

FAMILY MEDICINE ANNUAL REPORT

2017 - 2018



Twillingate, NL

**MEMORIAL
UNIVERSITY**

FAMILY MEDICINE
Faculty of Medicine

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MISSION STATEMENT

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.

MISSION STATEMENT OF THE FACULTY OF MEDICINE

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.

MISSION STATEMENT DISCIPLINE OF FAMILY MEDICINE

**The mission of the Memorial University Discipline of Family Medicine (DFM) is to guide the next generation of family physicians into practice. Upholding the principles of family medicine as well as evidence based medicine, our work reflects valuing rural skills, inter-professional collaboration and leadership.*

**New Strategic Plan coming April 2019*

MESSAGE FROM THE CHAIR



Every year brings its unique set of challenges and successes and this year has been no exception.

At a time when some would say that the family medicine profession is particularly vulnerable with matching rates of medical students to some family medicine residency programs dangerously low, we can be very proud of a thriving family medicine community at Memorial, with 42% of our medical graduates matching to family medicine and 47% of those choosing to remain at Memorial for residency. Continued success in meeting the needs of our Province this way is only possible through the continued support and involvement of family medicine in our undergraduate and postgraduate curricula, and the integration of educational and clinical services in primary care renewal.

Following a year of collaboration and teamwork, we are in the final stages of presenting our new Strategic Plan for the Discipline of Family Medicine. Thank you to everyone who contributed to this inclusive process, one which I hope will unite us in our new vision. Please look out for the formal launch of this in April 2019.

As we move forward in 2019, this is also an opportunity to celebrate our accomplishments in research, education and social accountability as noted in the faculty of medicine vision. Our Discipline has a long history of applying a social accountability lens to all that we do. This year as part of that lens we have continued to strengthen our distributed academic network, connecting our rural centres of excellence in family medicine education through our Streams Network and providing context specific education, research and comprehensive primary care. While it is still too early to quote data, the anecdotal reports of residents continuing to practice in the areas in which they trained after graduation is early evidence of the success of all involved in this process including our family medicine preceptors and mentors. We are particularly thankful for the connections we have made with local physicians, health care providers and members of the health care and broader communities in support of our learners across NL, NB, PEI, Nunavut and the Yukon.

Research in our Discipline continues to flourish with 43 new publications and \$3+ million in grants thanks to the efforts of many including faculty and staff in the Discipline, Primary Healthcare Research Unit, Centre for Rural Health Studies and 6for6, our program supporting researchers in rural and remote areas.

Clinically we successfully addressed two big challenges this year by transitioning to the new Provincial electronic medical record and combining our Family Practice Unit and Torbay Clinic in the new Family Medicine Clinic in the former Janeway Hostel. Together these provide exciting new opportunities for interprofessional primary care and education.

Thank you to our patient advisory committee who continue to provide us with the all-important patient voice in our quality improvement efforts.

This year saw the retirement of Drs. Gary Tarrant, Pauline Duke and Michael Jong, whose many years of leadership and dedication to the Discipline we will always be intensely grateful for. We also wish to welcome our new faculty, Drs. Chris Patey and Jeff Patterson.

We continue to delight in the successes of individual members of our discipline and invite you to review all the rewards received in the past year both locally and nationally. Congratulations to all on the hard work that preceded these.

Family Medicine is first and foremost about people. Thank you to all the people with whom we collaborate as we continue to deliver excellence in education, research and social accountability to advance the health of the people and communities we serve.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Stringer', written in a cursive style.

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

DISCIPLINE OF FAMILY MEDICINE BY THE NUMBERS

33

Fulltime Faculty Members
31 Clinical / 2 Non-Clinical

4

Residency Streams

424

Part time Faculty Members

\$538,322

Research Grant Funding Received
in 2017-18

45

New Full/PT Faculty in 2017

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 2017 (Ref: MD Select)

32

Number of residents who com-
pleted the postgraduate program
in June 2018

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



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EDUCATION

UNDERGRADUATE PROGRAM

DIRECTOR	DR. LYN POWER
CLERKSHIP DIRECTOR	DR. JESSICA BISHOP
PRECLERKSHIP DIRECTORS	DRS. NORAH DUGGAN & AMANDA PENDERGAST
FMIG LIAISON	DR. CHRIS PATEY
PROGRAM COORDINATOR	PATRICIA PENTON
ACADEMIC PROGRAM ASSISTANT	SARAH EUSTACE
UNDERGRADUATE SECRETARY	MICHELLE HOLLOWAY

PRE-CLERKSHIP

The second iteration of the new Phase 1 Community Engagement Course, Early Clinical Experience, was again a resounding success receiving stellar reviews from the students. Community preceptors provided students an opportunity early in their medical education to experience family medicine. This clinical exposure gives learners a first glimpse of how physicians can improve lives, advocate for their patients as well as be socially accountable and help build healthier communities.

The Rural/Community Visit is a 2-week rotation in the spring. The majority of students were placed in rural sites. The Black Bag course is also 2 weeks and remains in its late spring timeslot. Both are well received by the students. This course is an excellent opportunity for students to thrive and further gain skills to enhance their transition into clerkship.

All of these rural placements, including clerkship, promote a culture of collaborative, community and team-based care where our learners are involved in the delivery of primary health care to areas with diverse needs.

CLERKSHIP

Drs. Bishop, Power and Duggan, as the Phase 4 Leads in Undergraduate Medical Education (UGME), have maintained close connections with both the medical education teams in New Brunswick and Prince Edward Island as well as our Newfoundland and Labrador preceptors. Site visits were conducted in NB to pursue development of core Family Medicine and longitudinal Progression 2 Practice (P2P) Selective sites and to discuss piloting a Longitudinal Integrated Clerkship (LIC) program in NB. Members of our UG team presented at the NB Med Ed Forum. The Rural Family Medicine clerkship rotation continues to be the most highly rated of all core rotations. Faculty development around Entrustable Professional Activities (EPAs) and Layered Learning continues to be provided to preceptors. There continues to be some changes in sites based on preceptor and/or housing availability and there is ongoing work and collaboration around establishing new sites in all 3 provinces. Upcoming clerkship changes starting in 2018 included moving to progress testing and switching core academic curricular topics to using The Canadian Shared Family Medicine Clerkship Curriculum (SHARC-FM) interactive cases developed nationally by the Canadian Undergraduate Family Medicine Education Directors (CUFMED) group.

ELECTIVES AND SELECTIVES

FM electives and selectives are sought after by students from Memorial and other universities. Based on increasing demands, work is ongoing around the identification of more sites including rural, urban, general family medicine or focused practice experiences. Non-Memorial students use the Association of Faculties of Medicine Canada (AFMC) Electives Portal and the development of better site descriptions for the portal has been identified as necessary, especially for out-of-province students.

