally. It is these relationships that I will continue to cherish as I move from the Discipline this year. Thank you to all of you, it has been an honour serving you as Chair. May you continue to be innovative, resourceful and strong, yet humble in all that you do. I have no doubt that the Discipline, and the health of the people and communities it serves, will continue to prosper.

*Sincerely,*

A handwritten signature in black ink, appearing to read 'K. Stringer'.

*Dr. Katherine Stringer, MBChB, CCFP, FCFP, MCISc(FM)  
Chair, Discipline of Family Medicine  
Memorial University of Newfoundland*



# DISCIPLINE OF FAMILY MEDICINE BY THE NUMBERS

34

Fulltime Faculty Members  
32 Clinical / 3 Non-Clinical

4

Residency Streams

400

Part time Faculty Members

\$6,478,655

Research Grant Funding Received  
in 2018-19

40

New Full/PT Faculty in 2019

23

Affiliated Hospital Teaching Sites  
(NL, New Brunswick & Nunavut)





# 83

Affiliated Community Practice  
Clinics

# 340

Total number of medical students  
at FMIG Fridays with Family.

# 302

Number of MUN MD graduates  
practising family medicine in NL  
\*as of May 2019 (Ref: MD Select)

# 33

Number of residents who  
completed the postgraduate  
program in June 2019

# 65

Number of med students  
completing FM electives under  
the supervision of our faculty

# 19

Number of 2017-18 residents  
practising in NL after graduation



# EDUCATION

## UNDERGRADUATE PROGRAM

DIRECTOR	DR. LYN POWER
CLERKSHIP DIRECTOR	DR. JESSICA BISHOP
PRECLERKSHIP DIRECTORS	DRS. NORAH DUGGAN & AMANDA PENDERGAST
FMIG LIAISON	DR. CHRIS PATEY
ACADEMIC PROGRAM ASSISTANT (ENHANCED SKILLS)	TEELA BUFFETT
ACADEMIC PROGRAM ASSISTANT	SARAH EUSTACE
UNDERGRADUATE SECRETARY	SABEEN ASKARY (T)

## IMPROVING LIVES

Reviewing essays from The Early Clinical Experience and workbooks from both the Community Visit and Black Bag it is clear that our learners have had significant exposure to working in different practices, collaboration with allied health and community partners as well as learning about cultural and medical issues unique to the our communities. These community exposures have helped promote both the Discipline of FM and the Faculty of Medicine in these communities.

Many research projects; both student and faculty led are outlined in the Discipline of Family Medicine. Many of these projects have been presented at local, national and international conferences.

## EXCELLENCE IN ALL WE DO

With all our clinical rotations we receive feedback and based on these evaluations our UG Executive Committee meets regularly to review and modify the courses we offer. Our Early Clinical Experience has had great feedback. Based on the suggestions made by the learners we have made changes, such as matching with different faculty each session and offering more days of the week as options.

Our Black Bag and Community Visit each have great feedback. Following the rotations, a debrief is held to gather feedback and suggestions from the learners. Preceptors are given the opportunity to provide feedback as well. These debriefing sessions help to highlight positives, and identify any issues such as gaps in experiences, housing issues, etc. Students give positive feedback about being given this opportunity. By providing our learners these robust opportunities, most in rural and often remote communities, we are not only providing excellence in education but also fulfilling a mandate of social accountability.

## EMPOWERED PEOPLE

Since April 2018 we have started the Early Clinical Experience sessions on Tuesdays in Phase one. Students were given the opportunity to switch to Tuesday instead of Wednesday (if they were comfortable switching their protected time). This allowed us to recruit more preceptors/faculty members and as well not over burden the faculty. Giving more options helped us empower both students and faculty.

Providing learners with the best learning opportunities and giving both the learner and the preceptor more options has allowed us to create a culture of teamwork. In addition, these UG learners are often placed in academic settings where they are taught by residents. This helps empower our residents to become teachers and creates a culture of multilevel learning.

Within the UG program our leadership team consists of Dr Lyn Power, UG Director. Dr. Power is co-chair of CUFMED, faculty representative on the Section of Medical Students CFPC, and Eastern Health's Rural Clinical Chief for the Burin Peninsula. Dr. Chris Patey is acting Clerkship Director, responsible for Selective/ Electives & FMIG and is Clinical Chief in Carbonear ER as well as running a rural research program. Dr. Norah Duggan co-chairs the Pre-clerkship rotations with Dr. Amanda Pendergast and is the Chair of the Clerkship Committee.

## ENDURING LEGACY

The Discipline of Family Medicine, under the guidance of our Chair Dr. Kath Stringer, is working with the curriculum lead, Dr. Alison Haynes, to try to have more lectures by FM in the first and second year curriculum, as well as trying to recruit more FP's to ILS sessions.

As a Discipline FM has gathered data on our faculty to assess each member's hours and contributions to the UGME curriculum delivery, such as ILS, lectures, clinical skills, OSCE, academic half day, etc. Based on these numbers planning is ongoing to assess we can contribute further in the curriculum and where best to utilize our skills as generalists.

As part of the yearly faculty review, faculty demonstrate areas of excellence and contributions as well as areas to improve. Goals and expectations are reviewed on a regular basis.

## GOING FORWARD

### **PILLARS: IMPROVING LIVES, EXCELLENCE IN ALL WE DO**

#### **Priority #1: Promote generalism in the curriculum.**

Having more generalists involved in delivery of curriculum (lectures, ILS, etc.) will increase students exposure to generalism and potentially lead to more students choosing generalist careers.

### **PILLARS: IMPROVING LIVES, EXCELLENCE IN ALL WE DO, ENDURING LEGACY**

#### **Priority #2: Working with UGME towards the development of an LIC expansion plan for Newfoundland & Labrador.**

Memorial currently has LIC rotations in New Brunswick. Work is beginning to start the development of LICs in rural sites in NL. A business plan and proposal to government will be completed and potentially proposal to CACMS if alternate training options are being considered.

### **PILLARS: EXCELLENCE IN ALL WE DO, ENDURING LEGACY**

#### **Priority #3: Utilization of Canadian produced Peer Reviewed educational materials as part of Clerkship teaching tools.**

Discipline of FM faculty members are part of LEARN-FM, a group of FM UG leaders producing peer reviewed educational materials. These documents cover the FM Clerkship learning objectives. The University of Calgary has developed an educational tool utilizing these dynamic cases based materials and is partnering with Memorial in providing access to these tools to our learners. University of Calgary staff will help us track our learners' progress with these cases and report back to the FM UG team. This will not only be cost saving but more importantly will provide our learners with Canadian based peer reviewed educational content mapped to the Clerkship learning objectives.

### **PILLAR: EMPOWERED PEOPLE**

#### **Priority #4: With changing roles/ staff within the UG department in FM measures will be put into place to ensure a smooth transition of people into these roles.**

Within the Discipline there have been many changes, especially in the support staff. Efforts need to be put into place to ensure staff are supported in their roles and empowered to be effective team players. Fostering a culture of teamwork with clear roles and expectations is key to success.



## STUDENT RECOGNITION



**JILLIAN MCCARTHY** is a fourth year medical student who has been involved as a representative on the Family Medicine Interest Group since the beginning of her medical education. This student-led committee in plans the Fridays with Family lecture series, Information Nights, as well as the highly anticipated Procedures Days and Wilderness Weekends. These important events are often what spark undergraduate students' interest in Family Medicine at Memorial. Further, Jillian is privileged to hold seats on two national CFPC committees: The Section of Medical Students as well as The Section of Teachers. At the most recent Family Medicine Forum Jillian was awarded the CFPC Medical Student Scholarship which recognized her contributions to Family Medicine thus far.

Academically, Jillian has a strong predilection for teaching, educational research, and resource creation. Over the years, Family Medicine has proven to be a prime vehicle for these interests as

she has created board games, interactive resources and, most recently, two clinical cards for the LearnFM curriculum. Her other undergraduate research interest includes monitoring the medical information of children in care and their primary interactions within the healthcare setting.

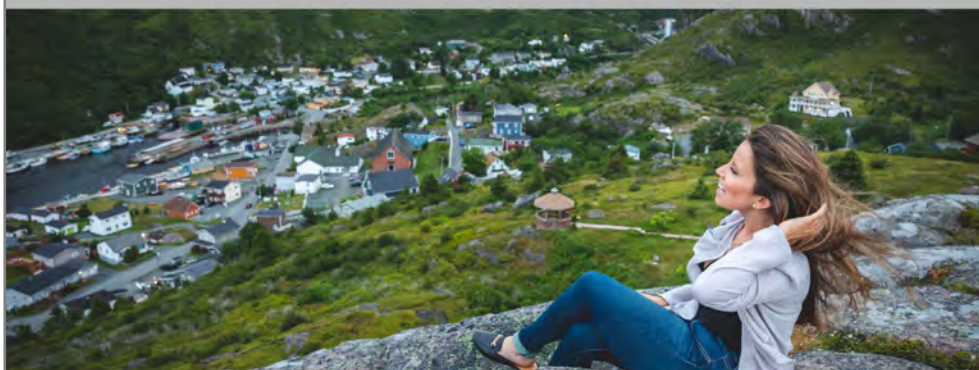
Outside of medicine, Jillian is an avid writer, crafter, and stays active with all of the wonderful outdoor activities that our province has to offer. Informing others of all that our province has to offer makes her extremely proud and she does so via her tourism blog, Some Shockin' Good. The idea for this venture was made possible as a result of medical placements in Carbonear, Burin, Grand Falls-Windsor, and Bonne Bay (to name a few). She recounts that it has been an absolute pleasure to train within multiple geographic streams offered by the Family Medicine program at Memorial!



**Some Shockin' Good.**



[HOME](#) [BLOG](#) [ABOUT](#) [SHOP](#) [CONTACT](#) [WORK WITH ME](#)



### Home

Thank you so much for visiting! My goal is to showcase all of the great foods, goods, services & experiences available right here in Newfoundland and Labrador. Happy Exploring!

~ Jill

## THE JOHN ROSS WALK

This John Ross Walk is in memory of the late Dr. John Ross, the founding chair of the Memorial Family Medicine Program. Dr. Ross was known for his clinical acumen as a teacher and his global perspective in medicine. He was a pioneer who was a champion of family centered obstetrics, started the first sexual assault clinic, was the physician lead in developing the Nurse Practitioner program and in his final years developed the Family Medicine residency program at Makerere University with a key rural rotation in Tororo, Uganda based on the Cottage Hospital system in Newfoundland & Labrador.

Dr. Ross was instrumental in the development of the East Coast Trail. Each year in October there is a walk in his memory where faculty, staff, residents and anyone who would like to take part. The group starts at the Faculty of Medicine Building and takes the trail behind the University, down through Rennie's River to Quidi Vidi.





