

A photograph of a wooden birdhouse on a post, set against a backdrop of a sunset over the ocean. The birdhouse is made of weathered wood and has a circular entrance hole. The post is made of a single piece of wood. The landscape is a grassy field with some yellow flowers. The sky is filled with clouds, and the sun is low on the horizon, creating a warm, golden light. The ocean is visible in the distance.

# FAMILY MEDICINE ANNUAL REPORT

2019 - 2020

Conception Bay, Newfoundland and Labrador.  
Photo by Jennifer Armstrong

**MEMORIAL**  
UNIVERSITY

**FAMILY MEDICINE**  
Faculty of Medicine



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.

DESTINATION EXCELLENCE STRATEGIC PLAN	4
DISCIPLINE OF FAMILY MEDICINE STRATEGY IMPLEMENTATION PLAN	6
MESSAGE FROM THE CHAIR	7
DISCIPLINE OF FAMILY MEDICINE BY THE NUMBERS	8
EDUCATION	
UNDERGRADUATE	10
RESIDENT TRAINING PROGRAM	14
ENHANCED SKILLS TRAINING PROGRAMS	15
STREAMS	
EASTERN	19
CENTRAL	20
WESTERN	21
NORTHERN (NORFAM)	22
NORTHERN (NUNAFAM)	23
FACULTY DEVELOPMENT	25
CLINCIAL SERVICES	27
RESEARCH, DISCOVERY AND SCHOLARSHIP	
PHRU	29
HIGHLIGHTS	
AWARD WINNERS	32
THE ANNUAL JON ROSS WALK	32
MEDICAL STUDENTS	33
RESIDENT HIGHLIGHT	34
APPENDIX A: GRANTS RECIEVED	35
APPENDIX B: PUBLICATIONS	38
CONTACTS	44

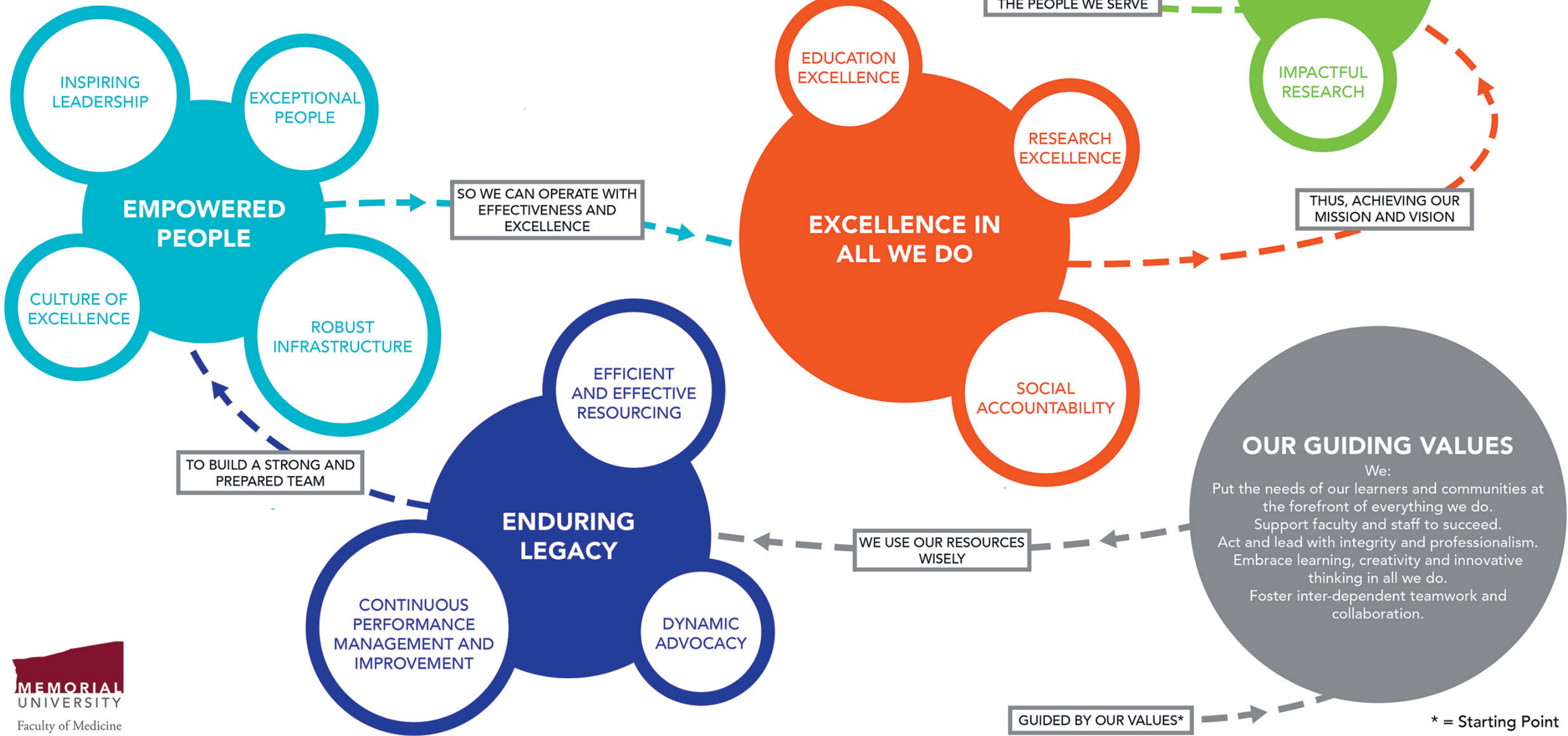
DESTINATION EXCELLENCE 2018-2023

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	Impactful research and scholarship	Healthier communities	
BY OPERATING WITH EFFECTIVENESS AND EXCELLENCE,	Develop and maintain relationships with our alumni and retirees	Support our faculty, staff, researchers and learners to be active in research and scholarly pursuits	Participate in sustainable partnerships to shape and improve health equity and the health system	
	EXCELLENCE IN ALL WE DO			
	Education excellence	Research excellence	Social accountability	
	<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>	<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>	<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	Inspiring Leadership	Exceptional People	Robust Infrastructure
	<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>	<ul style="list-style-type: none"><li>Embrace innovation</li><li>Develop an integrated communications plan for internal and external stakeholders</li></ul>	<ul style="list-style-type: none"><li>Develop a revitalized organizational structure highlighting faculty and staff position descriptions, accountability and succession planning</li></ul>	<ul style="list-style-type: none"><li>Advocate for continued creation and implementation of new technologies in education, research and clinical care</li></ul>
	OUR ENDURING LEGACY - SUSTAINABILITY			
AND USING OUR RESOURCES WISELY,	Efficient, Effective Resourcing	Continuous Performance Management and Improvement	Dynamic Advocacy	
	<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>	<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>	<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			



As you review our 2019-2020 Annual Report, I hope that you see all of the great work that happened during a very challenging time. We forged ahead into a new academic year in 2019 not knowing what was coming our way!