RESEARCH

Our faculty continues to be very involved in student research projects and other FM research aiming to improve patient's lives and striving for excellence as we teach, support and mentor our learners.

FAMILY MEDICINE INTEREST GROUP (FMIG)

Memorial Students Are Truly Unstoppable!

For the fifth year in a row, Memorial University of Newfoundland's medical students were the top fundraisers at the Walk for the Docs of Tomorrow winning a \$1,000 prize and a new batch of jackets to add to their growing collection. The FMIG receives tremendous support from Family Medicine faculty and preceptors who supported this event at the Annual Preceptors Meeting and ASA.

The Family Medicine Information Night consists of a number of different booths, each one being a different topic pertaining to Family Medicine. Representatives at the booth will talk about the topic and answer any questions.

Fridays with Family is an informal lunch-time session. Each week, different family physicians are invited to speak to the group about their practices and roles in their communities. Some of the past topics include work-life quality, patient advocacy, the Haiti experience and areas of special interest and focused practice such as palliative care and sports medicine. This event aims to educate and inspire students to consider Family Medicine more thoroughly.

STUDENT RECOGNITION

NLCFP Medical Student Oration Award: Helena Paddle
CFPC Medical Student Scholarship: Michelle MacDougal
CFPC Medical Student Scholarship: Robert McCarthy
CFPC Leadership Award: Amanda Noftall



"I feel very privileged to have been selected as a recipient of the CFPC Medical Student Scholarship. It was an amazing experience to receive the award at Family Medicine Forum, where I was able to meet other

like-minded medical students who share a passion for Family Medicine and primary healthcare in our country. Being recognized as a leader and advocate for Family Medicine motivates me even more to pursue a career in this specialty so that I can practice full-scope family medicine in a rural area after graduation."

~ Robert McCarthy

UNDERGRADUATE FAMILY MEDICINE GOALS FOR 2018-2019

1. Work towards the incorporation of UG into the current PG Streams model delivering high quality and innovative academic programming.
2. Assess the effect of the change in the FM curriculum in student engagement in Family Medicine.
3. Develop site descriptions for all teaching sites preceptoring medical students at all phases of training.
4. Continue to work with the PG program and our community preceptors to provide Family Medicine residents with opportunities to teach, mentor and support learners at the UG level striving for academic excellence and fostering educators and leaders of the future.

POSTGRADUATE PROGRAM

PROGRAM DIRECTOR
ASSISTANT PROGRAM DIRECTOR
PROGRAM COORDINATOR
INTERMEDIATE SECRETARY
CURRICULUM SECRETARY

DR. DANIELLE O'KEEFE
DR. EAN PARSONS
CECILIA MESH
SHENOA WHITE
JACQUELINE RYAN

The Family Medicine residency program at Memorial trains residents for urban, rural and remote practice. Over the two-year residency, learners train at sites throughout Newfoundland and Labrador, New Brunswick and/or Nunavut. At the start of the 2017-2018 academic year, seventy-six residents were in the program.

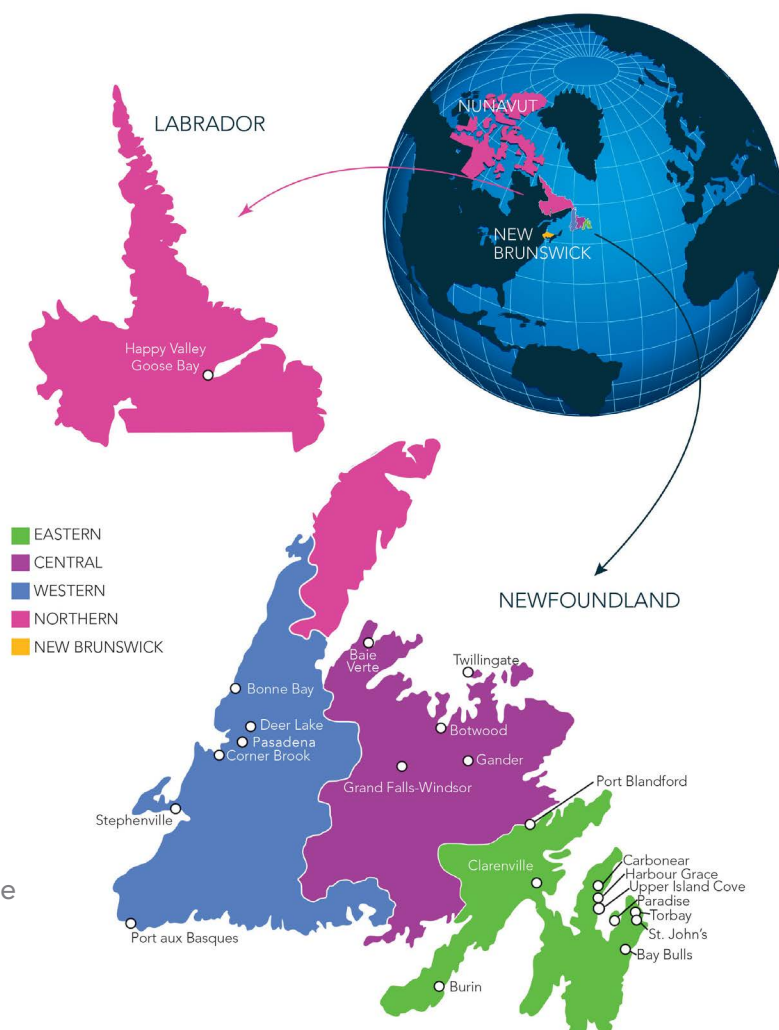
Training sites across Newfoundland and Labrador include:

St. John's and surrounding areas:

- Airport Heights Medical Clinic
- Bay Bulls Family Practice
- Cabot Square Medical Clinic
- Complete Medical Clinic
- Eleven Elizabeth Family Practice
- Health Sciences Centre
- Health Sciences Family Practice
- Janeway Child Health Centre
- L. A. Miller Centre
- Major's Path Family Practice
- Paradise Health Complex
- 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)

STREAMS

Our streams have been extremely busy over the past year!

RECRUITMENT AND RETENTION IN THE STREAMS REGIONS:



EASTERN

STREAM LEAD

STREAM APA

CURRICULUM COORDINATOR

ASSESSMENT, EVALUATION & 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 worked towards developing an integrated longitudinal PGY1 schedule for the 2018-2019 academic year. The new training model will allow residents to meet the learning objectives of Family Medicine, Emergency Medicine and Care of the Elderly longitudinally in 24 weeks. The goal is to learn continuity and comprehensive care in family medicine over the course of the first year of residency training. The Stream held a successful resident workshop in Burin.