## RESIDENCY TRAINING (POSTGRADUATE) PROGRAM

DIRECTOR

DR. DANIELLE O'KEEFE

CLERKSHIP DIRECTOR

DR. EAN PARSONS

ACADEMIC PROGRAM ADMINISTRATOR

DAWN CORBETT

INTERMEDIATE SECRETARY

SHENOA WHITE

CURRICULUM SECRETARY

JACQUELINE RYAN

SECRETARY

VAL HUNT

The Family Medicine residency program at Memorial trains residents for urban, rural and remote practice. Over the two-year residency, residents train at sites throughout Newfoundland and Labrador, New Brunswick and/or Nunavut. At the start of the 2018-2019 academic year, seventy-five residents were in the program.

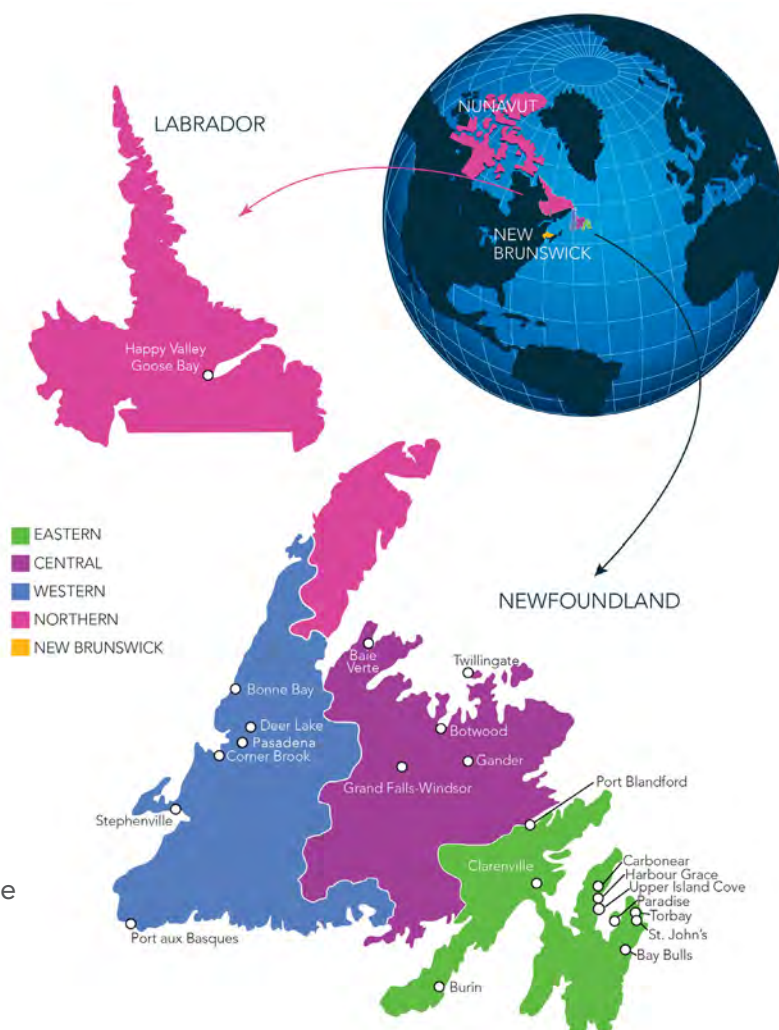
Training sites across Newfoundland and Labrador include:

### *St. John's and surrounding areas:*

- Airport Heights Medical Clinic
- Bay Bulls Family Practice
- Cabot Square Medical Clinic
- Complete Medical Clinic
- Eleven Elizabeth Avenue
- Health Sciences Centre
- Health Sciences Family Practice
- Janeway Child Health Centre
- L. A. Miller Centre
- Major's Path Family Practice
- Ross Family Medicine Clinic
- Torbay Medical Clinic
- Family Medicine Clinic, Torbay Road Mall
- Shea Heights Community Health Centre
- St. Clare's Mercy Hospital
- Waterford Hospital

### *Rural:*

- Baie Verte
- Bonne Bay
- Botwood
- Burin
- Carbonear
- Clarenville
- Corner Brook
- Deer Lake
- Gander
- Goose Bay
- Grand Falls-Winsor
- Harbour Grace
- Pasadena
- Port aux Basques
- Port Blandford
- Twillingate
- Upper Island Cove



### Our New Brunswick and Nunavut training sites include:

- Fredericton, New Brunswick
- Moncton, New Brunswick
- Miramichi, New Brunswick
- Saint John, New Brunswick
- Waterville, New Brunswick
- Iqaluit, Nunavut (including visits to satellite communities)



## IMPROVING LIVES

### THRIVING LEARNERS AND GRADUATES and HEALTHIES COMMUNITIES

Our Family Medicine and Enhanced Skills training programs graduated 36 residents at the end of the academic year. Thirty one of these graduates entered Family Medicine practice and five commenced Family Medicine Emergency Medicine practice. Of those graduates, fifteen Family Medicine graduates and one of the Family Medicine Emergency Medicine graduates are staying to improve the lives of peoples in Newfoundland and Labrador. Eleven of the Family Medicine graduates are starting practice in rural sites, 1 will start rural and remote work and 3 will commence practice in urban sites. The one Family Medicine Emergency Medicine graduate will commence practice in St. John's. Eight of our Family Medicine graduates will commence Enhanced Skills training on July 1, 2019 with six of these eight residents will commence Enhanced Skills training here at Memorial: Family Medicine Emergency Medicine – 4, Care of Elderly – 1, Care of Underserved Populations – 1.

## EXCELLENCE IN ALL WE DO

### EDUCATION EXCELLENCE and SOCIAL ACCOUNTABILITY

#### **Curriculum**

The concept of Triple C competency based clinical experiences remains at the forefront with regards to training our residents to become competent family physicians. Our rural sites have been offering these clinical experiences for quite some time and we launched Triple C first year training in St. John's as of July 2018. This clinical experience integrated Family Medicine, Adult Emergency Medicine and Care of Elderly training for residents who matched to the Eastern and Nunavut Streams. The goal of these Triple C changes is to better prepare our residents to address the healthcare needs of their patients/communities. We feel that this has been a mutually beneficial transition for all stakeholders and anticipate its continuance with some minor modifications.

We continue to offer NRP, ALARM and ACLS to our incoming residents during Orientation. All residents will build upon their skillsets via seminars focused in practice management, ethics, psychiatric emergencies and exam preparation, to name a few, during the twice yearly Core Contents. Academic Half Day will continue to be separately offered to both local and rural residents as per positive resident feedback. Despite residents training in individual streams, all residents will attain the same competencies by the end of their program albeit via different mechanisms and exposure according to the unique resources available.

#### **Assessment, Evaluation and Promotions**

Over the course of the academic year, the Committee focused on resident assessment and addressing resident performance concerns as they arose. A longitudinal assessment ITAR was introduced trying to work with the One45 University system.

Clinical experience evaluations were reviewed over the course of the summer and shared with the Stream Lead and the physician leads of these experiences. Teaching feedback was reviewed over the course of the year and then shared with the teachers to highlight areas of strength and areas for further development. With the support of our Faculty Development Leads, a push on Field Note writing, review and input occurred during the year in efforts to increase the use of this valuable tool. We are anticipating gaining access to the MUN eportfolio/field note app (MUNCAT) for the completion of electronic field notes in the 2019-2020 academic year.

## EMPOWERED PEOPLE

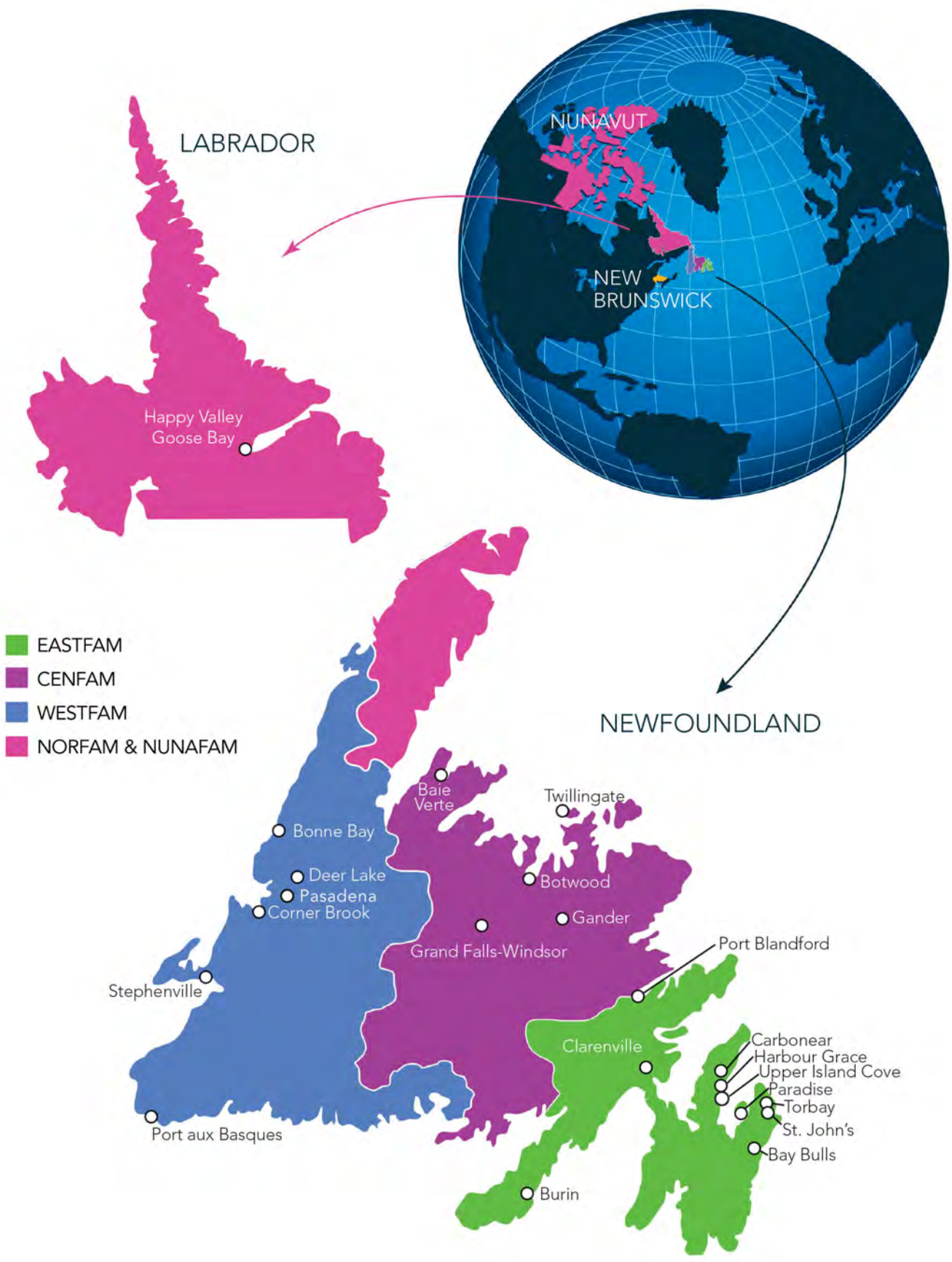
CULTURE, LEADERSHIP and EXCEPTIONAL PEOPLE

### Streams

Working together we have grown our residency training program from an overarching program to a program with enhanced connections to our training sites through the creation, fostering and growth of our residency training streams. We are extremely proud of the work that our Streams, Stream Cabinets and faculty do to foster residency education across Newfoundland and Labrador, New Brunswick and Nunavut.