In January 2020, Eastern Newfoundland and Labrador was hit with a blizzard that resulted in a snowfall of over ninety centimeters and a Stage of Emergency that lasted over a week. The city of St. John’s shut down, the military was called in and in true Newfoundland and Labrador style people made the most of the situation!

For our Discipline, “Snowmageddon” resulted in cancelled clinics and changes to our on-call patient care coverage and it dramatically changed how our residency training program recruited new residents. In place of the traditional face to face interviews, presentations and socials, we transitioned to a “virtual CaRMS” within two days. Everyone pulled together to ensure that we had the opportunity to showcase our program (emails, Facebook page; Memorial Family Medicine CaRMS Disaster Relief, presentations on Facebook page and so many fantastic comments from our residents and colleagues). We were all proud at what our amazing team pulled off!

In the background of all of our work, we continued to hear about Covid-19. As everyone knows, on March 17, 2020 everything came to a stop. All of our faculty and staff had to rethink their work to figure out how to move forward under conditions that were unprecedented for us. In many areas of the discipline this work required a major overhaul.

I thank each and everyone one of you for being innovative and adaptable, flexible and understanding and committed to your work and the Discipline at large. As a result of all your efforts patients were seen (virtually and in person), medical education continued and research resumed.

As we head into the 2020-2021 academic year, we bring many lessons learned while recognizing that we are still adapting to a changing landscape. Wishing you all the best as we start a new year.

Sincerely,

Danielle O’Keefe, MD CCFP FCFP MSc  
Chair, Discipline of Family Medicine



# DISCIPLINE OF FAMILY MEDICINE BY THE NUMBERS

## STREAM TRAINING AND RETENTION

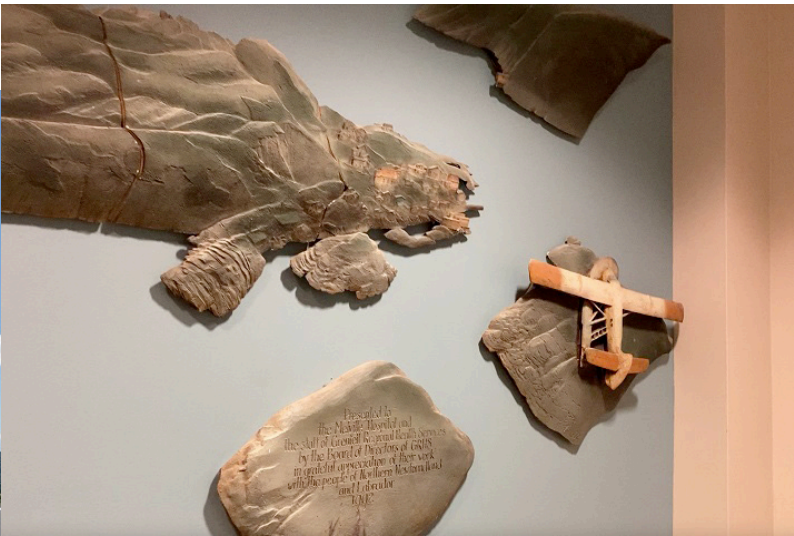
**EASTERN:** Nine of the thirteen residents who trained in the area are staying to practice within the Eastern Stream. Two of the fourteen will commence and ES program and two of the fourteen will locum throughout the province of NL. (One resident transferred out of the Eastern Stream to the Nunavut Stream in second year).



**WESTERN:** Three of five residents who trained in the area are staying in the Western Stream to practice. One of the four is moving to Nova Scotia. (One additional resident is off dates due to maternity leave – Western had five residents for this cohort of residents – not six).



**CENTRAL:** Three of the five residents who trained in the area are staying to practice within the Central Stream. Two of the residents are starting Enhanced Skills training. (One additional resident is off dates due to maternity leave – and transferred to the Eastern Stream – six residents started the program together).



**GOOSE BAY:** Two of the six residents who trained in the area are staying to practice within the Goose Bay Stream. Two of the six signed on for long term locums. Two of the six are starting practice in Quebec and hope to return for short term locums. Photo by Dr. Russell Dawe.

**NUNAVUT:** One of the four residents who trained in the area is staying to practice within the Nunavut Stream. Two of the four residents will start an ES program and one of the four will commence practice in St. John's. Photo by Dr. Kylie Goodyear.





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)	VACANT
ACADEMIC PROGRAM ASSISTANT	SARAH EUSTACE

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. In addition these clinical rotations learners help demonstrate the impact of the Discipline on helping establish healthier communities. These theme often arise in student’s reports and debrief sessions. Medical students were significantly impacted by COVID-19 as of mid-March 2020 and were removed from all clinical encounters and switched to online learning.

Many research projects were completed by both student and faculty in the Discipline of Family Medicine. Many of these projects have been presented at local, national and international conferences. The list outlining these research topics can be provided on demand. All research halted in March of 2020.

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 identify any issues such as gaps in experiences, housing issues, etc., but also to highlight positives. Students give positive feedback about being given this opportunity. As well the RFM core clerkship rotation continues to be one of the highest rated clerkship rotations. While each community is different, throughout all these rotations students are encouraged to become engaged in the community and identify social issues. Some students become engaged in local research activities while in their clinical placements. This often develops an ongoing relationship with the community and preceptor.

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. More exposure to these communities helps promote recruitment of future MDs.

EMPOWERED PEOPLE

Since April 2018 we have started the Early Clinical Experience sessions on Tuesdays in year 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 helped to not over work the faculty who had committed to Wednesdays. Giving more options helped us empower both students and faculty. Since the pandemic UGME has had to pivot to recreate our learning options and environments. Since March 2020 the UG clinical rotations have been on hold. One of the strong points for our discipline is to engage learners early with frequent exposures to FM. The pandemic has limited our ability to be able to reach out to learners and engage them in our community clinical settings. While the phase 2 community visits were not an option FM has created online WebEx meetings where a small group of Phase 1 students meet virtually with a FP and often a resident. These experiences have received great feedback and the presence of the resident helps both promote our engagement with our learners as well as giving the students an opportunity to ask why the resident chose FM.

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 residents teach them. 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 both UGEC (CFPC) and CUFMED, faculty representative on the Section of Medical Students CFPC, and Eastern Health’s Rural Clinical Chief for the Burin Peninsula. Dr. Chris Patey was acting Clerkship Director until Dr Jessica Bishop’s return from maternity leave in March 2020, he is also 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 then 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. Since COVID -19 and the pivoting of the curriculum to more online there has become more opportunity for both our distributed faculty and residents to be more involved in in small group sessions and even virtual clinical skills.