CENTRAL

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

The Central Stream offered learners the opportunity to complete most of their clinical rotations close to home in central Newfoundland. We are hoping this will enable residents to have an optimal learning experience that fosters an opportunity to be involved in a learning environment providing longitudinal care. The behavioural medicine and counselling curriculum were again offered locally via the telehealth network to all our stream residents. We also offered weekly teaching sessions to all four clinical sites via the telehealth network. We are hoping to further refine these sessions to offer core curriculum items including physician wellness, practice management, and minor procedures in the coming years. We had two successful resident workshops in GrandFalls-Windsor and Twillingate.



WESTERN

STREAM LEAD
STREAM APA
CURRICULUM COORDINATOR
ASSESSMENT, EVALUATION & PROMOTIONS COORDINATOR
EBM/RESEARCH COORDINATOR
FACULTY DEVELOPMENT COORDINATOR

DR. ERIN SMALLWOOD
DAVID LANE
DR. AMY PIEROWAY
DR. SHANDA SLIPP
DR. LORENA POWER
DR. WENDY GRAHAM

The Western stream hosted two resident workshops; one hosted in Port aux Basques in the spring and one in Corner Brook in the winter. Both were well attended and we received great support from the communities and the Regional Health Foundation. We also hosted our Simulated Office Oral (SOO) workshop which was well attended by our own 2nd year residents and offered to 2nd year residents that were here on clinical experiences. In June we hosted events to welcome our new group of residents and bid farewell 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 - NorFam

STREAM LEAD	DR. ROBERT FORSEY
STREAM APA	VACANT
CURRICULUM COORDINATOR	DR. JEFF PATTERSON
ASSESSMENT, EVALUATION & PROMOTIONS COORDINATOR	VACANT
EBM/RESEARCH COORDINATOR	DR. YORDON KARAIVANOV
FACULTY DEVELOPMENT COORDINATOR	DR. CHARLENE FITZGERALD

The College of Family Physicians of Canada (CFPC) award winning NorFam teaching unit continues to train 6 PGY1 and 6 PGY2 residents yearly - along with one PGY3 (Care of Underserved populations) resident and upwards of 40 medical students. Medical learners enjoy a truly longitudinal Triple C training program in Labrador covering palliative care, orthopedics, surgery, pediatrics, care of the elderly and family medicine in a rural remote site staffed by 12 family physicians and 3 consultants (Obstetrics and Gynecology, Surgery and Anesthesia). The training is centered in family medicine and all the family physicians practice full scope generalist medicine including intrapartum obstetrics and inpatient care. Residents spend 32 and 44 weeks of their PGY1 and PGY2 years in Labrador and care for their patients in clinics at the Labrador Health Center, on the in-patient ward, and in drive to/fly out clinics to First Nation and Inuit communities on the coast of Labrador. Residents and staff participate in an active research program. Residents complete a medevac course and participate in a variety of community experiences (on the land experiences, Innu gathering, Winter Camping). 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 Advanced Cardiac Life Support (ACLS) with local instructors. Nine of our twelve physicians are graduates from the NorFam teaching program.

NORTHERN - NunaFam

NUNAVUT MEDICAL EDUCATION LEAD
ONSITE NUNAFAM ADMINISTRATOR
MUN COORDINATOR/LIAISON

DR. PATRICK FOUCAULT
REBECCA IRWIN
LISA GRANT

IMPROVING LIVES; EXCELLENCE IN ALL WE DO; EMPOWERED PEOPLE AND ENDURING LEGACY... NUNAFAM'S SIGNIFICANT PROGRESS IN ALL AREAS OF THE STRATEGIC PLAN:

The NunaFam collaboration has reached many milestones and continues to achieve outcomes that line up with the vision for the Faculty of Medicine's Destination Excellence strategic plan. The partnership with Memorial's Discipline of Family Medicine is highly regarded by the territory's Department of Health and is viewed as a win-win for both the university and our Nunavut partners.

The development of this site as an academic centre of excellence including clinical and academic teaching, specific contextual curricular development and research has factored in to the recruitment of two fulltime physicians from Memorial and two long term contracts being signed by 2018 graduates.

The transformation in practice is key to improving access to continuous and comprehensive primary care for the population of Nunavut, 86% of whom are Inuit

NunaFam has also inspired other partnerships including a ground breaking pediatrics program with partners at Northern Ontario School of Medicine (NOSM) and University of Ottawa where residents spend up to six months training to be community generalist pediatricians with a focus on Indigenous child health.

NunaFam's success has led the Nunavut government to ensure ongoing support of the program, and the Nunavut government has confirmed a further three year funding commitment as of June 2018.

CARMS 2018 – RESIDENCY POSITIONS

Thirty-four residency positions were offered in CaRMS for a July 1, 2018 start date. These thirty-four positions are distributed throughout the training streams: 13 Eastern, 6 Central, 5 Western, 6 Northern-Goose Bay and 4 Northern-Nunavut. Three hundred and four candidate files were reviewed and one hundred and ninety five prospective residents were interviewed!

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.

KEITH AWARD

Our Discipline was awarded the Keith Award by the Society of Rural Physicians of Canada for the 7th time! This award is given annually to a Canadian postgraduate program which has excelled in producing rural doctors. It looks at the largest number of graduates practicing in rural Canada 10 years after graduation. Given our focus on rural medicine and training, it is rewarding to see that our graduates are committed to rural and remote practice in their careers.

RESIDENTS



First Year Residents – 2017-2018



Second Year Residents – 2017-2018

CURRICULUM

We offer Triple C competency based clinical experiences for our residents. 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 in 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 continue to offer NRP, ALARM and ACLS to our incoming residents during Orientation. All residents will build upon their skillsets via seminars focused on 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 within their respective stream.

ASSESSMENT, EVALUATION AND PROMOTIONS

Our Assessment, Evaluation and Promotions Committee has been busy reviewing and improving our resident assessment and program evaluation processes and policies over the past year. Our Program Evaluation work was completed with the goals of the Faculty of Medicine's Destination Excellence Strategic Plan in mind.

Resident Assessment – In-Training Assessment Reports (ITARs)

In keeping with resident assessment, please note the ITER name change to ITAR (Evaluation – Assessment).

All clinical experiences (4 week blocks to longitudinal training of various lengths) will continue to have an ITAR for use during the initial contracting session, at mid-phase and at the end of the clinical experience. Longitudinal clinical experiences will benefit from integrated ITARs. The integrated ITARs continue to be comprised of:

- Medical Expert Role competencies for the Domains of Clinical Care (DOCC) specific to your stream
- Progression towards competency of CanMEDs-FM Roles
- Progression of competency in the skill dimensions (selectivity; clinical reasoning; communication)
- Professionalism competencies
- Graded skill level in performing procedures under each of the stream specific DOCC

Electronic Field Note Changes

- Field Notes are used to document resident learning and the attainment of competencies and are a vital part of a competency based residency training program. Residents use these, and similar, documents to prove achievement of competencies. Our part-time and full-time faculty are doing a great job in taking the time to complete these.
- In response to faculty and resident feedback, the field note has been adjusted to capture areas of the field note felt to be the most pertinent: CanMEDS-FM roles, Skill Dimensions and a section for comments. Faculty development in this area continued through 2018.
- The 2018-2019 academic year will bring a new field note (MUN Postgraduate Medical Education version) and an application for your Smart Phones to make completing field notes even easier!