Our leaders work tirelessly to train our residents and they continuously work to enhance training opportunities in the Streams. As a whole, our programs has benefitted greatly from empowering all of our leaders regardless of urban, rural or remote location.







## **EASTERN STREAM**

STREAM LEAD

STREAM APA

CURRICULUM COORDINATOR

ASSESSMENT, EVALUATION AND PROMOTIONS COORDINATOR

EBM/RESEARCH COORDINATOR

FACULTY DEVELOPMENT COORDINATOR

DR. SONNY COLLIS

JACKIE FEWER

DR. LISA KIELEY

DR. STACEY SAUNDERS

DR. CHRIS PATEY

DR. REBECCA POWELL

The Eastern Stream has had another productive year. The first year of Longitudinal PGY1 was completed with good feedback from residents and faculty. It had its growing pains but the concept was felt to be a great benefit overall and successful. The longitudinal Emergency medicine was the only change made for the 2019-2020 academic year. Although there were benefits to longitudinal Emergency Medicine it was felt that the experience was best served as a separate block. For 2019-2020 Emergency Medicine will return to a block clinical experience we will continue with the same six month 2-2-2 Longitudinal Integrated Family Medicine and Care of the Elderly as before. Our academic teaching schedule was also adjusted to better reflect 2-2-2 training.

Our annual workshop was held in Port Blandford in May of this year and was very successful. The spring timing was a challenge so the next one was moved forward to October 2019 in Conception Bay North. It is felt that the timing change will better facilitate relationship building between PGY1 and PGY2.

There has been a great interest in our rural training sites to do more longitudinal training. The initial

steps are underway to look at more longitudinal experiences in FM in PGY2 and to integrate that with PGY1 rotations in the same communities. This will hopefully foster the longitudinal training over both years of the program and to facilitate possible rural recruitment and retention.

There were huge changes in the Academic Family Medicine offices as they transitioned to Med Access and moved into their new facility in September 2018. Everyone is finally settled in!

Our Eastern Stream Cabinet is now up to full capacity with the addition of Dr. Lisa Kieley to Curriculum and Dr. Rebecca Powell to Faculty Development. We look forward to an exciting new year.



## CENTRAL STREAM

STREAM LEAD

STREAM APA

CURRICULUM COORDINATOR

ASSESSMENT, EVALUATION & PROMOTIONS COORDINATOR

EBM/RESEARCH COORDINATOR

FACULTY DEVELOPMENT COORDINATOR

DR. LYNETTE POWELL

SHERRI CHIPPETT

DR. RAIE LENE KIRBY

DR. PETER BARNES

DR. ANDREW HUNT

DR. ELIZABETH BAUTISTA

We have had another great year in Central. We have enjoyed working and learning with our stream residents in Grand falls Windsor, Twillingate, Botwood, and Gander. Learners and staff had opportunities to learn together and socialize at our fall resident's workshop as well as our winter snowmobile, wilderness medicine retreat.

We continued to provide behavioural medicine curriculum via our local telehealth network. We also revitalized our weekly virtual teaching rounds to include new curriculum in physician wellness, practice management and financial planning, leadership, and minor procedures. A SOO workshop was offered to the R2's prior to the CCFP exam and was well received. We also had the opportunity to gather our dedicated faculty in GFW for a fall learning activity.

We are looking forward to the upcoming academic year. We will be partnering with the Shalloway Family Practice network to offer learning and social opportunities to our stream residents and preceptors in the coming year.





## WESTERN STREAM

STREAM LEAD

STREAM APA

CURRICULUM COORDINATOR

ASSESSMENT, EVALUATION & PROMOTIONS COORDINATOR

EBM/RESEARCH COORDINATOR

FACULTY DEVELOPMENT COORDINATOR

DR. ERIN SMALLWOOD

RENEE COUGHLIN

DR. AMY PIEROWAY

DR. SHANDA SLIPP

DR. LORENA POWER

DR. WENDY GRAHAM

This past academic year we have introduced Care of the Elderly to our curriculum on the West Coast. We continue to offer our Counselling Centre Curriculum with great commitment by numerous community facilitators. Many of our residents have been able to partake in courses and workshops offered by Western Health.

We hosted two resident Academic & Wellness Workshops in Corner Brook. Both were well attended and we received great support from the communities and the Regional Health Foundation. We also hosted our SOO workshop which was well attended by our own 2nd year residents and offered to 2nd year residents that were here on clinical experiences.

This year marked our first regional Faculty Development Workshop offered, which was well attended by Family Physicians and Specialists. In June we hosted a farewell social to our outgoing residents who are embarking on careers within Newfoundland and across the country. We are really looking forward to the year ahead here at the Western Stream!





## **NORTHERN STREAM - NORFAM**

STREAM LEAD

DR. ROBERT FORSEY

STREAM APA

KYLA BATTCKOCK

CURRICULUM COORDINATOR

DR. HEATHER O'DEA

ASSESSMENT, EVALUATION AND PROMOTIONS COORDINATOR

DR. KATHRYN VERSTEEG

EBM/RESEARCH COORDINATOR

DR. YORDAN KARAIVANOV

FACULTY DEVELOPMENT COORDINATOR

DR. CHARLENE FITZGERALD

The CFPC award winning NorFam teaching unit continues to train 6 PGY1 and 6 PGY2 residents yearly. We accept PGY3 residents for two other programs (Emergency Medicine and Care of Underserved Populations). We also have upwards of 40 medical students yearly.

Medical learners enjoy a truly longitudinal Triple C training program in Labrador covering Palliative Care, Orthopedics, Surgery, Pediatrics, Care of the Elderly, Emergency Medicine and Family Medicine - in a rural remote site staffed by 12 family physicians and 3 consultants (Obstetrics and Gynecology, Surgery and Anesthesia).

Training is centered in Family Medicine and all the family physicians practice full scope generalist medicine which includes intrapartum obstetrics and inpatient care. Residents spend 32 weeks of their PGY 1 year and 44 weeks of their PGY2 years in Labrador and care for their patients at the Labrador Health Center's out-patient department and in-patient ward. They also drive or fly to First Nation reserves and Inuit communities that are located inland and on the coast of Labrador. There is an active research program. Residents participate in a yearly medevac course and join in a variety of community experiences (on the land, Innu Fall gathering, Winter Camping), orientation retreat on Lake Mercier). Residents participate in monthly high fidelity simulations, as well as Pediatric Advanced Life Support, Neonatal Resuscitation Program, Learning Essentials Approaches to Palliative and End of Life Care (LEAP) and ACLS with local instructors. Nine of our twelve physicians are graduates from the NorFam teaching program.

## **NORTHERN STREAM - NUNAFAM**

STREAM LEAD

STREAM APA

MUN COORDINATOR/LIAISON

DR. PATRICK FOUCAULT

REBECCA IRWIN

LISA GRANT

Another year of sharing, learning and teaching each other is over. The NunaFam program has been very successful again this year, with 4 new graduates who decided to come back to work in Nunavut after their residency. We already had the pleasure of working with past Nunafam graduates, Alex, Victoria and Brett, who are doing locums with us, and Meredith who will be signing on full-time! We are doing our best to integrate them into the team and make sure that they feel at home here in the great North. Starting this year, we are offering a 2-day training in cultural competency for residents, so that they will become more comfortable and aware of the delivery of healthcare to Inuit in the Arctic. We have also started to receive surgical residents as well as GPA residents, allowing MUN residents to work more closely with other specialties within a Northern context. In the upcoming year, we will also be expanding the Family Medicine program to include electives in the 2 most Western regions of Nunavut (Kivalliq/Kitimeot).



## ENDURING LEGACY

### EFFICIENT AND EFFECTIVE RESOURCING, DYNAMIC ADVOCACY AND CONTINUOUS PERFORMANCE MANAGEMENT AND IMPROVEMENT

Our overarching residency training program works closely with our Streams to ensure efficient and effective use of resources. There are bimonthly meetings where all Stream Leads and APAs connect to learn how other streams have administered curriculum and share ways to mobilize resources as needed. This has been a great addition for our program to ensure that all Streams are adequately resourced. It has also provided the link to ensure that the overarching residency training program is aware of any concerns for which we need to advocate for on behalf of the individual stream.

Our Stream leaders and residents are vocal forces in their communities. From the daily advocacy for individual patients, to community engagement and provincial leadership positions, our leaders are involved with promoting Family Medicine and the Faculty of Medicine.

Our Streams have partnered with regional Family Practice Networks and communities for enhanced resident teaching and professional development opportunities and our residents are equally involved with giving back through activities such as teaching in the high schools. Our residents are also involved at a Discipline of Family Medicine, Memorial Faculty of Medicine, provincial and national level through various committee work.

Each year we review our curriculum to ensure that we are delivering residency education that meets our training objectives. In addition to our Curriculum Chair, our course and workshop leads review the feedback on their teaching sessions and together with the Curriculum Committee and the Residency Training Committee (RTC) decide upon curriculum direction for the upcoming academic year. Our Assessment, Evaluation and Promotion Committee has the responsibility of resident assessment and progress but also the evaluation of clinical experiences. Resident feedback is collated annually, upon a minimum of three completed evaluations, and is reviewed by the Program Director prior to distribution to the Clinical Experience leads. Feedback generated is reviewed by the Assessment, Evaluation and Promotions Committee and RTC to ensure appropriateness of our clinical experiences.



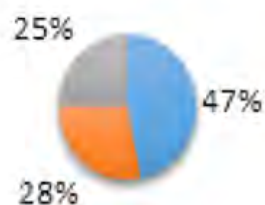
## 2018-2019 RESIDENTS

Thirty-five residency positions were offered in CaRMS for a July 1, 2019 start date. These thirty-five positions are distributed throughout the training streams: 13 Eastern, 6 Central, 6 Western, 6 Northern-Goose Bay and 4 Northern-Nunavut. Four hundred and ninety candidate files were reviewed and two hundred and six prospective residents were interviewed!

Family Medicine representatives from all of the training streams were involved with CaRMS – from candidate interviews, to lunch time presentations and determining the final candidate rank lists. Thanks to everyone for their help.



## FM Graduates intended Practice Location



- Newfoundland and Labrador
- Elsewhere in Canada
- Enhanced Skills Year

## ENHANCED SKILLS PROGRAM - EMERGENCY MEDICINE

PROGRAM DIRECTOR

DR. PETER ROGERS

ASSISTANT PROGRAM DIRECTOR

DR. MICHAEL PARSONS

ACADEMIC PROGRAM ASSISTANT

VACANT

The FM-EM program continues to be a successful adjunct to the core Family Medicine Post Graduate Program; it has been training residents since 2003. 5-6 residents are matched through CaRMS each fall for a July 1st start. The FM-EM residents and faculty contribute to both clinical and formal teaching of the Family Medicine Residents. In addition to St. John's, rotations are held in Grand Falls-Windsor and Goose Bay.