As a Discipline FM has gathered data on our faculty to assess each member’s hours and contributions to the curriculum delivery, such as ILS, lectures, clinical skills, OSCE, academic half day, etc. Based on these numbers planning is ongoing to assess how much manpower we have to contribute further in the curriculum and where best to utilize these hours. Certainly if more online opportunities continue the discipline will be able to recruit more distributed faculty in helping teach and facilitate sessions. In addition the Discipline of FM would offer these opportunities to any distributed part-time faculty who would be interested in participating as well.

As part of the yearly faculty review staff 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. Plan for Newfoundland & Labrador. As UG Director I co-chair this committee with Gerona McGrath. 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. Progress has been made in developing a business plan as engaging Goose Bay as our first site and ongoing work is happening in developing a second site, potentially Grand Falls.

### 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.

As UG Director I co-chair this committee with Gerona McGrath 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. Progress has been made in developing a business plan as engaging Goose Bay as our first site and ongoing work is happening in developing a second site, potentially Grand Falls.

### 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. Learn-FM is working on the addition of key topics such as Pain, Indigenous Health and others to supplement curriculum.

### 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 and leadership. Dr. Danielle O'Keefe is our new Chair and Dr. Russell Dawe has taken over from Dr. O'Keefe as PG Director for FM. We meet regularly to work together to ensure optimal learning opportunities for both UG and PG as well as working together to ensure our learners, both UG and PG, have opportunities to teach and be taught by each other as well as their preceptors in FM. 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.





RESIDENCY TRAINING (POSTGRADUATE) PROGRAM

DIRECTOR	DR. RUSSELL DAWE
CLERKSHIP DIRECTOR	DR. EAN PARSONS
ACADEMIC PROGRAM ADMINISTRATOR	DAWN CORBETT
INTERMEDIATE SECRETARY	SHENOA WHITE
CURRICULUM SECRETARY	JACQUELINE RYAN
RECEPTIONIST	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. Thirty-five new residents were welcomed to the program July 1, 2019.

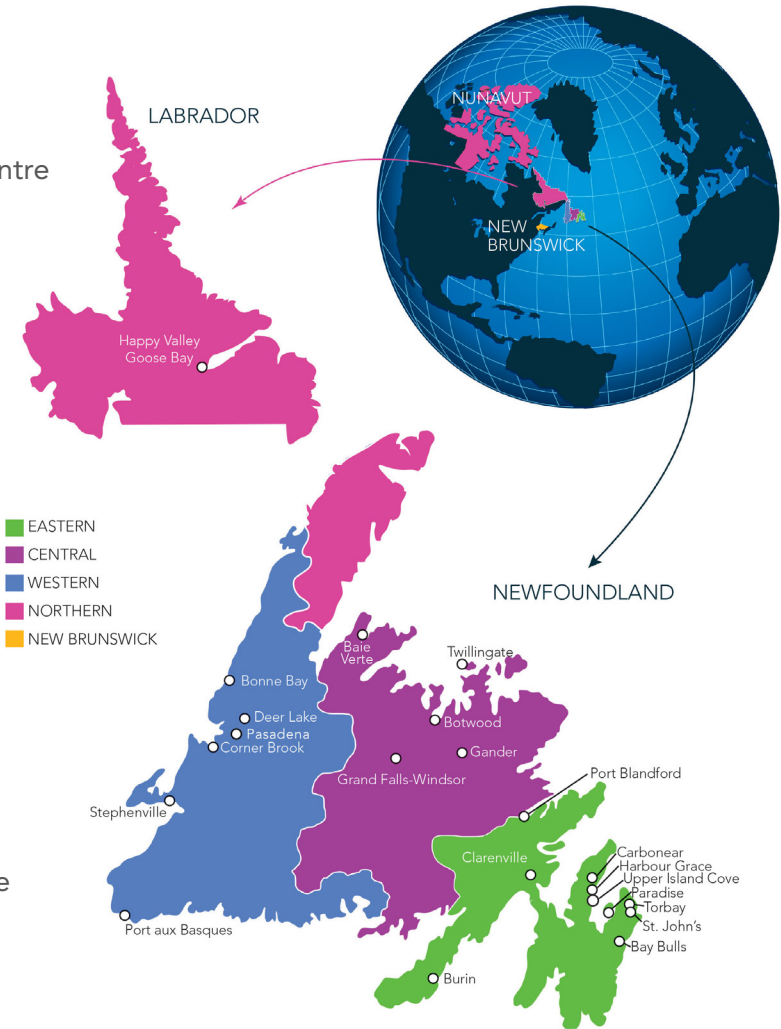
Training sites across Newfoundland and Labrador include:

St. John’s and surrounding areas:

- Airport Heights Medical Clinic
- Bay Bulls Family Practice
- Eleven Elizabeth Avenue
- Family Medicine Clinic, Health Sciences Centre
- Health Sciences Centre
- L. A. Miller Centre
- Major’s Path Family Practice
- Riverdale Medical Clinic, Kelligrews
- Ross Family Medicine Clinic
- Torbay Medical Clinic
- Shea Heights Community Health Centre
- St. Clare’s Mercy Hospital
- Waterford Hospital

Rural:

- Bay Roberts
- 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)

ENHANCED SKILLS TRAINING PROGRAMS

Family Medicine-Emergency Medicine

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. Each year, 5-6 residents are matched through a very competitive CaRMS process 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.

- There are presently 4 residents enrolled in the FM--EM program
- 5 residents completed the program on June 30, 2019; 2 are working in St. Johns, and 2 are in Grand Falls

Care of Elderly

The Care of Elderly (COE) Enhanced Skills program began 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 COE should they wish to focus a part of their practice on caring for older adults. To date the COE program has graduated 5 residents from our 6-month program, four of whom are working in both primary care and geriatrics, and one who is in a full-time geriatrics role. We look forward to welcoming a new ES COE resident as of July 1, 2021 for the first iteration of our 12-month curriculum. As of this fall, our residents are matched through CaRMS.

Care of Underserved Populations

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 (St. John’s) and Indigenous rotations (Labrador) 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. The CUP program has one graduate. This physician focuses on primary care and low risk obstetrics for underserved populations as well as the management of opioid use disorder. When our next resident is scheduled to join us for July 1, 2021, two additional CUP residents will have graduated from this program.