Program Evaluation

Our updated Program Evaluation processes (Program Logic Model) has been completed taking into consideration the Destination Excellence goals.

ENHANCED SKILLS PROGRAM - EMERGENCY MEDICINE

PROGRAM DIRECTOR

DR. PETER ROGERS

ASSISTANT PROGRAM-DIRECTOR

DR. MICHAEL PARSONS

PROGRAM COORDINATOR

PATRICIA PENTON

The Emergency Medicine program continues to be a successful adjunct to the core Family Medicine Post Graduate Program. This program matched 5 residents through CaRMS for a July 1, 2018 start and remains very popular across the country. The FM-EM residents and faculty contribute to both clinical and formal teaching of the Family Medicine Residents.



ENHANCED SKILLS PROGRAM - CARE OF THE ELDERLY

PROGRAM DIRECTOR DR. ROGER BUTLER
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 segment 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.

The Care of Elderly (COE) program had a successful 2016-2017 year and graduated 2 residents at that time. The COE seats remained open during 2017-2018, but this year welcomed a new ES COE resident who successfully completed the six month program in December 2018.



"The Care of the Elderly program was very rewarding. I learned valuable skills that I continue to use on a daily basis in Family Practice. I would highly recommend the

program to any resident or physician wanting to strengthen their skills in caring for our aging population."

~ Dr. Alysha Mehta



ENHANCED SKILLS PROGRAM - CARE OF UNDERSERVED POPULATIONS

PROGRAM DIRECTOR DR. RUSSELL DAWE
PROGRAM COORDINATOR LISA GRANT

In consideration for the care of our vulnerable patients, both locally and abroad, and to ensure that we offered residents the opportunity to gain additional skills in this area, the Care of Underserved Populations Enhanced Skills program was created and commenced 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 successfully completed the program this year and began practice in the summer of 2018!



"As a physician with a passion for global health and health equity, working in this context helped me to develop cultural humility and a profound sense of the immense need for action on the social determinants of health. Having this exposure as a resident has influenced my practice in many ways. My future career plans and where I intend to work have also been shaped by this experience."

~ Dr. Melanie van Soeren



Dr. Russell Dawe with a refugee family in clinic. Photo by Jennifer Armstrong, HSIMS.

FACULTY DEVELOPMENT (FD) FAMILY MEDICINE

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

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

Education Excellence

Accredited academic programming is offered to all family medicine faculty onsite, or via webcast monthly meetings which are further accessible through archived videotaping. Topics are selected by the overarching Faculty Development Discipline Committee (monthly meetings) in conjunction with a faculty wide Needs Assessment as well as selected, critical topics which may arise on an urgent basis. Sample selected topics this year include: Field notes, Making sense of Faculty Evaluations, Educational technology in the Classroom, Family Practice Renewal and CARMs file reviews- Key Tips.

Drs. Snow and Graham sit on the Family Medicine Residency Training Committee as well as the Chair's Executive Committee. Linkages between the appropriate committees, such as the curriculum committee, are well established.

CFPC collaboration nationally occurs through the Faculty Development Special Interest Group. This group of faculty development leaders met at FMF and stay abreast of accreditation standards.

Empowered People

On September 10, 2018, regional representatives of our faculty development committee and invited guests from New Brunswick and Nunavut attended a faculty development workshop in St. John's. A key initiative was the empowerment of the attendees to return to their communities with tools for Faculty Development distribution. The session covered topics including: Learner in Difficulty, Fundamental Teaching Activities in Family Medicine, Delivering Engaging Faculty Development, Assessment of Professionalism and a business update from the Chair, Dr. Kath Stringer.

Regionalized Faculty Development workshops have been coordinated in many of the streams, Western and Central, in particular. These sessions have had robust attendance from faculty including both family physicians and specialists. Specific regional needs were emphasized. Members of the Faculty Development committee provide and receives feedback to the other disciplines from a family medicine perspective. Continuing professional development topics are planned from this information as are continuing medical education sessions for lifelong learning.

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-thriving learners and graduates, impactful research, healthier communities

The Clinical Services provided by the DFM continue to grow and evolve as we strive to build our Patient's Medical Home in innovative ways. All of our clinical activities are designed to develop healthier communities. One example of this is through The Family Centred Maternity Care (FCMC) Clinic. Growing from the low risk obstetrics group formed in July 2011 by Drs. Norah Duggan, Susan Avery and Monica Kidd, the FCMC strives to address the decreasing rate of Family Physicians participating in low risk obstetrics. The group provides family-centered prenatal, intrapartum and postpartum/newborn care. Patients are cared for by their own family doctor or by one of the group physicians until 36 weeks gestation. They then attend a weekly shared prenatal clinic, where they have the opportunity to meet all of the physicians in the group and discuss their care plan in the context of their own health, needs and values. The physicians in the group share on call services and care for the mother and baby through labour, delivery and postpartum up to six weeks. This team based approach also demonstrates to medical students and residents that this skill set is a viable and exciting part of the family physicians' scope of practice.

Our interprofessional teams continue to develop and become a standard part of our operations. Nurse Practitioners in our clinics show us the varied ways these positions can benefit our teams from clinical care of the elderly, developmentally disabled adults and care of refugees. Collaboration with pharmacists in our clinics as well as long term care is well established, as is our work with Dr. Craig and the psychiatry residents modeling a shared care approach. Interprofessional education in our clinics continues with students from pharmacy and nurse practitioner programs. This year we are also piloting having students from physio and occupational therapy on clinical placements at the Ross Clinic. At the Shea Heights Community Health Centre family physicians also work with a public health nurse, a community health nurse and a social worker, offering learners a real experience of teamwork and service to a community.

Excellence in all we do

The clinical activities within the DFM continue to weave social accountability into everything that we do, as reflected by our care for vulnerable and underserved populations in rural, remote and urban areas of the province.

A dedicated Refugee Health Clinic operates from the Family Medicine Clinic (FMC) at the Janeway Hostel and provides some clinical services on site at the LINC program (Language Instruction for Newcomers). Care is provided by Drs. Christine Bassler, Francoise Guigne, Petra Joller and Nurse Practitioner Leah Forsey, along with medical students and residents. The team liaises with settlement workers, social workers, public health nurses and ESL teachers.

The FMC also provides family medicine care to families from outside of St. John's who have children hospitalized at the Janeway Hospital. They also provide care to Bliss Murphy Cancer Centre patients who have travelled from other parts of the province for treatment.