6 residents completed the FM-EM enhanced skills year on June 30, 2018. 5 residents commenced the program on July 1, 2018. These residents completed the program on June 30, 2019.



## ENHANCED SKILLS PROGRAM - CARE OF UNDERSERVED POPULATIONS

PROGRAM DIRECTOR

DR. FRANCOISE GUIGNE

ASSISTANT PROGRAM DIRECTOR

DR. CHRISTINE AUBREY-BASSLER

PROGRAM COORDINATOR

LISA GRANT

Our program's commitment to social accountability includes this enhanced skills program, which provides interested residents who have relevant career goals with the opportunity to gain additional skills in the care of our underserved patient populations, both locally (through inner-city and Indigenous rotations) and abroad. The Care of Underserved Populations (CUP) Enhanced Skills program commenced on July 1, 2017. The mission of this program is to educate family physicians to provide and lead innovation in evidence-informed, patient-centered care that addresses the social determinants of health, to advocate for health equity in their communities, and to build health care system capacity at home and abroad. One resident has successfully completed the program so far, and our next is scheduled to start July 1, 2019.

## EXCELLENCE IN ALL WE DO

We have begun the process of program evaluation. A logic model was created to describe the CUP program, along with an interview guide for graduates. Part of the international 'global' health component of the program is undergoing its own program evaluation in partnership with its other participating institutions (i.e., Patan Academy of Health Sciences, Nepal and Academics Without Borders, Canada).

In December 2018 a local needs assessment completed to ensure the activities continue to be relevant to the needs of the population Memorial University of Newfoundland serves.

## EMPOWERED PEOPLE

Our approach to Indigenous health research is patient-oriented, whereby local community members to participate in the research as leaders (e.g., including an Innu community member as co-Primary Investigator and the establishment of a community advisory board, to whom we explain the research and engagement process to throughout the various stages of the project).

The acting CUP assistant program director is co-lead on a Besroux Centre project to develop an online platform and model of collaboration for synchronous medical education internationally. This involves working with partners across Canada (UBC), internationally (Nigeria) and inter-professionally (MUN's faculty of electrical and computer engineering).

## ENDURING LEGACY

YouTube promotional videos have been created and posted on the MUN CUP website.

SURA students have been recruited to do some social accountability research (e.g., topics of cultural humility and Indigenous health), with outputs of poster-presentations for conferences as well as social media posts/content (including interviews and VLOGs), based on consultation with the faculty of medicine's communications department.

In the course of our patient-oriented research in Labrador, the CUP program director, resident, and preceptors strive to represent the university to the community with respect and humility.

Members of the CUP committee have applied for and received internal and external grants for the socially accountable research projects ongoing as part of the CUP program or in support of it.

The CUP program director co-chairs the scientific committee of the CFPC's Besroure Centre, which is a national centre for global health in academic family medicine. The CUP program director, assistant program director, and resident, have presented about the CUP program at the Besroure Forum in 2018 and at WONCA Africa 2019 in June. Faculty leaders of the CUP program are involved in various other working groups within the Besroure Centre.

### **What improvements have you observed in how your unit functions or performs?**

Through informal feedback loops of continuous quality improvement we have identified additional and optimized existing CUP training sites for efficacy and sustainability. The program's administrative practices and documentation improve. For example, the Faculty Advisor meetings require a standardized form for the resident's learning plan development and tracking of progress. After last year, the previous completed forms were reviewed and based on parts of the form filled out effectively or ineffectively, the form has been revised to be more serviceable for the coming year. Similar principles are applied and resultant changes have been made to choice of clinic site, timing of academic half days in the resident's schedule, and other practical issues that use time and resources to implement throughout the program and benefit from greater efficiency.



## ENHANCED SKILLS PROGRAM - CARE OF THE ELDERLY

PROGRAM DIRECTOR

DR. SUSAN MERCER

PROGRAM COORDINATOR

LISA GRANT

Our program began offering the Care of Elderly (COE) Enhanced Skills program in 2016-2017 in efforts to be more socially accountable to this rapidly expanding portion of our population and to ensure that our residents had additional skills in Care of Elderly care should they wish to focus a part of their practice on caring for seniors.

To date the Care of Elderly (COE) program has graduated 3 residents all of whom are working in primary care. We look forward to welcoming a new ES COE resident as of July 1, 2019. While the program is currently 6-months in duration we anticipate offering a 12-month program for the 2020-2021 academic year.



## **FACULTY DEVELOPMENT (FD) FAMILY MEDICINE**

DIRECTOR (ACADEMIC)	DR. PAMELA SNOW
DIRECTOR (DISTRIBUTED)	DR. WENDY GRAHAM
EDUCATIONAL SPECIALIST	STEPHEN SHORLIN
ADMINISTRATIVE SUPPORT	VACANT

### **Stream Faculty Development Co-ordinators:**

WESTERN REGION:	DR. WENDY GRAHAM
CENTRAL REGION:	DR. ELIZABETH BAUTISTA
EASTERN REGION:	DR. REBECCA POWELL
GOOSE BAY:	DR. CHARLENE FITZGERALD

## **IMPROVING LIVES**

The Faculty Development Committee has held regional events within the four respective streams to provide collaboration for medical education outcomes. Curriculum change updates and faculty development regarding teaching and Faculty of Medicine policy have been provided regionally.

Presentations have been facilitated that showcase national guideline/policy development for implementing Quality Improvement measures.

Links to the following outcome(s): Thriving Learners & Graduates, Impactful Research

## **EXCELLENCE IN ALL WE DO**

A Collaborative faculty development annual meeting of faculty development stream leads and regional APA leads was held on September 30, 201 in St. John's. Meetings of the faculty development committee with representation from all four streams. The Faculty Development committee members liaise with curriculum and assessment committee members to identify faculty needs which arise from multi-source feedback.

They also participate in Faculty Development Needs Assessment Survey development via OPED PD Council membership. The Faculty Development lead in the Discipline of Family Medicine Participates in the CFPC national Faculty Development Interest Group meetings held at CCME and FMF.

Links to the following outcome: Education Excellence

## **EMPOWERED PEOPLE**

Stream based faculty development leads meet regularly within their respective cabinet, reporting back to monthly faculty development committee members. Clear processes have been communicated and education resources for faculty development created. Onboarding communication for new faculty development committee members has been created. CPD has been provided for evaluating preceptor feedback.

Faculty development committee directors met with HSIMs personnel to ensure that all of our regional preceptors and support staff have clear lines of communication for using/troubleshooting any technology/communication issues. This was clearly communicated to all DFM members.

Family Medicine Faculty Development is represented on the Faculty of Medicine's, Faculty Development Committee.

Links to the following outcome: Exceptional People

## ENDURING LEGACY

**What improvements have you observed in how your unit functions or performs?**

Clear communication with respect to distance communication for all meeting platforms. A regular faculty development meeting schedule has been adhered to.

## GOING FORWARD

**PILLARS: IMPROVING LIVES, EXCELLENCE IN ALL WE DO**

**Priority #1:** Well-resourced faculty/preceptors at all levels of appointment within the Discipline of Family Medicine (DFM); robust library of teaching resources

**PILLAR: EMPOWERED PEOPLE**

**Priority #2:** Enhanced linkages between all committee levels within the DFM

**PILLAR: EXCELLENCE IN ALL WE DO**

**Priority #3:**

Initiate the benchmarking process for faculty development outcomes using the national accreditation standards for Family Medicine

**PILLAR: EXCELLENCE IN ALL WE DO**

**Priority #4:**

Encourage Individualized personal learning plan for GFT members

# CLINICAL SERVICES

## CLINICAL MANAGEMENT COMMITTEE

CLINICAL MEDICAL DIRECTOR, ROSS CLINIC UNIT DIRECTOR  
CLINICAL OPERATIONS COORDINATOR  
FAMILY MEDICINE CLINIC UNIT DIRECTOR  
SHEA HEIGHTS CLINIC UNIT DIRECTOR  
FAMILY CENTERED MATERNITY CARE LEAD  
CLINICAL PHARMACIST  
E-HEALTH RESEARCH UNIT DIRECTOR  
EMR SPECIALIST

DR. MICHELLE LEVY  
BARBARA MORRISSEY  
DR. KRIS AUBREY-BASSLER  
DR. AMANDA PENDERGAST  
DR. NORAH DUGGAN  
STEPHEN COOMBS  
DR. GERARD FARRELL  
MIKE FOLEY

## IMPROVING LIVES

The number of people in NL without a family physician has been an increasingly more prominent problem in recent years, particularly in the St. John's area recently with a significant number of family physicians retiring. Our clinics have tried to accept new patients without family physicians in a variety of ways. The Shea Heights clinic accepts new patients from the Shea Heights area that have been left without a family physician. At the Ross Family Medicine clinic we accept referrals from Geriatrics for frail elderly patients without family physicians and who may require house calls, as well as patients being discharged from the rehabilitation program at the Miller Centre.

We involve medical students and family medicine residents in all of our clinical activities including house calls, office procedures, addictions medicine, prenatal and intrapartum obstetrical care, refugee health, long-term care and adults with intellectual and development disabilities clinic. We also teach Phase I medical students during their Early Clinical Experience and Black Bag.

We are affiliated with Strong Harbour Strings who now operate a satellite program in Shea Heights. We are studying music to improve resilience in elementary school students. We are involved in delivering healthcare for inner city youths with the team at Choices for Youth.

## EXCELLENCE IN ALL WE DO

The Refugee Health Clinic in the Discipline of Family Medicine was first started in 2015 by two family physicians at the Family Medicine Clinic (FMC) in order to provide timely, evidence-based, appropriate medical screening and management of new and chronic medical conditions in newly arrived refugees in the St. John's area. Approximately 600 of these patients continue to be in our physicians' practices. In 2019, the physicians at the clinic reached out to Eastern Health, the provincial government, and the NLMA for help in order to make this continue in a sustainable manner for new Refugees. Their hard work led to the creation of the "Eastern Health Refugee Health Collaborative" with plans for dedicated space, administrative support, sessional payments for clinic physicians and an Eastern Health Nurse Practitioner identified as primary provider for all patients. Also important to this initiative has been the ongoing close collaboration and



## CLINICAL SERVICES

support from the Association for New Canadians. Learners will continue to be involved as a service learning experience via MUN Med Gateway for newly arrived people.

Our clinics continue to have narcotic rounds to collaboratively manage patients with chronic pain. A quality improvement study in 2019 at the Shea Heights clinic was done to analyze the effectiveness of these rounds. Early results show we have successfully reduced doses of chronic opioids in many of our patients.