IMPROVING LIVES

THRIVING LEARNERS AND GRADUATES and HEALTHIES COMMUNITIES

Our Family Medicine and Enhanced Skills training programs graduated thirty-two Family Medicine and five FM- EM residents at the end of the academic year.

Of those graduates, twenty-one Family Medicine graduates are staying to improve the lives of peoples in Newfoundland and Labrador. One resident plans to start work in Nunavut, one in Nova Scotia and two will commence practice in Quebec. Seven of our Family Medicine graduates will commence Enhanced Skills training on July 1, 2020. Two will commence Family Medicine-Emergency Medicine and one will join the Care of Underserved Populations training program here at Memorial. The other residents will join Enhanced Skills training programs elsewhere in Canada: Family Medicine-Emergency Medicine (Ontario), Family Practice-Anesthesia (Ontario), Family Practice-Anesthesia (British Columbia) and Maternity Care (Ontario).

Four of the Family Medicine-Emergency Medicine graduates are staying in the province to practice.

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. Currently, this clinical experience integrates Family Medicine, Care of Elderly and, for some, low risk obstetrics training for residents who matched to the Eastern and Nunavut Streams. The goal of Triple C is to better prepare our residents to address the healthcare needs of their patients and communities. We feel that this has been a mutually beneficial training strategy 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, teaching in practice, psychiatric emergencies and exam preparation, just to name a few, during the twice-yearly Core Contents. Academic Half Day will continue to be separately offered to both local (in person) and rural (online) 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.

Of particular note, the Covid-19 pandemic and social distancing directives that came about towards the end of the 2020 academic year were managed quite efficiently by our program. Secondary to the robust online teaching methods, infrastructure and experience that our program was already familiar with as a result of our geographically dispersed program, we transitioned all of our face to face learning experiences to online rather seamlessly. Many thanks to all those directly and indirectly involved!

Assessment, Evaluation and Promotions

The committee met regularly with the stream leads for Assessment and Evaluation. Work continues to streamline the longitudinal ITAR to fit the overall program needs as well as the strengths of each Stream. The Stream Cabinet leads have been valuable in this work.

Remediation plans for a number of residents (2) were developed and implemented. There continues to be a need to emphasize the use of field notes as an integral part of the assessment system with full and part time faculty and residents.

Given the disruption of the Covid-19 pandemic, many residents had alterations in their learning schedules, and alternate means to achieve competencies – new experiences, methods of observation of phone and video visits were developed. Taking a lead from the National CFPC, competencies around Covid-19 and pandemic skills were devised and implemented. Ensuring achievement and clinical exposure in a pandemic setting has created problems but with the use of local and national resources the Assessment and Evaluation group has risen to the challenge and continues to make changes as the situation changes while still maintaining the integrity of the program. A rubric for evaluating the new Indigenous, online curriculum for Family Medicine Residents is being used. This of course, being helped by support from Faculty Development.

EMPOWERED PEOPLE

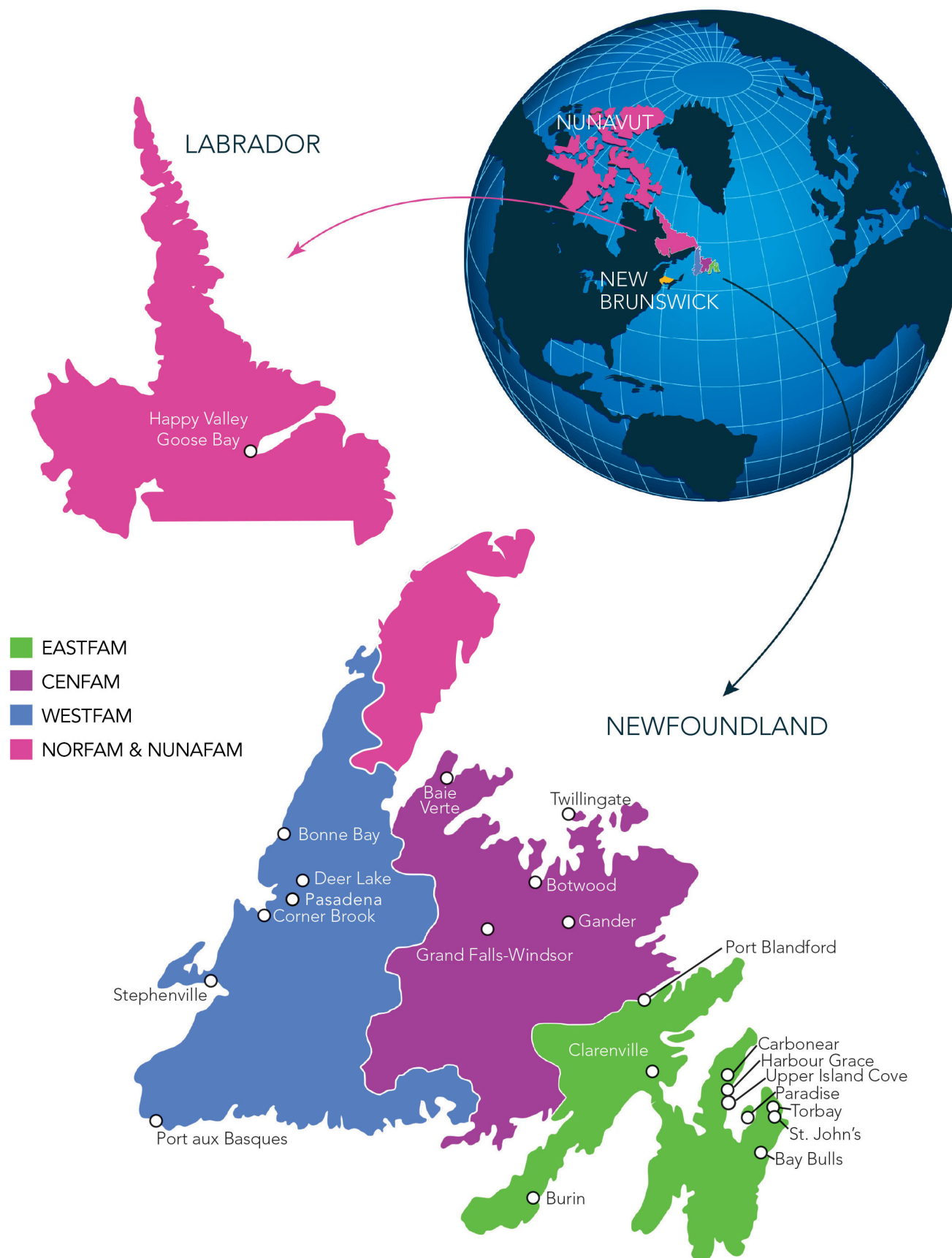
CULTURE, LEADERSHIP and EXCEPTIONAL PEOPLE

Streams

The 2019-2020 academic year was like no other. The year started out similar to any other year but then Snowmageddon threw a loop in our in-person CaRMS plans and the Covid-19 pandemic changed residency training and medical care delivery for all of our patients.