The primary care of geriatric and elderly patients is supported by all of the DFM clinics by providing home based visits both for regular appointments and after hours. Nurse Practitioner Denise Cahill, along with the physicians and learners at the Ross Clinic, provide a frail elderly home visit program based out of the Ross Clinic that also accepts referrals from the Geriatric consultants for patients whose family physicians do not provide house calls. Drs. Levy, Butler and Masroor also contribute to the care of in-patients at the Dr. L. A. Miller Centre where they manage long term care wards in the Caribou Memorial Veteran's Pavilion.

An Adults with Developmental Disabilities Clinic operates from the Ross Clinic with the involvement of Drs. Kath Stringer and Amanda Tzenov and Nurse Practitioner Denise Cahill. This consultative service fills a gap and helps transition patients previously followed by pediatrics into the adult health care system.

Empowered people

The DFM's Patient Advisory Council (PAC) continues to meet regularly with Dr. Michelle Levy and Clinical Operations Coordinator Ms. Barbara Morrissey. Patient Advisory Councils are one of the important components of the Patient Medical Home (PMH). They bring patient perspectives to clinic policies and practices and can improve the care experience. The CFPC noted the success of our PAC and documented it in a series of videos. Members of the PAC were interviewed for an on the patients' perspective in the PMH. The final series of 4 videos is posted on the CFPC Patient Medical Home website at <http://patientsmedicalhome.ca/resources/the-patients-perspective/>. In addition, the PAC undertook a survey to characterize the current patient population at the St. John's academic teaching units, ask for feedback on their experience in their respective clinics and to solicit suggestions to improve services. The PAC and the DFM were saddened this year by the passing of one of the PACs inaugural members, Lin Nemiroff –Wilansky. Lin touched many lives and was a tireless advocate for accessibility and inclusion.



Enduring legacy

This fall, the long standing academic Family Medicine Clinic at the Health Sciences Centre moved into new purpose designed space located in the Janeway Hostel. This was a joint project that involved the DFM and Faculty of Medicine with Eastern Health and the Department of Health and Community Services to secure improved space for our patients and teaching program at the Health Sciences Centre site. The site, equipped with 22 modernized examination spaces including 2 minor procedure spaces and dedicated space for continued integration of an interprofessional model of care will serve the DFM and Faculty of Medicine into the future both for our patients and teaching program at Memorial.



It's been over ten years since our St. John's academic teaching sites became early adopters of electronic medical records (EMR) technology; using Wolf EMR for all patient encounters. This year the clinics have transitioned to a new EMR system through the provincial program eDOCSNL – MedAccess EMR. This change will help to ensure that our patients and teaching program continue to be part of future health care technology improvements to be adopted by the Province.



RESEARCH, DISCOVERY AND SCHOLARSHIP

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)	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	TOM HEELEY
RESEARCH SECRETARY	KAREN GRIFFITHS

Collaborative relationships

The PHRU also builds collaborative primary healthcare research relationships between academic family medicine, nursing, pharmacy, community-based family physicians, physiotherapists, and chiropractors. Additionally, we have worked and with other university departments (e.g., geography) and disciplines (e.g., business) to advance health research through inter-dependent teamwork. Two major projects resulting from our collaborative relationships are highlighted here:

Health Innovation Grant

Andrew Smith, working with a team that includes industry partners, engineers, and computer scientists, was awarded over \$800,000 in a business development grant for their Health Innovation Initiative from the Atlantic Canadian Opportunities Agency.

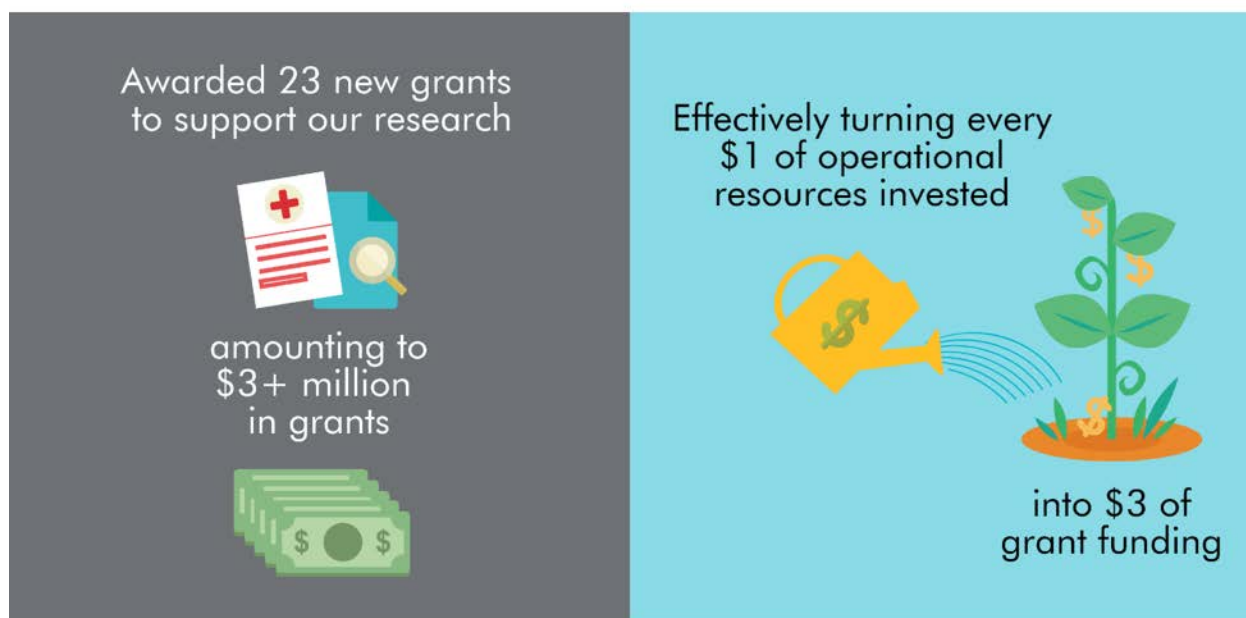
Rewarding Success Application

Shabnam Asghari has been working with Chris Patey, a previous graduate of the 6for6 program, emergency physician and now a fulltime faculty (along with a larger multidisciplinary team) to develop a \$5 million grant proposal to study the effectiveness and implementation of SurgeCon—a pragmatic surge management platform meant to improve flow and reduce the amount of time the emergency department spends in overcapacity.

New Pan-Canadian Collaborations

Kris Aubrey-Bassler is collaborating with two national teams studying case management in primary care for frequent health system users and primary care screening for poverty and related social determinants of health. Amanda Hall is also working on a national-level grant studying de-implementation of low-value care using theory driven interventions. Participation in these projects brings nearly \$1 million in research funding to Memorial University.