## EMPOWERED PEOPLE

As we continue to move towards more comprehensive and collaborative team-based care, as per the vision of the "Patient Medical Home", we have developed a new inter-professional health education program in one of our academic family medicine practices. Currently in Newfoundland and Labrador, opportunities for the development of the inter-professional teams and associated learner competencies, necessary for the implementation of these models, can only be found in acute care settings. To stimulate movement in inter-professional competency development in primary care teams, one of our academic family practice clinics St. John's started to integrate students from a variety of health disciplines into their team at the Ross Family Medicine Clinic. Learners from pharmacy, nursing, medicine, social work, occupational therapy and physiotherapy, in partnership with Eastern Health, rotate through the clinic. Guided by the Inter-professional Competency Framework, students engage with learners in other health disciplines in a primary care setting, fostering role clarification, team functioning, collaborative leadership and team conflict skills. We have also implemented a clinic-based inter-professional teaching curriculum, where undergraduate and postgraduate learners take the lead on topics of interest and provide information on how to maximize referrals to these professionals. We are also developing case-based inter-professional team rounds to improve patient care.

Our Discipline is connected to other stakeholders in improving primary healthcare delivery in the province through our involvement in the Provincial Family practice Renewal program and Family Practice Networks as well as the Newfoundland chapter of the College of Family Physicians of Canada.

## ENDURING LEGACY

### **What improvements have you observed in how your unit functions or performs?**

Our clinics along with the Patient Advisory Council (PAC) hosted a series of Family Medicine Town Hall sessions this year. This was done to; 1) orient patients to our clinics, services offered, patients served, and the health care context within which the team operates and 2) obtain input from a wider variety of patients on our services and to explore ways in which we can work together to improve the patient experience. They were attended by patients, physicians, allied health and clinic staff. Suggestions from these sessions are being reviewed and action items selected to move forward towards concrete improvements in the care we provide.

In the Shea Heights community, we participate in many community events on behalf of the Faculty of Medicine. We participate in the Folk Fest, Remembrance Day ceremony, and Santa Claus parade. Two of our faculty are members of the Shea Heights Community Board. Our research interest is youth mental health and addictions. We have an alliance involving Memorial University, St. John Bosco School and the Community Board which collaborate on our participatory action research.

THE PRIMARY HEALTHCARE RESEARCH UNIT (PHRU)

As the Discipline of Family Medicine’s research arm, the PHRU conducts high quality primary healthcare research that is translated into policy and practice. We are guided by our vision of better health for Newfoundland and Labrador through an evidence-informed, effective, and efficient primary healthcare system.

Our team

Five faculty members, each with their own program of research, contribute to the PHRU’s overall research productivity. Their research focuses on health services, primary healthcare epidemiology, rural research capacity building, rural health research, implementation science and biomedical engineering. They are supported by a dedicated staff of research professionals who make this work possible:

HEALTH SERVICES RESEARCH (DIRECTOR)	DR. KRIS AUBREY-BASSLER
IMPLEMENTATION SCIENCE	AMANDA HALL
RURAL HEALTH RESEARCH	JAMES ROURKE
PRIMARY HEALTHCARE EPIDEMIOLOGY	SHABNAM ASGHARI
BIOMEDICAL ENGINEERING	ANDREW SMITH
RESEARCH MANAGER	ANDREA PIKE
RESEARCH COORDINATOR	OLIVER HURLEY
RESEARCH COORDINATOR	VACANT
RESEARCH SECRETARY	KAREN GRIFFITHS

Thriving Learners & Graduates

- The Primary Healthcare Research Unit (PHRU) provided research-based employment opportunities to four undergraduate work-term students, five part-time undergraduate research assistants, one graduate work-term student and two graduate assistants.
- PHRU faculty (Drs. Kris Aubrey-Bassler and Amanda Hall) helped learners achieve academic success throughout their Faculty of Medicine educational journey by supervising two undergraduate medical students, two master’s students and two PhD students. In addition, they sat on the committees of five PhD and two master’s students.
- The Centre for Rural Health Studies (CRHS) provided support and guidance to five graduate students and two postdoctoral fellows over the past year. Collectively, these learners received three research grants, presented at multiple provincial and national scientific conferences and successfully published one article in a peer-reviewed academic journal.
- In partnership with the Ottawa Health Research Unit (OHRI), PHRU offered behavior change theory training to three undergraduate research assistants (at OHRI in Ottawa) and hosted local theoretical domains framework methods training for all interested staff and students.
- 6for6 engaged three undergraduate science students, all of whom rated their educational experience as excellent on exit surveys.



- 6for6 learners feel connected, supported and challenged to reach their full potential, with resilience. One participant from the 2018-19 cohort said 'one of the other really important things for me was like connections because I think a part of it is not really knowing who to talk to but there's this research network that our mentors have access to and can point out who are able to help us further with our research and that's really key.'
- Rural360 funded three new projects in 2018-19, totaling five to date. These projects were developed and are being led by 6for6 alumni in Northern Newfoundland and Coastal Labrador, and this experience is teaching them the skills to lead and participate in inter-dependent research teams.
- 6for6 graduated another cohort of six rural physicians (four Family Medicine, two RCPS), equipping them to respond to population needs and to be tomorrow's scientific and clinical leaders, and helping them develop the research competencies needed to thrive in the 21st century health system. These six faculty are lifelong learners, coming to 6for6 at a variety of points in their careers.
- The eHealth Research Unit (eHRU) helped family medicine residents prepare to respond to population needs by allowing them access the NL Base eConsult Service while doing their family medicine rotations.
- eHRU is also helping in the development of the Anesthesia Resident Reflection app which will encourage anesthesia residents to reflect on their daily experiences in the context of the CanMeds roles.

### Impactful Research

- To increase impact and ensure clinical relevance, the PHRU collaborated with clinical and policymaker knowledge users when creating research questions. These efforts ensure our inter-dependent research projects are community informed and inspired. Examples of studies that utilized this collaborative approach include SurgeCon, Primary Healthcare Reform, Implementing Choosing Wisely Recommendations and Implementing Evidence-Based Care for Back Pain in Physiotherapy.
- The Centre for Rural Health Studies has provided research support for many Translational Personalized Medicine Initiative projects (Quality of Care NL, Choosing Wisely NL). The geographic analysis of healthcare utilization trends included in this research addresses pressing and emerging needs and concerns of the province's rural population with regard to healthcare service accessibility and determining whether rural-urban or regional differences exist with regard to physicians prescribing diagnostic tests and whether it is proportional to the number of therapeutic interventions that are subsequently performed.

6for6 supported 30 research projects addressing pressing and emerging needs of regional (rural) populations, including 4 with Indigenous populations. These projects are integrated research and scholarly pursuits, engaging faculty, staff, researchers and learners as active partners, and are community-informed and inspired.

SurgeCon, a spinoff project from 6for6, received \$100K CIHR funding to develop a \$4.8-million-dollar grant application. This application was ultimately successful in 2019-20, and the project has been nationally recognized and acclaimed. This grant was formally announced at a press conference attended by federal Minister Seamus O'Regan and local MP Nick Whalen among other provincial and university dignitaries.

The SurgeCon project will follow an adaptive innovative clinical trial design that will look to accelerate the transfer of discoveries into clinical practice, education and the health system

6for6 research accelerates the transfer of discoveries into clinical practice, education and the health system. Two alumni projects have catalyzed a change of practice in Goose Bay resulting in greater emphasis on group appointments as a culturally sensitive approach to diabetes and prenatal care for Innu patients.

- The NL Base eConsult Service has been nationally recognized and has been in the forefront of delivering remote access health care.
- eHRU has continued work on the NL Base eConsult Service and the development of a new platform in Orion. Potential integration into the HEALTHe NL viewer will allow an eConsult to be generated in the same location that a patient's pharmacy, lab, and diagnostic imaging information are electronically stored. This will allow better and more effective access to eConsult for primary care providers in our province.

CanImpact is testing an intervention designed to improve coordination/continuity of care between primary care providers and medical oncologists, and to improve patient experience with regards to patients' perceived continuity of care

### Healthier Communities

The PHRU ensured the communities we serve are actively engaged in identifying community needs by conducting needs assessment with rural physicians and allied health professionals about how to best manage chronic disease in their communities.

The PHRU ensured patient, government, academic and health partners were involved in the pursuit of our mission by collaborating with stakeholders from each of these groups when planning research questions for three studies funded in 2018-2019.

The Centre for Rural Health Studies participated in the provincial Translational Personalized Medicine Initiative by investigating the geographic utilization of several diagnostic tests and therapeutic interventions. This research will help to inform policy related to healthcare service distribution and government resource allocation, which could lead to improved health equity.

The SurgeCon team forged sustainable regional, provincial, national and global partnerships to shape and improve health equity and the emergency health system. We actively engaged the communities we serve in identifying community needs and influencing research and service priorities expressed in the ultimately successful multi-million-dollar Phase III application to CIHR.

- The SurgeCon project is a funded through CIHR's Strategy for Patient-Oriented Research network, which requires the engagement of patients and members of our communities as proactive research partners. This proactive participation of patients and community members ensures that all elements of the research initiative will address the needs and priorities of our local population.

- The SurgeCon project has allowed for the establishment of provincial and regional partnerships with the aim of improving wait times in emergency departments, patient satisfaction, and the value of provincial emergency care spending.
- By graduating 6 rural physicians in 2018/19 and continuing to support a total community of 30 rural physician scholars, 6for6 alleviates rural and remote barriers to scholarship so learners are motivated to remain in and support our communities and rural and remote areas. As one participant said, '[6for6] is a course on how to do [research] when you're a rural physician and makes you feel like you can actually make a difference even though you're rural.'
- 6for6 & Rural360 continued to build partnerships between academic and health partners (Memorial University & rural physicians). Moreover, SurgeCon galvanized close collaboration between government, academic and health partners (e.g. Memorial University researchers, Eastern Health, the Newfoundland and Labrador Provincial government). All three projects are in the spirit of the Faculty of Medicine's mission.
- 6for6 participants from the 2018-19 cohort have embraced their social responsibility to positively impact the health status of our communities. When asked what their main takeaway was from 6for6, one participant noted: 'if we don't make the effort to engender change and understand the environment and the components that go into making decisions then those decisions will be made without our input. Rural physicians are in the best position to play a role in shaping [policy] because our understanding is obviously very different.'
- The continuing success of the NL Base eConsult Service allows for more patients to be treated by their primary care providers in their home communities, particularly in rural and remote communities, and avoid unnecessary referrals to a specialist. This lowered the costs to the patient as well as the health care system as a whole.

The eHRU collaborated with stakeholders from government, academia, regional health authorities and the patient population when planning research.