It is thanks to the dedication of our Streams, faculty, and residents and staff that we were able to push through and achieve all of our goals. How we reached our goals may have been different than planned but were successful! We are extremely proud of our program!





## 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. We had a successful CaRMS match and we were fully matched for the upcoming academic year.

The Longitudinal PGY1 is now fully entrenched and working well, there was an adjustment to the goals of the rotation last year to allow for separate emergency and this has worked quite well.

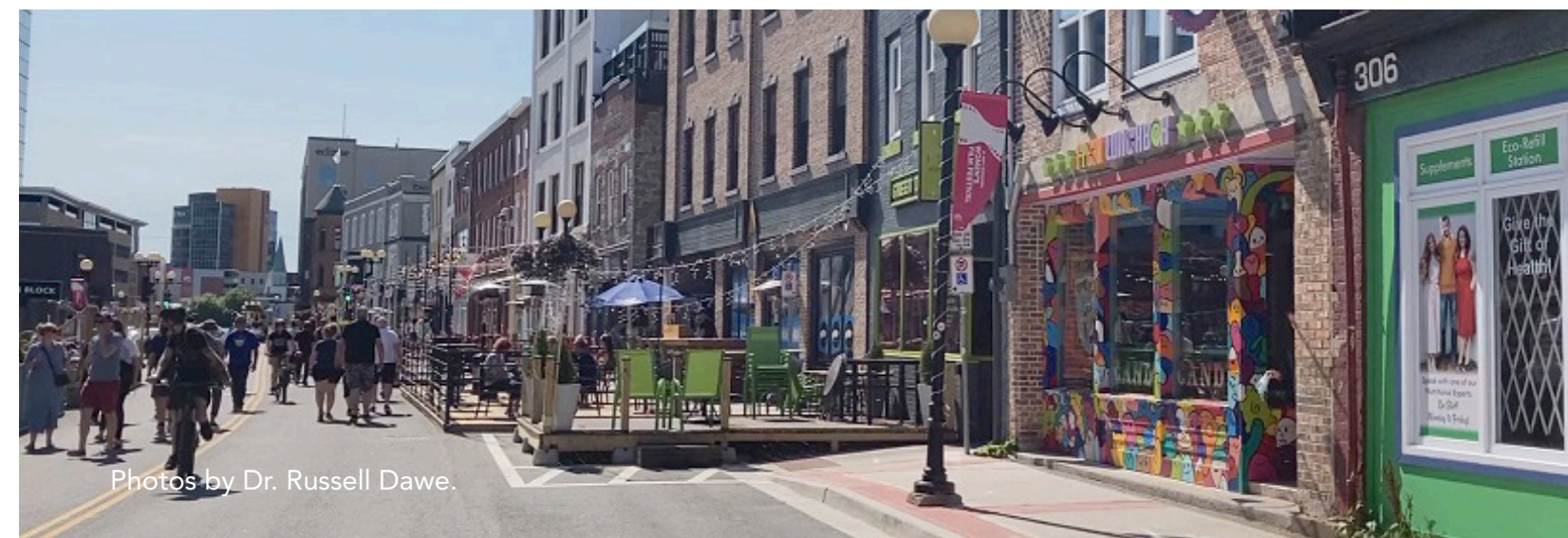
Our annual workshop was held in Conception Bay North in October 2019 and was very successful. The fall timing worked quite well and it was well attended. The workshop was skills-based for emergency scenarios and was very interactive.



There has been a great interest our rural training sites to do more longitudinal training. Our longitudinal second year experiences were quite popular with our incoming class and all positions were filled to capacity. We have committed to more longitudinal experiences in FM in PGY2 and we did list our rural longitudinal year for one resident in Clareville for the 2021/2022 academic year. We continue to work with Dr. Stockwell and Dr. Small to help them develop their program.

We have integrated 2 new PGY2 training sites this year, one urban and one rural. After excellent site visits to both clinics, Dr. Jason Efford will begin hosting PGY2 residents in Bay Roberts and Dr. Steve Lee and Dr. Heather Cuddy will be hosting residents in Kelligrews. We did however unfortunately lose two urban clinics as well this year.

Our Eastern Stream Cabinet is now up to full capacity and has remained stable this year however we have added a PGY1 and PGY2 representative to our cabinet to make sure we get direct input from our residents.



Photos by Dr. Russell Dawe.



CENTRAL STREAM

STREAM LEAD	DR. LYNETTE POWELL
STREAM APA	SHERRI CHIPPETT
CURRICULUM COORDINATOR	DR. RAIE LENE KIRBY
ASSESSMENT, EVALUATION & PROMOTIONS COORDINATOR	DR. PETER BARNES
EBM/RESEARCH COORDINATOR	DR. ANDREW HUNT
FACULTY DEVELOPMENT COORDINATOR	DR. JARED BUTLER



2020 has brought both challenges and opportunities for our stream. It has brought a renewed effort by both preceptors and residents to build new ways of delivering care and teaching. We have, as always, enjoyed working and learning with our residents in GFW, Botwood, Gander, and Twillingate.

We had an opportunity to learn and socialize at the Shalloway Family Practice meeting in Eastport, NL in September. This event included the Frailty 1 curriculum as well as faculty development sessions.

Our second resident event in February was a very successful learning day and overnight snowmobile trip hosted by our Gander faculty. This event was definitely the highlight of the year.

Our world changed drastically in March 2020 with Covid-19. Our outpatient clinics became virtual clinics, our preceptors and residents began preparing for work in our community Covid Assessment clinics and inpatient units. Together, preceptors and residents learned how to adjust their clinical practices to continue to meet the needs of the population. Regional community non-emergent care clinics formed to provide both virtual and in-person care to all patients in our region. These clinics gave our residents the opportunity to work in a new care environment which arose out of a great need in our communities.

Behavioural medicine curriculum has continued to be delivered virtually. Our residents also continue to participate in the academic half day. Evidence based medicine curriculum has been delivered to the first year residents during their family medicine rotations.

We will continue to look for innovative ways to allow our residents to participate in virtual teaching and patient care during these pandemic times.



Photos by Dr. Russell Dawe.