Excellence in Research Productivity



Impact

The research conducted at the PHRU helps to meet the needs of the community we serve. We do this by practicing integrated knowledge translation where we engage community members, clinicians, and policymakers in our research.

Knowledge translation & stakeholder engagement

We have established close working relationships with representatives of the provincial government and regional health authorities, who are members of our research teams. The PHRU also runs a comprehensive dissemination program, which includes hosting an annual conference (PriFor), an active social media presence, infographic reports (Research Snapshots), and peer-reviewed publications and conference presentations. Below we highlight two of our major impacts from the past year:

Provincial Adoption of BETTER Chronic Disease Prevention and Screening Approach

BETTER is a program delivered by non-physicians that was found to dramatically improve lifestyle factors and disease screening. These results convinced the Department of Health and Community Services to write the program into the provincial government's Chronic Disease Action Plan and commit new funding to implement it as a health system program. The regional health authorities have also been strong supporters of BETTER, and are reorganizing to commit some of their existing resources to further disseminate the approach. The PHRU is particularly proud of this work, because it has dramatically shortened the usual time that is required to take a successful intervention from research to everyday practice. This impact would not have been possible without the close relationships we have established with government policymakers and regional health authorities.

PriFor 2018 Public Engagement Session

At PriFor 2018, we included a public presentation by our keynote speaker and partnered with the discipline to hold a public engagement session. We asked members of the public about the issues or concerns most important to them. The substantial turnout generated several interesting questions. Moving forward, our goal is to develop a committee for public engagement and knowledge translation, with an aim to identify and respond to key health questions from the public. We plan to host an annual campaign alongside PriFor specifically for the public that would then provide a summary of how we addressed the previous year's questions. We also hope to engage local medical students and residents to help complete this work as fulfillment of the research requirements of their degree/residency programs.

Capacity building

We also fulfill our special obligation to the province by building capacity to conduct primary healthcare research. We teach medical students and residents, supervise and teach graduate students in several programs, and train and mentor faculty members to develop their research expertise through programs such as 6for6. Our key capacity building initiative this year is highlighted below:

Rural 360

Shabnam Asghari was awarded \$450,000 from the International Grenfell Association for the Rural 360 project—a capacity building initiative for rural community health research in northern Newfoundland and coastal Labrador. This project will provide funding for 12 research projects initiated in northern Newfoundland and coastal Labrador communities by community-based practitioner-researchers in these areas.

You asked. We heard.

On Wednesday, June 27th we asked you how you would like to work with us and to share your main healthcare concerns with us. Here is what we heard:



You were most interested in hearing from us through social media, public events and news media

■ Social Media ■ Public Events ■ News Outlets



You were most happy to share your research ideas with us and/or join local interest groups



Questions were mostly about access to services, wait times, health technology, child and adolescent care, and chronic disease prevention

EHEALTH UNIT RESEARCH INVOLVING THE DFM

Two studies are presently underway funded by the NLMA and the Department of Health and Community Services to advance the service in NL. Both projects involve large interprofessional teams, including FM representation to ensure a better understanding of the Primary Care Providers perspective and wait times for specialist referrals.

UNDERSTANDING THE IMPACT OF THE WAIT TIME BETWEEN INITIAL PRIMARY CARE REFERRAL OF A PATIENT TO THE TIME THE PATIENT IS SEEN BY A SPECIALIST, OR WAIT TIME 1

Investigators:

Dr. Gerard Farrell, Dr. Susan MacDonald, Dr. Christopher Kovacs, Dr. Jaqueline Elliott, Dr. Clare Liddy, Dr. Erin Keely, and Ms. Ann Hollett

REDUCING WAIT TIMES FOR SPECIALIST CARE IN NL THROUGH ECONSULTATION

Investigators:

Dr. Gerard Farrell, Dr. Susan MacDonald, Dr. Christopher Kovacs, Dr. Jaqueline Elliott, Dr. Clare Liddy, Dr. Erin Keely, and Ms. Ann Hollett

The eHRU has secured \$161, 700 in funding from the NLMA's Clinical Stabilization Fund (February 2016) to pilot replicating the Champlain BASE eConsult service in Newfoundland and Labrador.

OTHER EHEALTH PROJECTS INVOLVING THE DFM:

IMPROVING REQUESTS TO NLPDP BY BETTER FORMS MANAGEMENT

Investigators:

Dr. Aaron McKim, Dr. Gerard Farrell, Ms. Ann Hollett

INNOVATING ONLINE WITH STEPPED CARE: A COMPREHENSIVE MENTAL HEALTH CARE MODEL: ANESTHESIA RESIDENT REFLECTION APP

Investigators:

Dr. Michael Bautista, Dr. Gerard Farrell

Develop an app that would encourage anesthesia residents to reflect on their daily experiences in the context of the CanMeds roles using as a guide the Ignation Pedagogical Paradigm. Grant proposal written. The resulting application could be generalized to other resident programmes.

HIGHLIGHTS

AWARD WINNERS

CFPC awards

- 2018 Oration Award – MS. HELENA PADDLE
- Awards of Excellence – DRS. CHARLENE FITZGERALD & BRUCE DOULTON
- 2018 Family Physician of the Year – DR. NORAH DUGGAN
- 2017 Calvin L. Gutkin Family Medicine Ambassador Award - Dr. James Rourke

WONCA Awards

- WONCA North America Region 5 Star Doctor Award 2017 – DRS. JAMES AND LESLIE ROURKE
- 2018 WONCA Fellowship – DR. JAMES ROURKE
- Founder's Status with the Royal College – DR. SUSAN MACDONALD

SOCIAL ACCOUNTABILITY

Socially accountable healthcare systems strive for equity throughout the populations they serve. The foundation of this for any healthcare system, as Starfield (2005) demonstrates, is found in robust primary care. Family medicine's close ties to the community equips us to collaborate with the public. This is integrated within the very nature of the "patient-centred care" we provide, but is also something that the DFM faculty continuously advocate for in innovative and upstream ways through our research, teaching, and clinical service. The breadth of our partnerships is evidence of our extensive community engagement.

In St. John's, the DFM is partnered with the St. John's Downtown Health Care Collaborative to provide wrap-around services for housing-insecure people. Recently, this includes planning for an opioid treatment clinic at Choices for Youth. The DFM also collaborates with nurse practitioners at Her Majesty's Penitentiary in St. John's, and we provide education to primary care Suboxone treatment providers, support for the Grace Treatment Centre, and collaboration with Turnings to care for former inmates.



President's Award for Exemplary Service – BARBARA MORRISSEY

Since 2005, Barbara Morrissey has been an integral part of the Discipline of Family Medicine, Faculty of Medicine. As the Clinical Operations Manager, her knowledge of the discipline enables her to provide direction and support to faculty, staff, and learners.