### Education Excellence

- The PHRU conducted a needs assessment to determine the research capacity building needs of the DFM, with the goal of developing educational sessions to address those needs.
- 6for6 was delivered as two graduate courses for the first time. These are MED 6150 (Principles of Scholarly Writing for Rural Doctors) and MED 6151 (Principles of Research for Rural Doctors), and represent high quality, dynamic and innovative academic programming as the first of their kind in Canada.
- The six graduates of 6for6, all rural Memorial University faculty, were enabled to be exceptional teachers and learner advocates for research skills in their communities.
- In 2018-19 we engaged six rural physicians through 6for6, and funded three new projects via Rural360, providing rural clinical faculty from Memorial University with active, engaged, empowering and authentic community-based experiences via 6for6 and Rural360, which are both longitudinal learning activities.
- We have incorporated competency-based learning in the 6for6 program with individual learning plans for all participants. They are coached to advance their competence through both their own projects and their engagement with all other participants' projects, encouraging inter-dependent practice. We assess their

progress as well as the progress of the program through self-assessment, mentorship guidance, peer-review, assignments, surveys and focus groups.

- We began delivering our 6for6 curriculum via Desire2Learn in order to more effectively use education technology in the program.
- We continued to teach, mentor, assess and support learners including 30 6for6 alumni, 2 undergraduate medical students, 5 graduate students, 3 undergraduate students, and 1 post-doctoral fellow.
- The 6for6 program prepares participants with the tools to be able to return to their communities and conduct research following intermittent face-to-face sessions provided on campus. The support and mentorship they receive during the program continues as needed after they graduate. All projects emerge from rural-specific health needs and ultimately strive to contribute to quality improvement in healthcare in each community.

### Research Excellence

- The PHRU adopted the Lancet recommendations on reducing research waste and improving value, which includes publishing protocols for all studies.
- The PHRU adhered to rigorous research methods and reporting standards and committed to disseminating results in a timely fashion.
- The PHRU promoted and nurtured the development of inter-dependent research teams by building collaborative relationships with cross-jurisdictional academic, clinical, policy maker and patient partners.
- PHRU and DFM faculty led the local SPOR network in Primary and Integrated Health Care Innovations, called the Primary Healthcare Research and Integration to Improve System Efficiency (PRIIME) network. PRIIME connects researchers, clinicians, policymakers, and patients with a shared interest in improving our healthcare system and facilitates building robust academic and external partnerships and networks.
- The PHRU has effectively disseminated our research outcomes to the scientific and clinical communities and the public by focusing not only on high-impact journals and conferences, but also on creating plain-language summaries and infographics to be shared with policymakers, patients and the general public.
- The 6for6 and Rural360 programs continued empowering rural physicians as novice researchers with appropriate resources, support and efficient processes. For example, one participant noted: 'I feel a lot more empowered to approach [research ideas]... 6for6 has shown me not only the capacity that it takes to sort through some of these things but also access to the resources and the people... and that's made a huge difference for me. I know going forward I'm gonna [sic] have lots of different ideas and questions that I'll be able to follow through with that I never would have expected to be able to on my own.' 6for6 maintained its role as a research training opportunity for rural medical faculty, making an integrated and coordinated research curriculum available and accessible to practicing physicians.
- 6for6 is promoting and nurturing the development of inter-dependent research teams to accelerate scientific discoveries. Each participant develops their own research teams that include mentors, community members, local, provincial, and occasionally national partners. Each project is regularly reviewed by other participants as well. Therefore, each project has at least two research teams contributing to its development and excellence.
- 6for6 continued to build robust academic and external partnerships and networks in the Faculty of



Medicine's rural jurisdictions. Social capital data measured at three points throughout the program (beginning, mid-way, end) show substantial improvements in participants' perceived research networks across the program. This growth is supported by qualitative data from participants, one of whom said '6for6 definitely helps with networking... [it] made me realize that it's not necessarily a burden for other people when you reach out to them from the research world... people have been very receptive and contacting one person leads to contacting another and another and it's been really really useful.'

- 6for6 effectively disseminated our research outcomes to the scientific and clinical communities and the public, with 4 peer-reviewed publications, 1 report, and a total of 30 workshops, presentations, panels, posters and invited speeches at local, national and international conferences. Dr. Daniel Hewitt also held community presentations about his research on arsenic in well-water, attracting 98 citizens from 3 rural Newfoundland communities (Wings Point, Upper Ferry, Valley Pond).
- The eHRU continued to use rigorous research methods and reporting standards and committed to disseminating results in a timely manner.
- The eHRU ensured knowledge users involvement in all research projects.
- The eHRU continued to build collaborative relationships with cross-jurisdictional academic, clinical, policy maker and patient partners.
- The eHRU's continued work on the NL Base eConsult Service has seen the enrollment of primary care providers and specialists grow. The total number of completed eConsults for this fiscal year was 1585, up from 1056 the year before.
- eHRU's participation in CFHI's Connected Medicine Collaborative allowed our team to work together with teams from New Brunswick, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia and the Department of National Defense in the pursuit of enhancing primary access to specialist consult.

### Social Accountability

- The PHRU actively listened to and collaborated with the populations we serve by incorporating patient engagement into research design and implementation and by conducting community needs assessments to ensure research efforts align with population needs.
- The PHRU has partnered with the Institute for Muscular Skeletal Health at the University of Sydney, Australia to build an exchange program that allows our students to learn health research competencies in diverse contexts. A similar program is being developed with Oxford University.
- 6for6 inscribed community engagement principles and competencies into its academic programming, providing lessons with experts on community engagement and knowledge translation to every cohort, including the 2018-19 graduates. We are also documenting community engagement activities as part of our impact. A prime example is Dr. Daniel Hewitt's community engagement work regarding arsenic in New World Island.
- 6for6 prepared learners to understand the determinants of health policy and to advocate for patients and communities. As one 2018-19 participant said, 'the 6for6 program I think exposes us to some of the tools that administrators use to shape policy'.
- The development of the successful SurgeCon Rewarding Success phase II application (\$100K) provided an opportunity to actively listen to and collaborate with the populations we serve and our health and

research partners including patient advisors, community members from the selected intervention sites, regional health authority representatives, health data custodians, and health system managers.

- We monitored the 6for6 program's performance regularly, and changes were made to better meet the needs of participants. In this way, we evaluated and enhanced our education, research and service programs in alignment with the needs of the physician community. A major evaluation of the program is planned for 2019-20.
- The 6for6 and Rural360 programs continued to develop partnerships that strengthen community capacity in underserved populations and rural and remote areas. Six new physicians graduated 6for6, expanding the 6for6 rural research network to 30 members, and connections were strengthened in Northern Newfoundland and Coastal Labrador with three new projects funded by Rural360.
- 6for6 and Rural360 continued to be unique programs that are expanding Memorial University's influence and presence in Canada and on the global stage. In 2018-19 the 6for6 webpage (under the Discipline of Family Medicine page) was visited 365 times and saw traffic from Canada, Germany, and the Netherlands.
- The International Grenfell Association (IGA) is a philanthropic organization and the primary funder of Rural360. Our national and international dissemination illuminates the IGA as an organization that fosters rural health equity by funding our projects and holding us accountable to its citizens. In this way, the Rural360 program is expanding philanthropic funding models to advance our mission.
- The Learners and Locations project allows the faculty of medicine to evaluate the impact of their undergraduate and postgraduate medical education programs on physician recruitment and retention and overall physician supply. It also helps to determine whether Memorial's medical education programs are meeting the needs of the province's underserved, rural, and remote populations.

### Culture of Excellence

- The PHRU strove to create a productive, engaging, enjoyable and supportive work experience for faculty and staff by hosting regular project planning meetings, offering ongoing employee development opportunities, planning staff social events and building a collaborative culture.
- The 6for6 team has embraced and utilized the Faculty of Medicine's vision, mission and values to continue to shape and role model a social accountability focus on rural health challenges. We have maintained our commitment to rural citizens by focusing our efforts to train and support rural clinician researchers and leaders.
- 6for6 and Rural360 were led by an intimate team of three faculty and one staff member, and continues to be a productive, engaging, enjoyable and supportive work experience.
- We weaved social accountability into everything we do by virtue of the 6for6, Rural360 and SurgeCon projects.
- We embraced meaningful change and translated ideas and solutions into action by establishing the 6for6 graduate courses (MED 6150 & 6151), funding 3 new research projects under Rural360, and by SurgeCon winning phase II of the CIHR rewarding success competition.
- At the CRHS we have cultivated an environment of lifelong learning, providing opportunities for faculty, staff and students to attend conferences and participate in enrichment activities around the university.

## Inspiring Leadership

- 6for6 and Rural360 continued to nurture and support 30 rural physicians as formal and informal leaders to inspire and lead scholarship in their local communities.
- The ultimately successful SurgeCon Rewarding Success Phase III application was underway, facilitating effective communication and collaboration amongst learners, faculty, staff and community/patient partners.
- The 6for6 and Rural360 programs encouraged and supported leadership development for current and future leaders by engaging two undergraduate medical students, five graduate students and three undergraduate students in meaningful, challenging work that aligns with their career objectives and opportunities for continued advancement.
- 6for6 and Rural360 continued to empower 30 rural faculty to create and embrace opportunities to achieve their potential in scholarship.
- The eHRU fostered an environment that encouraged teamwork and collaboration.
- The eHRU worked with physicians and outside organizations to develop concepts, test new technologies, and evaluate their effectiveness with the goal of creating communications tools that are ready to be implemented in our healthcare system.

## Exceptional People

- The PHRU has facilitated exceptional faculty and staff development and mentoring at all career stages by debuting a staff development program designed to drive personal development, increase professional competency and facilitate career growth. So far, we've launched a training session on study design, with more sessions planned for the upcoming year.
- The PHRU continued to build our talent and workforce capabilities by facilitating volunteer, work and training opportunities that align with student and staff career goals
- The PHRU fosters an environment that encourages wellness for all by supporting employees in incorporating wellness goals into their work schedules.
- The PHRU and CRHS continued to build our talent and workforce capabilities through strategic recruitment of undergraduate and graduate students, using MUCEP and SURA programs, and off-semester employment and graduate assistantships to grow and maintain a body of students interested in primary care and rural research.
- 6for6 and Rural360 facilitated exceptional faculty and staff development and mentoring at all career stages by continuing to provide in-kind support, funding and mentorship to 30 6for6 graduates.
- We recognize and celebrate 6for6 participants' individual and team achievements at our final session where research projects are formally presented and their achievements are acknowledged and celebrated.
- The eHRU continued to recognize and celebrate individual and team achievements.

## Robust Infrastructure

- The PHRU has embraced technologies that enable teamwork and collaboration by adopting office-wide use of Airtable task-management software and Slack communication tool
- The 6for6 team provided a space in the Centre for Rural Health Studies where learners from 6for6 and Rural360 can network and collaborate.
- The eHRU continued to stay at the forefront of advances in educational, research and information technology.
- The eHRU continued to use enhanced technologies that enable teamwork and collaboration throughout our programs and projects.
- Efficient and Effective Resourcing
- The PHRU continued to expand and diversify Faculty of Medicine revenue by securing external research funding.