WESTERN STREAM

STREAM LEAD	DR. ERIN SMALLWOOD
STREAM APA	RENEE COUGHLIN
CURRICULUM COORDINATOR	DR. AMY PIEROWAY
ASSESSMENT, EVALUATION & PROMOTIONS COORDINATOR	DR. SHANDA SLIPP
EBM/RESEARCH COORDINATOR	DR. LORENA POWER
FACULTY DEVELOPMENT COORDINATOR	DR. WENDY GRAHAM

This past academic year we introduced High Fidelity Simulation training opportunities to our curriculum on the West Coast. We continue to offer weekly Regional Grand Rounds with a focus on Primary Care. The Western Stream has still been able to offer our Counselling Centre Curriculum with great commitment by numerous community facilitators who are able to deliver these through a virtual platform. Many of our residents have been able to partake in courses and workshops offered by Western Health including PALS, ACLS recertification and LEAP.



This past year, prior to the pandemic, we hosted two resident Academic & Wellness Workshops; both of which were hosted in Corner Brook. Both workshops were well attended and we received great support from the communities and the Regional Health Foundation. Sadly, due to the pandemic we were unable to host our SOO workshop which is usually held each April and well attended by our own 2nd year residents and offered to 2nd year residents that are in the region on clinical experiences. We hope to resume this when it is safe to do so.

This past fall we hosted our second regional Faculty Development Workshop, which was well attended by Family Physicians and Specialists.

We feel confident that we will continue to offer safe, valuable training experiences within our region and are really looking forward to the year ahead in the Western Stream!



Photos by Dr. Russell Dawe.



NORFAM

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

DR. ROBERT FORSEY  
KRISTA OXFORD, KYLA BATTCOCK  
DR. HEATHER O’DEA  
DR. KATHRYN VERSTEEG (TO MAY 2020)  
DR. PAUL CROCKER (STARTING JUNE 2020)  
DR. YORDAN KARAIVANOV  
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 5 consultants (obstetrics and gynecology, surgery, anesthesia, psychiatry and pediatrics). Practice and training in Goose Bay truly follows the shared care model.

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 outpatient 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 and monthly faculty development sessions. Residents participate in a yearly medevac course and join in a variety of “on the land” community experiences (Innu Fall gathering, Winter Camping, orientation retreat on Lake Mercier). Residents participate in monthly high-fidelity simulations, as well as Pediatric Advanced Life Support (PALS), Neonatal Resuscitation Program (NRP), 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. Three of our 2020 graduates have stayed to practice in Goose Bay, and the other three have already been back for locums. This same resident cohort successfully nominated the entire NorFam teaching group for the 2020 Dr. John Williams teaching award bestowed by PARNL for “exemplary dedication to teaching with a cheerful manner and a high degree of professionalism and skill”.



Photo by Dr. Russell Dawe.

NUNAFAM

STREAM LEAD  
STREAM APA  
MUN COORDINATOR/LIAISON

DR. PATRICK FOUCAULT  
REBECCA IRWIN  
VACANT

Another year of sharing, learning and teaching each other is over. The NunaFam program has been very successful again this year, with several new graduates who decided to come back to work in Nunavut after their residency. Learners are exploring the territory like never before by having the opportunity to do remote clinics in several communities of Baffin but also in other regions (Kivalliq, Kitikmeot). We are always looking at new opportunities to involve our learners in teaching local staff and our visiting medical students. The residents are always very involved in our weekly interprofessional rounds as well as our obstetrical and emergency medicine rounds. We have also started integrating more pediatrics in the residents’ curriculum, allowing them to spend a week in Iqaluit or in the community covering the pediatric department. Moving forward, we will do our best to expand the number of MUN residents we receive at the same time in Iqaluit (6 per year). NunaFam is growing, so is our desire to make sure the program is providing the residents with a deep understanding of the practice of northern medicine and Inuit culture.



Photo by Dr. Kyle Goodyear.



ENDURING LEGACY

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

Our team is dedicated to medical education and training residents who are ready to begin independent practice upon completion of the residency training program.

This year we were challenged to quickly adjust residency training in light of patient care restrictions that were put in place as a result of Covid-19. Our leaders adjusted training based on local capacities and opportunities to ensure that residents received quality training while also ensuring that the patients of our province were being cared for. Our leaders were resourceful and they advocated for medical education at a very challenging time. In spite of the pandemic, our Curriculum and Assessment, Evaluation and Promotions Committees continued to work to ensure that residency education stayed on track. Thanks to the tireless energy of so many of our full and part time faculty, we were able to continue with residency education. This resulted in residents graduating on time and our being poised to welcome a new group of residents in July.

We continue to be dedicated to performance review and improvement. As part of this work, our program completes an annual review of the curriculum and faculty and clinical experiences receive feedback on performance annually as long as the minimum of three completed evaluations are received.

FACULTY DEVELOPMENT (FD) FAMILY MEDICINE

DIRECTOR (ACADEMIC)	DR. PAMELA SNOW
DIRECTOR (DISTRIBUTED)	DR. WENDY GRAHAM
EDUCATIONAL SPECIALIST	STEPHEN SHORLIN
ADMINISTRATIVE SUPPORT	VACANT
<b>Stream Faculty Development Co-ordinators:</b>	
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 members have organized events within their respective streams providing collaboration for medical educations outcomes based on their individual preceptor needs. Curriculum change updates and faculty development regarding teaching/Faculty of Medicine policy have been provided regionally. Monthly GFT faculty development sessions have occurred throughout the academic year and are archived for deferred used. Examples of session’s topics include: program evaluation design, personal learning plans, and clinical quality assurance metrics.

EXCELLENCE IN ALL WE DO

We have a full complement of faculty development leads in the four streams along with support from our educational specialist and two directors (distributed and academic). Faculty Development administrative support is in place. Meetings have been held with the new Chair of Family Medicine, Dr. Danielle O’Keefe, and the committee’s terms of references has been updated.

This year, the Covid-19 pandemic has tested the way we communicate with our learners and each other. Faculty development sessions have been held on the use of WebEx and virtual teaching. We have introduced our preceptors to the new introduced Indigenous Curriculum objectives for family medicine. We have added a resident representative to our faculty development committee.

EMPOWERED PEOPLE

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ENDURING LEGACY

The Discipline of Family Medicine is distributed throughout the province. Resulting from this, our faculty development committee structure allows for two-way communication between the faculty and our communities province wide. Enhancements have been made for virtual communication and teaching. There is dedicated support for family medicine website redesign which will house an updated faculty development link to teaching resources.