Ms. Morrissey is the key contact person for students and residents who rotate through the faculty's teaching sites. She ensures they have a productive learning experience and prepares them for their next role as doctors in Newfoundland and Labrador, and the world.

Ms. Morrissey's most recent accomplishment has been the opening of the new DFM FM clinic in St. John's, and the planning and implementation of the new provincial EMR at all the Memorial FM clinics.

The Refugee Health Clinic (RHC), in close partnership with the Association for New Canadians, has provided care to over 600 refugees since opening in 2015. DFM faculty also supervise students at MUN Med Gateway where medical students conduct history and physical examinations with newly arrived refugees, helping them integrate into our healthcare system. Our students also coordinate numerous community initiatives including fundraising for car seats and Vitamin D. DFM faculty in the RHC also lead promotion of effective interpretation services; adolescent refugee sexual health education; an interdisciplinary symposium on refugee health; and collaborative research, such as the Eastern Health Diversity project.

DFM Central Stream faculty organize an annual youth mental health community engagement conference. This conference focuses on education and networking and thus involves many community stakeholders from non-governmental organizations, Child Youth and Family Services, the RCMP, the municipality of Grand Falls-Windsor, as well as local churches and youth. This helps identify community priorities for local advocacy. In the Western Stream, family medicine residents have developed the WestSex clinic to provide confidential walk-in sexual health care accessible to patients of all genders.

In Labrador, DFM faculty in the NorFam stream are particularly involved in Indigenous health by providing and evaluating group appointments in Sheshatshiu (e.g., for diabetes or prenatal care), which is the preferred model of care identified by the Sheshatshiu Innu First Nations. Also, DFM faculty and residents provide medical care during the Innu community gathering at Gull Island each fall. Further research into chronic disease among the Innu is being planned. Indigenous health is also a priority in the NunaFam stream, where family medicine residents participate in prison health clinics and, like NorFam residents, fly-in to remote communities regularly to provide clinical care. Residents also participate in local community outreach by providing career counselling in local high schools and serving in soup kitchens.

The DFM also provides socially accountable care, education, and research through our Care of Underserved Populations Enhanced Skills Program (which includes exposure to prison health, addictions, refugee care, international health, and rural Indigenous health) and its ongoing patient-oriented research project addressing end of life care among the Innu. Many relevant research projects have emerged from our residents' research projects and the 6 for 6 rural research program. Additionally, the DFM residency curriculum is currently undergoing an Indigenization process, with support from the Aboriginal Health Initiative board.

DFM faculty also lead a team of family medicine maternity care providers, as well as spearheading a clinic for adults with intellectual developmental disabilities, to assist patients, their families, and their family doctors in caring for them through their transition from the pediatric system into adulthood. We also work in palliative care, supporting patients at home as they near the end of their life, and we provide a home visit program for the frail elderly. Social accountability is foundational to family medicine, and vice versa. Most if not all of the above clinical contexts are also being used for education and/or research along similar lines. What's more, those described above are just a few examples of how social accountability is woven into all the DFM does.

NEW STAFF MEMBERS



Christopher Patey

BSc (Hon) MD CCFP FCFP FRRMS

Fortunately exposed to a golden rural childhood in St. Anthony, Newfoundland, Dr. Christopher Patey advanced to graduate from Memorial Medical School in 2000. With a continued keen interest in rural family medicine and a quest for adventure, he completed a residency through Family Medicine North in Thunder Bay, Ontario. Following this outstanding rural experience, he has practiced as a rural family physician with a specific interest in rural emergency medicine.

After providing locum support in over twenty rural hospitals he created roots in Carbonear, NL where spectacular teamwork and site potential was profound. As site clinical chief of Carbonear Emergency, he is always eager to implement positive change initiatives. More recently, creation of a rural research unit CIRRIIS (Carbonear Institute of Rural Research and Innovation by the Sea) and implementation of 3D print Network has encouraged academic growth in the area with a focus of improving community health. Chris joined the Discipline as a full time faculty member in September 2017 and is actively involved in education and research.

He is overwhelmingly supported by his wife Dr. Daniele O'Dea, also a Memorial Medical graduate of 2000 and serving as full-time radiologist in Carbonear. He is further blessed with three children Isabella, Daniel and Liam.



Ann Miller

Intermediate Clerk Stenographer

Discipline of Family Medicine, Chair's Office

Born and raised in Halifax, NS, Ann Miller moved to St. John's, Newfoundland in 2001. While completing an internship at the Department of Fisheries & Oceans, she fell in love with the beautiful landscapes and friendly people of The Rock.

After spending many years in the field of media monitoring, Ms. Miller transitioned to work at Memorial University. She was employed with the On the Move Partnership for two years before taking on contractual positions within the Department of Medicine at Memorial, including work on the international IFISH Conference at SafetyNet. She is now happy to have found a home in the Chair's Office.

In her spare time, Ms. Miller can be found working on one of her many creative writing projects, her two dogs at her feet, or playing board games with her wonderful husband and son.

MEDICAL STUDENTS

As MUN Medical students, we are very fortunate that the DFM provides our first structured clinical experiences. Similar to a treasure chest bursting at the seams with an assortment of unique gems awaiting discovery, our family medicine experiences across the province have involved treasurable encounters, the acquisition of clinical pearls, and invaluable learning opportunities. We have only begun to gain insight and to understand the fine art that family physicians have mastered so well- the development of lifelong relationships founded on respect and deep-seated trust.

Our engagement as FMIG representatives has helped further develop our understanding and appreciation for family medicine as a diverse and dynamic medical specialty.

The FMIG at MUN regularly hosts “Fridays with Family” lunch and learn talks where students learn about various topics such as choosing a specialty, certificate of added competency programs, practice management, and the importance of deprescribing from family physicians, researchers, and other allied health professionals. Participation in these talks is a great way for students to make connections with faculty and gain perspective on important topics that are not formally discussed in our curriculum. In addition, we host an annual event called “Procedures Day” which allows first and second-year medical students to learn skills such as intubation, suturing, IV insertion, and various obstetrical and gynecological skills from a group of family physician volunteers. This is a tremendously popular and highly-anticipated event among students. Finally, two of our other popular events “Information Night” and “Dining with the Docs” provide small group networking opportunities for students to ask questions and make connections with family medicine residents and physicians.

What we have appreciated most about our experience with the FMIG is being part of an amazing team of faculty and family physicians who are so willing to share their knowledge, time, and resources with students. We are especially appreciative of the support that our FMIG received from family physicians across the province while raising money for Advancing Family Medicine Globally. With their support, our FMIG has won the national Walk for the Docs trophy for six consecutive years. On behalf of the student executive FMIG members, we would like to thank all of the faculty and physicians who have kindly given their time, resources, or expertise to any of the events and activities hosted by the FMIG!