## Continuous Performance Management & Improvement

- The PHRU strengthened program evaluation to enable improvements by consulting on and supporting program evaluation being conducted within the DFM.
- The 6for6 team maintained a detailed database of all outputs to track, measure and analyze performance against Destination Excellence.
- The 6for6 team compared the 2018-19 performance of the program against previous years to continuously improve performance and results and to set improvement goals.
- 6for6 has strengthened program evaluation to enable improvements by having a graduate student thesis focused on program evaluation, a post-doctoral project focus on social capital, and via the 6for6 program's continuous monitoring and iterative design that engages participants and alumni in curricular planning and individual learning plans.
- The 6for6 team shared performance results for 6for6 and Rural360 with Dr. Steele, the chair of Family Medicine and the Director of the Primary Healthcare Research Unit in late December.
- The Learners and Locations project has allowed the faculty of medicine to track, measure and analyze the practice location outcomes of memorial's MD graduates and postgraduate trained residents.
- The SurgeCon project will improve emergency department efficiency and productivity through an iterative improvement process, the implementation of innovative technology and quality improvement initiatives that focus on establishing a patient-centric environment.
- The eConsult team maintained a detailed database of all outputs to track, measure and analyze performance of the program.
- The eConsult team compared the 2018-2019 performance of the program against previous years to continually improve performance and results and set improvement goals.



## Dynamic Advocacy

- The PHRU has used its annual conference, Prifor, as an opportunity to foster and participate in partnerships that advance our mission by hosting public engagement sessions with the community and by inviting keynote speakers, presenters and delegates from academic, clinical, policy maker and patient stakeholder groups.
- The SurgeCon team developed the successful Phase II application for rewarding success, which fostered partnerships with provincial stakeholders in both the public and private sector and set the stage for continued work that will advance the university's socially accountable mission.
- As community-focused, socially accountable programs, 6for6 and Rural360 promoted the mission and vision of the Faculty of Medicine and communicated our contributions to our communities and to society with 33 instances of dissemination in 2018-19.
- The eHRU serves as a hub for research projects that involve the design and testing of emerging health communications technology in Newfoundland and Labrador. The unit works with physicians to develop concepts, test new technologies and evaluate their effectiveness with the goal of creating communications tools that are ready to be implemented in our healthcare system.
- The ever-expanding umbrella projects of eConsult (CanImpact, Connected Medicine Collaborative, eConsult 2.0) and any of our other projects allowed the unit to continue to develop and foster partnerships with provincial stakeholders.

learning  
health  
systems

prifor 2019  
THE PRIMARY HEALTHCARE  
PARTNERSHIP FORUM

June 27-28, 2019 • Emera Innovation Exchange, Signal Hill Campus • St. John's, NL



## GOING FORWARD

### PILLAR(S) EDUCATION EXCELLENCE; RESEARCH EXCELLENCE; SOCIAL ACCOUNTABILITY

#### Priority #1: Excellence in all we do

- The PHRU plans to promote ongoing learning among faculty, staff and students by offering a wider variety of competency-based professional development opportunities
- The PHRU plans to leverage public engagement initiatives to get communities more involved in the research process and in using research findings to support healthier communities.
- The SurgeCon project will promote and nurture the development of inter-dependent research teams to accelerate improvements in emergency department patient flow and wait times.
- The SurgeCon project will continue to provide opportunities to actively listen to and collaborate with the populations we serve and our health and research partners.
- The eHRU will continue with all of our on-going programs and projects.
- The eHRU will continue to support and develop the NL Base eConsult Service.
- The eHRU will continue to support and engage with partners in the research process.

### PILLAR(S) THRIVING LEARNERS AND GRADUATES; IMPACTFUL RESEARCH; HEALTHIER COMMUNITIES

#### Priority #2: Improving lives

- The PHRU plans to continue to support learners by matching them to training, volunteer and paid work experiences that align with their career goals.
- The PHRU plans to increase public and patient engagement efforts to maximize research impact and facilitate knowledge translation.
- The SurgeCon project will address the pressing and emerging need to reduce emergency department wait times.
- The SurgeCon Project will provide financial support for learners at different stages in educational journey to help them achieve academic success.
- The eHRU will continue with the success of the NL Base eConsult Service to allow for more patients to be treated by their primary care provider in their home communities, particularly in rural and remote communities, and avoid unnecessary referrals to a specialist.
- The eHRU will continue to collaborate with stakeholders from government, academia, regional health authorities and the patient population when planning research.

## **PILLAR(S) CULTURE OF EXCELLENCE, INSPIRING LEADERSHIP, EXCEPTIONAL PEOPLE**

### **Priority #3: Empowered people**

- The PHRU strives to build upon its existing employee development program by offering more opportunities for training, collaboration and career planning. The next training session they plan to offer their staff will be around project planning.
- The development of the SurgeCon platform will lead to the enhancement of technologies that will enable teamwork and collaboration across emergency department staff, managers, facilities and regions.
- The SurgeCon project will allow Memorial and its research partners to stay at the forefront of advances in information technology through the establishment of robust infrastructure that will produce data flows that will lead to automated reporting of critical time sensitive information.

## **PILLAR(S) CONTINUOUS PERFORMANCE MANAGEMENT AND IMPROVEMENT; DYNAMIC ADVOCACY**

### **Priority #4: Enduring legacy**

- The PHRU is working on developing a plan for conducting quarterly one-on-ones with employees to review performance, identify needs and set learning and career goals.
- The PHRU plans to utilize its annual conference, Prifor, as an opportunity to connect with the community through hosting a free public engagement session. This has proved successful in the past and has potential to be a powerful opportunity for advocacy, knowledge translation and collaboration. The success of the initiative depends on appropriate advertising, which will be one of the conference planning priorities for the upcoming year.
- The development of the SurgeCon platform will lead to the enhancement of technologies that will enable teamwork and collaboration across emergency department staff, managers, facilities and regions.
- The SurgeCon project will allow Memorial and its research partners to stay at the forefront of advances in information technology through the establishment of robust infrastructure that will produce data flows that will lead to automated reporting of critical time sensitive information.

# HIGHLIGHTS

## AWARD WINNERS

### CFPC awards

- Family Physician of the Year – Dr. Ean Parsons
- Awards of Excellence – Dr. Amy Pieroway & Dr. Steve Darcy
- Bruce Halliday Award for the Care of the Disabled – Dr. Katherine Stringer
- 2019 Oration Award – Ms. Kristen Peckford



## EMPOWERED PEOPLE

### NEW FACULTY



#### **Dr Joel Koops** **Credentials??**

Dr. Koops is delighted to begin work with the Academic Family Unit. After graduating from the medicine program at Memorial University of Newfoundland and Labrador (MUN) in 2012, he completed two years of the

Radiology Residency Program at MUN. It became apparent during this time, that he was looking for a specialty with more patient contact and went on to complete his Family Medicine training through MUN in 2015. Joel worked rural for a period of time after his graduation, enjoying the wide scope of practice this offered before transitioning into Emergency Medicine in 2016. Joel completed his Master of Science degree in Geophysical/Medical Imaging while in undergraduate medicine and has a keen interest in research, particularly in the area of Point of Care Ultrasound. He enjoys teaching and all things procedures. When he isn't in clinic, Joel enjoys spending time outdoors with his family and Golden Retriever, Waffles.

### NEW STAFF



#### **Dawn Corbett** **Position??**

Born and raised in St. John's, Newfoundland & Labrador, Dawn has been working at Memorial University for over 10 years in a variety of academic and administrative offices and currently serves on the MUN

Campus Food Bank, Board of Directors. She is also a proud alumni of Memorial having completed a Bachelor of Arts (Russian & Sociology), a Bachelor of Education (Post-Secondary Studies) and a certificate in Criminology. Dawn is currently enrolled in the Master of Education (Post-Secondary Studies) program.

Dawn enjoys road trips with her spouse to visit the beautiful communities in the province as well as travelling throughout Canada and abroad. An animal lover, Dawn fosters an elephant through the Sheldrick Wildlife Trust in Kenya and a tiger through the Australia Zoo.



## MEDICAL STUDENTS

### Family Medicine Interest Group

The most pressing healthcare issue facing the people of Newfoundland and Labrador today is the lack of access to a family doctor. This makes being part of the Family Medicine Interest Group (FMIG) one of the most rewarding aspects of Medical School thus far. FMIG has allowed us to promote interest and information about Family Medicine, thereby showing medical students how rewarding a career in family medicine can be. It also allows medical students an opportunity to network with family physicians who may act as mentors or role models for them. Perhaps most of all, we enjoy being a part of FMIG and attending the FMIG events.

For example, we have had several Fridays with Family lunchtime talks this year. Topics informed us of what a future in Family Medicine might look like. We learned about careers in Emergency Medicine, Care of the Elderly, the scope and joys of Rural Family Practice, Sports Medicine, Care of Underserved Populations, and Medical Assistance in Dying, to name a few. We also learned about practicing as a Locum physician, and working as a Hospitalist. Furthermore, during our Information Night, we heard about Palliative Care, Addictions Medicine, how to maintain personal relationships throughout a career in medicine, and what to expect when managing a private practice from a business perspective. These career options are seldom (if ever) discussed in the classroom, so FMIG has essentially been the sole venue through which students learn about them.

Equally as important, with help from the CFPC's NL Chapter, FMIG has allowed us valuable exposure to hands-on procedural training at Procedures Day. We practiced intubation, endometrial biopsies, labour/delivery, joint injections, IV insertion, IUD insertion, and more. This was one of the highlights of the year for many medical students and spoke to family medicine as being a diverse practice. Finally, Dining with the Docs provided students with an opportunity to be acclimated to the Family Medicine "Family," and get to know some of the family doctors who have dedicated their lives to caring for the people of our province.

The information and experiences gained from these FMIG events have exemplified the breadth of knowledge a family physician has, and are crucial to supplying us with the skills to practice with a wide scope. A career in Family Medicine allows us to care for patients throughout their entire lives, and provides the skills to help with almost any need they may have. We want to thank the CFPC's NL Chapter and all its members for their continued support of FMIG, making all of this possible, and inspiring us as future physicians.

Sincerely,

FMIG Executive 2019-2020

Savannah Bennett, Ish Mishra, Zahra Rehan, Steven Rowe, and Kayla Viguers

## RESIDENT HIGHLIGHT

**DR. KYLIE GOODYEAR**, second year family medicine resident in the Nunafam program.

**What do you appreciate about being a Memorial University resident?**

Memorial University is a wonderful place to learn. I did my undergraduate degree and medical school here and really enjoyed it because Newfoundland is home for me. The Family Medicine program is excellent as the staff are wonderful and very supportive. It is also incredibly diverse with training across rural Newfoundland, Labrador and Nunavut allowing me to develop a very broad scope of practice.

**What do you like most about residency in Nunavut?**

Definitely a toss-up between the people and getting to explore new communities. Where Nunavut is remote, we end up running a lot of medevacs around Baffin Island. The last time I flew in to pick up a patient they knew I was coming and had a box of freshly caught arctic char for me to take home with me on the medevac! The people here are absolutely amazing and I also have an incredible view of the northern lights from my backyard.