GOING FORWARD

- PRIORITY #1

Easily accessible core faculty development teaching topics on the Memorial Family Medicine website.
- PRIORITY #2

Each faculty member creates a personal learning profile.
- PRIORITY #3

Faculty Development retreat, virtual or in person
- PRIORITY #4

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

CLINICAL MANAGEMENT COMMITTEE

CLINICAL MEDICAL DIRECTOR, ROSS CLINIC UNIT DIRECTOR	DR. MICHELLE LEVY
CLINICAL OPERATIONS COORDINATOR	BARBARA MORRISSEY
FAMILY MEDICINE CLINIC UNIT DIRECTOR	DR. KRIS AUBREY-BASSLER
SHEA HEIGHTS CLINIC UNIT DIRECTOR	DR. AMANDA PENDERGAST
FAMILY CENTERED MATERNITY CARE LEAD	DR. NORAH DUGGAN
CLINICAL PHARMACIST	STEPHEN COOMBS
E-HEALTH RESEARCH UNIT DIRECTOR	DR. GERARD FARRELL
EMR SPECIALIST	MIKE FOLEY

IMPROVING LIVES

The COVID-19 pandemic required a quick response from the DFM Clinical Program, as well as frequent adjustments and modifications in an ever changing environment. With attention to the direction and guidelines from the MUN, the Regional Health Authority, the NL government and the NLMA, our clinics continued to provide seamless care and after hours care to patients at all of our clinics, whether by in person appointment or virtual care. This also included care of our patients at the Veterans Pavilion, Family Centered Maternity Care Program, Frail Elderly House Call Program, Personal Care Homes, and Adults with Intellectual and Developmental Disabilities Clinic. We continued to modify and enhance our services as the alert levels came down. We quickly leveraged our EMR technology to implement video visits as an option to the telephone for virtual care. Our Clinical Operations Manager Barbara Morrissey and EMR Specialist Mike Foley were fundamental in our ability to so quickly adapt and pivot as necessary through this challenging period

The DFM clinics 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. With COVID, a number of family medicine residents were not able to be accommodated on their originally scheduled rotations due to impact on travel as well as impact on community family physician practices. We quickly adapted to make room for many of these learners in our clinics.

EXCELLENCE IN ALL WE DO

Another complication of restrictions from COVID impacting medical education was that travelling to electives at other medical schools was closed across the country. Our DFM academic teaching clinics have always been supportive of medical student electives, and continued to do so during these challenging times. In response to the urgent request to further increase the number of local electives for medical students, we developed a new elective located at the Caribou Memorial Veteran’s Pavilion in “Care of the Elderly in Long Term Care”. This experience provides the senior medical student with opportunity to enhance knowledge and skills in caring for the older adult in long term care and also strives to highlight the need for family physicians with a high competence in care of the elderly to support the aging NL population.

The clinical program is involved in a number of scholarly projects relevant to the Patient Medical Home model that include a multidisciplinary research team, as well as undergraduate and postgraduate medical learners. One such project on “Integrating students from allied health professions in an Academic Family Medicine Practice: moving towards the Patient’s Medical Home”, was presented at an international medical education conference (virtually).



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. Just some examples of such programs include: the Eastern Health Refugee Health Collaborative, primary care of geriatric and elderly patients including the frail elderly home visit program, and the Forest Road Clinic for Adults with Intellectual and Developmental Disabilities. DFM family physicians are involved in patient care at Choices for Youth, and also provide primary care to families from outside of St. John’s who have children hospitalized at the Janeway Hospital, as well as to Bliss Murphy Cancer Centre patients who have travelled from other parts of the province for treatment.

EMPOWERED PEOPLE

The DFM Family Physicians are a part of Family Practice Networks across the province. FPNs provides a mechanism through which a physician group can address common practice and patient needs, have a collective voice on issues facing family practice, and address local population health needs, in coordination with the Regional Health Authority (RHA). For the discipline, involvement in the FPN also allows for communication and collaboration with local community family physician peers. In 2019, Dr. Michelle Levy was elected as a board member of St. John’s FPN, Endeavor, and also sits on the Physician Wellness and the Patient centered priorities working groups. Dr. Christine Aubrey-Bassler is a member of the EMR working group.

The DFM’s Patient Advisory Council (PAC) continues to be an important and integral voice to our clinical program. Patient Advisory Councils are one of the important components of the Patient Medical Home (PMH). They bring patient perspective to clinic policies and practices and can improve the care experience. Some activities of the PAC over the past year include consultation on the development of a website for the DFM clinics, updating our new patient brochures, and of course providing invaluable perspective on the patient experience of medical care during the pandemic.

ENDURING LEGACY

We continue to build on our goal of more comprehensive and collaborative team-based care, as per the vision of the “Patient Medical Home”. Our interprofessional health education program integrates learners from a variety of allied health disciplines, including pharmacy, nursing, medicine, social work, occupational therapy and physiotherapy, within our family medicine clinics. This has led to discussions with Eastern Health in regards to a more sustainable and longer term commitment of allied health professionals to support the interprofessional team at our clinics.

The DFM clinical program strives for continuous improvement with attention to the frameworks provided by the Patient Medical Home model of the College of Family Physicians of Canada and the ‘Quadruple Aim,’ an internationally-recognized framework with objectives to: improve the patient and caregiver experience; improve the health of populations; reduce the per capita cost of health care; and, improve the work life of providers. Regular quality improvement projects are carried out in such areas as practice improvement, preventative care, and clinical program evaluation.

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’ 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 PRHU’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 support by a dedicated staff of research professional 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	
RESEARCH COORDINATOR	OLIVER HURLEY
RESEARCH COORDINATOR	VACANT
RESEARCH SECRETARY	KAREN GRIFFITHS

Impactful Research

- To increase impact and ensure clinical relevance, the PHRU, CRHS and eHRU collaborated with clinical and policymaker knowledge users when creating research questions. These efforts ensure our inter-dependent research projects are community informed and inspired.
- The geographic analysis of healthcare utilization conducted by CRHS and PHRU addresses pressing and emerging needs and concerns of the province’s rural population with regard to healthcare service accessibility and rural-urban differences in prescribing, use of diagnostic tests and health outcomes.
- 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.
- 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.
- In 2019-20, DFM faculty, staff and students published 42 peer-reviewed papers, the highest ever for the discipline.
- PHRU researchers are currently conducting a CIHR-funded study of reforms to primary care in Ontario. This research topic was identified as a priority of the NL Department of Health and Community Services, and the results of the project will inform NL policy decisions.
-



Research Excellence
<ul style="list-style-type: none"> <li>• The CRHS and PHRU researchers have provided research support for many Translational Personalized Medicine Initiative projects (Quality of Care NL, Choosing Wisely NL).</li> <li>• DFM researchers adopted the Lancet recommendations on reducing research waste and improving value, which includes publishing protocols for all studies, and publishing results in a timely fashion.</li> <li>• 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.</li> <li>• 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.</li> <li>• PHRU and DFM faculty continue to lead 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.</li> <li>• The PHRU, CRHS and eHRU have 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.</li> <li>• 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, and 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 useful.</li> <li>• A 6for6 participant, Dr. Daniel Hewitt, held community presentations about his research on arsenic in well-water, attracting 98 citizens from 3 rural Newfoundland communities (Wings Point, Upper Ferry, and Valley Pond).</li> <li>• 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.</li> </ul>