- Ahila Karunanithy, Hilary Strong, and Jinessa Lane

RESIDENT HIGHLIGHT

The Doctor is in: The Faculty of Medicine's nationally renowned training program prepares residents for practice in rural area

From the MUN Gazette, Oct. 9, 2018

By Michelle Osmond

When the area he grew up in was hit hard by Hurricane Igor in 2010, Dr. Desmond Whalen went home to help in the storm's aftermath.

The native of Caplin Cove, on the north shore of Conception Bay, N.L., saw people in his community struggle to fill prescriptions or visit their doctors because the road had been washed out. It was then and there he knew that delivering health care in a rural community was the path the future doctor wanted to take.



Photo by: Dr. Jennifer Mercer

"I had my mind made up," he said. "I knew I had to go into rural medicine somewhere. I saw too much that day not to. And whether it's a hurricane or not, there are a lot of health concerns for people living in rural Newfoundland. So that's where I want to be."

When he was accepted into medical school at Memorial in 2013, working in a rural area was his number one, and only, choice.

"The decision for me to go rural for my training was never really a decision at all, there was never an option to do anything else."

Community inspired

Dr. Desmond Whalen chose Memorial because of its reputation for rural training. With its first-rate programming, the Faculty of Medicine was ready for him.

The faculty's doctor of medicine program provides a spiral curriculum with rural content interwoven with clinical skills, incorporating a narrative approach that allows students to learn about the people and places of Newfoundland and Labrador.

As an MD student, Dr. Whalen did community rotations in rural areas, outreach with rural high school students to encourage them to go into medicine, research in rural recruitment and retention, and signed on for as many rural clinical electives as he could.

Because it is “community inspired,” the faculty has always made rural medicine training a priority, says Dean Margaret Steele.

“It is part of our commitment to do even more to engage with and listen to the people and communities we serve, connecting our research, teaching and learning and service priorities with their health needs and concerns,” she said.

Residency training

The faculty’s postgraduate residency training program in family medicine is a unique training model that includes stream sites in Newfoundland and Labrador, ranging from the eastern, central and western regions, as well as the NorFam training centre in Happy Valley-Goose Bay, Lab., and the Nunafam residency in Nunavut.

These locations allow residents to complete the majority, if not all, of their training in a particular geographical area. The Rural Medical Education Network, a virtual component of the Faculty of Medicine, oversees the development and co-ordination of the distributed education activities across regional training sites.

The Faculty of Medicine also has the best track record in the country at training doctors for careers in rural areas.

Twillingate, N.L., is one of the Faculty of Medicine’s teaching sites as part of the Rural Medical Education Network.

Recently, and for the sixth time, the Canada recognized the faculty with its Keith Award, given annually to a Canadian postgraduate medical program that has excelled in producing rural doctors.

Memorial’s average for the years from 2007-17 was 45 per cent; the national average was 22 per cent.

Rural opportunities

The faculty also works hard at encouraging new physicians to practise in non-urban areas.

It partners with Eastern Health, the largest integrated health organization in Newfoundland and Labrador, to hold educational retreats in rural areas of the province. Workshops cover medical topics and procedures, but also offer resident doctors the opportunity to meet and connect with local people.

“If Memorial can be the avenue to train students and residents in rural places, the communities will draw them back,” said Dr. Whalen. “It’s the originality of the people, and the culture of the places that keeps graduates there 10 years out and longer.”

APPENDIX A: GRANTS RECEIVED AS PI OR CO-PI

Nominated PI / Co-PI	Title	Funding source	Project funding \$
Amanda Hall	Improving evidence-based and patient centred point of care management of patients with low back pain using decision support technologies	Memorial University Seed, Bridge, Multidisciplinary Fund	\$10,000
Amanda Hall	Evaluating the effects of a mass media campaign for low back pain in NL	Choosing Wisely NL	\$25,000
Amanda Hall	De-implementing low value care: a research program of the Choosing Wisely Canada Implementation Research Network	CIHR and partners	\$555,000 (NL portion)
Amanda Hall	Using mixed methods to assess the feasibility of using on-line training with or without a champion to train physiotherapists to implement the evidence-based Back Skills Training Program into routine practice: a pragmatic cluster randomized trial and interview study.	NL-SUPPORT	\$75,000
Amanda Hall	Developing and pilot testing the implementation of a physician-informed resource package to support the uptake of best available evidence for effective management of back pain in primary care	Clinical Stabilization Fund	\$51,500
Kris Aubrey-Bassler	SPARK	CIHR and partners	\$182,942
Kris Aubrey-Bassler	Case management in primary care for frequent users of healthcare services with chronic diseases and complex care needs: Implementation and realist evaluations	CIHR and partners	\$198,000 (NL)
Shabnam Asghari	SurgeCon: An Emergency Department Surge Management Platform	CIHR	\$102,000
Shabnam Asghari	Rural 360: Capacity Building Initiative for Rural Health Research in Northern NL	International Grenfell Association	\$450,000
Shabnam Asghari	Development and Validation of an Innovative Tool for the Diagnosis of Hereditary Dyslipidemia in NL	Memorial University Seed/Bridge Fund	\$10,000
Russell Dawe	Patshitinikutau Natukunisha Tshishennuat Uitshuau (A Place for Elders to Spend their Last Days in Life): Developing an Innu Approach to Palliative Care	NL SUPPORT	\$75,000

Nominated PI / Co-PI	Title	Funding source	Project funding \$
Gerard Farrell	Connected Medicine: Enhancing Primary Access to Specialist Consult – A 15-Month Quality Improvement Collaborative Promotional Video	Canadian Foundation for Health Care Improvement	\$7,000
Gerard Farrell	Reducing Wait Times for Specialist Care in NL through eConsultation	Clinical Stabilization Fund	\$169,200
Gerard Farrell	CanIMPACT: Improving Cancer Care Together through eOncoNote Newfoundland and Labrador	CIHR	\$64,165
Gerard Farrell	eConsult 2.0 – Operationalization as a Provincial Program	Clinical Stabilization Fund	\$151,000
Gerard Farrell	Scaling-up eConsult in Primary Health Care: A Policy Analysis in Four Canadian Provinces	CIHR	\$124,924
Andrew Smith	Low-cost Dispenser for General Analytic or Synthetic Applications	Mitacs	\$90,000
Andrew Smith	Health Innovation Initiative	Atlantic Canada Opportunities Agency	\$826,838
Andrew Smith	Multi-scale Numerical Simulation and Fabrication of Microfluidic Blood-Brain Barrier (BBB)-on-chip for In-vitro Study	Seed, Bridge, Multidisciplinary Fund	\$10,000
Andrew Smith	Outpatient Risk Stratification of Patients with Congestive Heart Failure	Healthcare Foundation	\$10,000

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back pain. JMIR Preprints. 24/05/2018:11123 DOI: 10.2196/preprints.11123 URL: <http://preprints.jmir.org/preprint/11123>

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