## APPENDIX A: GRANTS RECEIVED AS PI OR CO-PI

Nominated PI / Co-PI	Title	Funding source	Project funding \$
Christine Aubrey-Bassler	Identifying Missed Appointment Statistics for Government Assisted Refugees to Improve Access to Care	NL SPARK Clinician-led Patient Oriented Research Grant,	\$10,000
Shabnam Asghari	SurgeCon: An Emergency Department Surge Management Platform	CIHR + partners	\$5,869,500
Russell Dawe	Innu Palliative Care: An Indigenous Approach to Community Advisory Boards	Research Grant for the Study of Communities Impacted by Health Disparities, College of Family Physicians of Canada	\$2,000
Kris Aubrey-Bassler	Short, Medium, and Long Term Effectiveness of Interdisciplinary Teams and Other Primary Care Reforms in Ontario	CIHR	\$393,976
Gerard Farrell Susan MacDonald	Connected Medicine: Enhancing Primary Access to Specialist Consult: A 15-Month Quality Improvement Collaborative: Patient Experience Survey	Canadian Foundation for Health Care Improvement	\$14,200
Amanda Hall (Co-PI)	What Are Rural Physicians' Perspectives on the Challenges of De-prescribing Opioids for Patients with Chronic Pain?	International Grenfell Association via the Rural 360 Project	\$15,000
Chris Patey	Carbonear Institute for Rural Research and Innovation by the Sea	Trinity Conception Placentia Foundation	\$125,000
Shabnam Asghari	Rural 360: Capacity Building Initiative for Rural Health Research in Northern NL	International Grenfell Association	\$450,000
Katherine Stringer	Evaluation & Quality Improvement of primary Care for Adults with Developmental Disabilities	Healthcare Foundation	\$9,352.50



Nominated PI / Co-PI	Title	Funding source	Project funding \$
Chris Patey	Family Physician Profile Project	Newfoundland and Labrador College of Family Physicians. Sponsorship for Summer Medical Student Fellowship	\$2,400
Christine Aubrey-Bassler	Improving Clinical and Research Data Quality at the Refugee Health Clinic, Memorial University	Summer Undergraduate Research Award (SURA) Grant, Memorial University	\$1,600
Jessica Bishop	Maternal Diabetes and Breastfeeding	Summer Undergraduate Research Award (SURA) Grant, Memorial University	\$4,000
Russell Dawe	Indigenous Health Teaching Resources: Environmental Scan	Summer Undergraduate Research Award (SURA) Grant, Memorial University	\$1,470
Russell Dawe	Rural and Remote Medical Education in Nepal: A Program Evaluation	Summer Undergraduate Research Award (SURA) Grant, Memorial University	\$1,470
Gerard Farrell Susan MacDonald	eConsult 2.0 – Operationalization as a Provincial Program	Faculty of Medicine – Internal Grant	\$36,439
Chris Patey	Case Report Write-up: Catch of a Lifetime – Erysipelothrix rhusiopathie bacteremia, septicemia, endocarditis and osteomyelitis in Newfoundland crab fisherman and butcher. CJRM 2019:24:7-12	Summer Undergraduate Research Award (SURA) Grant, Memorial University	\$1,600

## APPENDIX B: PUBLICATIONS

### 2018-2019

- Asghari S, Heeley T, Walsh A, Rourke J, Bethune C, Graham W. Rural360: incubating socially accountable research in the Canadian North. *International Journal of Circumpolar Health*. 2019;78(1).
- Asghari S, Hurd J, Marshall Z, Maybank A, Hesselbarth L, Hurley O, et al. Challenges with access to healthcare from the perspective of patients living with HIV: a scoping review & framework synthesis. *Aids Care-Psychological and Socio-Medical Aspects of Aids/hiv*. 2018;30(8):963-72.
- Aref-Eshghi E, Hurley O, Sun G, Simms A, Godwin M, Duke P, et al. Genetic associations in community context: a mixed model approach identifies a functional variant in the RBP4 gene associated with HDL-C dyslipidemia. *Bmc Medical Genetics*. 2018;19.
- Aubrey-Bassler F, Cullen R, Simms A, Asghari S, Crane J, Wang P, et al. Population-based cohort study of hospital delivery volume, geographic accessibility, and obstetric outcomes. *International Journal of Gynecology & Obstetrics*. 2019;146(1):95-102.
- Bethune C, Heeley T, Graham W, Asghari S. There is no "I" in rural research capacity building. *Australian Journal of Rural Health*. 2019;27(3):268-.
- Bodaghkhani E, Mahdavian M, MacLellan C, Farrell A, Asghari S. Effects of Meteorological Factors on Hospitalizations in Adult Patients with Asthma: A Systematic Review. *Canadian Respiratory Journal*. 2019.
- Buote R, Asghari S, Aubrey-Bassler K, Knight JC, Lukewich J. Primary health care services for patients with chronic disease in Newfoundland and Labrador: a descriptive analysis. *CMAJ Open*. 2019;7(1):E8-E14.
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- Hurd J, Pike A, Knight J, Tarrant G, Aubrey-Bassler K, Asghari S, et al. Health and health service use of very elderly Newfoundlanders. *Canadian Family Physician*. 2018;64(10):E453-E61.
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- Li P, Rourke L, Leduc D, Arulthas S, Rezk K, Rourke J. Rourke Baby Record 2017 Clinical update for preventive care of children up to 5 years of age. *Canadian Family Physician*. 2019;65(3):183-91.
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Kielly J, Kelly DV, Hughes C, Day K, Hancock S, Asghari S, et al. Adaptation of POCT for pharmacies to reduce risk and optimize access to care in HIV, the APPROACH study protocol: examining acceptability and feasibility. *Pilot Feasibility Stud*. 2018;4:59.

Mahdavian M, Power B, Asghari S, Pike J. Effects of Comorbidities on Asthma Hospitalization and Mortality Rates: A Systematic Review. *Canadian Respiratory Journal*. 2018.

Marshall Z, Brunger F, Welch V, Asghari S, Kaposy C. Open Availability of Patient Medical Photographs in Google Images Search Results: Cross-Sectional Study of Transgender Research. *Journal of Medical Internet Research*. 2018;20(2).

Parsons W, McHugh J, Yi Y, 2018, 'Traditional Panel Interview versus Multiple Mini-Interview (MMI) in Medical School Admissions: Does Performance differ by Age, Gender, Urban or Rural, or Socioeconomic Status (Findings from one medical school)', *MedEdPublish*, 7, [4], 51, <https://doi.org/10.15694/mep.2018.0000272.1>

Patey, C. Norman, P. Araree, M. Asghari, S. Heeley, T. Boyd, S. Hurley, O. Bassler, K. SurgeCon: Priming a Community Emergency Department for Patient Flow Management. *Western Journal of Emergency Medicine*. WESTJEM.2019.420127. July 5, 2019.

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Rourke J. Social Accountability: A Framework for Medical Schools to Improve the Health of the Populations They Serve. *Academic Medicine*. 2018;93(8):1120-4.

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Wilson, N. Patey, C. Howse, D. (accepted 2019, Jan, 12) Catch of a Lifetime – Erysipelothrix rhusiopathie bacteremia, septicemia, endocarditis and osteomyelitis in Newfoundland crab fisherman and butcher. *CJRM* 2019;24:7-12.

## Non-Peer Reviewed

"It Takes a Team: Caring for patients taking opioids for chronic non-cancer pain". L. Bishop, S. Darcy, S. Avery, A. Pendergast, N. Duggan, L. Barnes. CFPC's Innovation in Primary Care. April 2019. School of Pharmacy, Faculty of Medicine, MUN and Eastern Health. [https://www.cfpc.ca/uploadedFiles/Health\\_Policy/IPC-2019-Pharmacist-Integration.pdf](https://www.cfpc.ca/uploadedFiles/Health_Policy/IPC-2019-Pharmacist-Integration.pdf)

Lacey A, Bishop J, Drover A. "Sugar Babies: Best Practices to Diabetic Mother's Achieve Exclusive Breastfeeding". Prifor. Poster Presentation. June 2019.

"Behind the curtain: Reflections on experiential learning in refugee health." Nguyet Nguyen, Luke Duffley, Dr. Christine Aubrey-Bassler. Paper, CFMS Annual Review, 2019. <https://www.cfms.org/files/annual-review/annualreview2019.pdf>

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Pendergast, Amanda L., "Knowledge and Attitudes Towards Breastfeeding Among Medical Students at Memorial University" (2019). Electronic Thesis and Dissertation Repository. 6305. <https://ir.lib.uwo.ca/etd/6305>

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Telegerontology: A novel approach to optimize health and safety and to "age in place" among people with dementia in Newfoundland and Labrador. Final Report. Submitted to Alzheimer Society of Canada, March 2018.

NL eConsult Evaluation and Business Case Report, submitted to the Clinical Stabilization Fund Committee, March 6, 2018. Prepared by: Jane Pardy, MBA, CMC President and Principal Consultant Flow Consulting

APSIM Conference 2018 – We Are Connected: Control-Alt-Delete, May 1 2018 (by invitation) – Improving Access to Specialists through the Champlain BASE eConsult Service – Healthcare in a Digital Age.





## ST. JOHN'S

ROLE	NAME	E-MAIL	SUPPORT	E-MAIL	PHONE
Chair of Family Medicine	Dr. Katherine Stringer	<a href="mailto:DFMChair@mun.ca">DFMChair@mun.ca</a>	Susan Hutchings	<a href="mailto:DFMAdmin@med.mun.ca">DFMAdmin@med.mun.ca</a>	709-864-6541
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Undergraduate FM Director	Dr. Lyn Power	<a href="mailto:lyn.power@mun.ca">lyn.power@mun.ca</a>	Jackie Fewer	<a href="mailto:fmeastern@med.mun.ca">fmeastern@med.mun.ca</a>	709-864-6528 709-279-2303
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Co-Chairs Community Engagement Courses	Dr. Norah Duggan Dr. Amanda Pendergast	<a href="mailto:nduggan@mun.ca">nduggan@mun.ca</a> <a href="mailto:amandalp@mun.ca">amandalp@mun.ca</a>	Sarah Eustace	<a href="mailto:fm.ugme@med.mun.ca">fm.ugme@med.mun.ca</a>	709-864-6485
Postgraduate FM Director	Dr. Danielle O'Keefe	<a href="mailto:danielle.okeefe@med.mun.ca">danielle.okeefe@med.mun.ca</a>	Dawn Corbett	<a href="mailto:dawnc@mun.ca">dawnc@mun.ca</a>	709-864-6528
Assistant Postgraduate FM Director	Dr. Russell Dawe	<a href="mailto:eparsons@mun.ca">eparsons@mun.ca</a>	Dawn Corbett	<a href="mailto:dawnc@mun.ca">dawnc@mun.ca</a>	709-864-6528
Enhanced Skills (ES) Program Director	Dr. Peter Rogers	<a href="mailto:peter.rogers@med.mun.ca">peter.rogers@med.mun.ca</a>	Teela Buffett	<a href="mailto:enhancedskills@mun.ca">enhancedskills@mun.ca</a>	709-864-6699
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