Healthier Communities
<ul style="list-style-type: none"> <li>• 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 application to CIHR.</li> <li>• PHRU faculty and staff continue to support the rollout of the BETTER Program, designed to improve health outcomes through improvements to lifestyle and disease screening. A successful research project led the Department of Health and Community Services to allocate funding towards the training of both new and existing providers to offer BETTER as part of routine health program in all regional health authorities of the province.</li> <li>• The continuing success of the NL eConsult Service allows physicians to access specialist opinions quickly and efficiently through an electronic portal, thereby allowing more patients to be treated by their primary care providers in their home communities, and avoiding unnecessary referrals to a specialist. This lowered the costs to the patient as well as the health care system as a whole.</li> </ul>

Education Excellence
<ul style="list-style-type: none"> <li>• 6for6 continues to be was delivered as two graduate courses: These are MED 6150 (Principles of Scholarly Writing for Rural Doctors) and MED 6151 (Principles of Research for Rural Doctors). These courses are the first of their kind in Canada, have incorporated competency-based learning with individual learning plans, and prepare participants with the tools to be able to return to their communities and conduct research. The support and mentorship they receive during the program continues as needed after the students graduate</li> <li>• As part of its new two-year model, 6for6 hosted a two-day Summit session in November 2019 with 11 alumni of the 6for6 program. Attendees included participants from each of the first five cohorts who were actively working on their research project that began in 6for6 or new projects they had undertaken.</li> <li>• In the past fiscal year, DFM faculty have supervised numerous medical students, all of our family medicine residents, and at least 2 post-doctoral fellows, 5 PhD students, 8 masters students, and numerous undergraduate students in meaningful, challenging work that aligns with their career objectives and opportunities for continued advancement.</li> </ul>

Exceptional People
<ul style="list-style-type: none"> <li>• 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. Professional development sessions have been scheduled every few months over the last year.</li> <li>• The PHRU fosters an environment that encourages wellness for all by supporting employees in incorporating wellness goals into their work schedules.</li> </ul>

Efficient and Effective Resourcing
<ul style="list-style-type: none"> <li>• The PHRU continued to expand and diversify Faculty of Medicine revenue by securing external research funding.</li> <li>• With the award of \$5.2 million to SurgeCon, as well as Rural360, Mitacs matching funds, and alumni awards, 6for6 has now leveraged \$13 in return for every \$1 invested by Memorial University. The PHRU and eHRU also leverage the resources supplied by MUN to access</li> </ul>



# HIGHLIGHTS

## AWARD WINNERS

DR. WENDY GRAHAM	2020 Canadian Federation of Medical Students Student Culture Changer Award
DR. AMANDA PENDERGAST	2020 Canadian Federation of Medical Students Student Culture Changer Award

## THE ANNUAL JOHN ROSS WALK

The John Ross Walk is in memory of the last 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 and Labrador.

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

Due to the Covid-19 pandemic, the walk did not take place this year. We are hopeful that this will continue in 2021.



ROSS WALK 2019  
Photo by Jennifer Armstrong, HSIMS

## MEDICAL STUDENTS

### Family Medicine Interest Group

According to the 2019 Physician Resource Forecast for Family Medicine and the Newfoundland and Labrador Medical Association, as many as 1 in 5 Newfoundlanders and Labradorians do not have a family doctor. The report showed that right now is a critical time in our province to recruit and retain family physicians in order to address the current shortage. As the Family Medicine Interest Group (FMIG) we strive to promote a positive perception of and attraction to family medicine. Given the current situation, being part of FMIG has been very rewarding. FMIG has allowed us to organize various activities throughout the year that encourage students to become more familiar with the diverse career opportunities that family medicine has to offer.

Due to the current global pandemic, FMIG has had to adapt and get creative in our delivery of events. So far, we have had several Fridays with Family lunchtime talks through WebEx this year. From these talks, students had the opportunity to learn about careers in sports medicine, rural medicine, and addictions medicine. They also learned about family physicians’ scope with regards to providing medical assistance in dying. Students were also given an engaging talk by Dr. Ean Parsons that highlighted how a career in family medicine can be very diverse and allow travel all over the world. Finally, Dr. Musa enlightened students about the opportunities and benefits of working as a locum. During our online Information Night, students had the opportunity to engage with physicians in small groups to gain a better understanding of their career in family medicine. Topics discussed included the family medicine residency programs at Memorial University, the +1-emergency medicine program, care of the elderly, care of underserved populations, obstetrics in family medicine, and sports medicine. Online learning and pre-recorded lectures have essentially eliminated students’ ability to network with family physicians in the classroom. Therefore, FMIG has been the sole venue through which students learn about careers in family medicine through Memorial University.

Fundamental to the success of FMIG is the help we receive from the CFPC’s NL Chapter. In the past, this relationship has provided students with valuable exposure to hands-on procedural training at Procedures Day. Due to the current pandemic, we are currently working together to organize a skills night which will give students an invaluable opportunity to learn fundamental hands-on skills from physicians through a virtual platform. 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 for inspiring students to become future family physicians.

Sincerely,

FMIG Executive 2020-2021  
Kayla Viguers, Zahra Rehan, Emily Collis, Sarah Williams, Selina Zhao



**RESIDENT HIGHLIGHT**  
Dr. Paranita Verma



This drawing helps inspire us of simple things we can engage in for self-care. Self-care means something a little different for everyone. It’s something that can help us take care of our mental, emotional, spiritual, and physical health. The value is often underestimated! It can be important in navigating through uncertain times such as during the COVID-19 pandemic both personally and professionally for our students, residents, and staff.

APPENDIX A: RESEARCH FUNDING

Nominated PI / Co-PI	Title	Funding source	Project funding \$
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EXTERNAL GRANTS RECEIVED IN 2019-20

Shabnam Asghari	Engaging Graduate Student in Capacity Building Initiative for Rural Health Research in Northern Newfoundland and Labrador	Mitacs	\$450,000
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INTERNAL FUNDING AND GRANTS RECEIVED IN 2019-20

Shabnam Asghari, Cheri Bethune, Wendy Graham	Six for Six: A Research Skills Faculty Development Program for Rural and Remote Faculty	Faculty of Medicine, Memorial University	\$250,000
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ONGOING GRANTS

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
Russell Dawe	Indigenous Health Teaching Resources: Environmental Scan	SURA Grant, Memorial University	\$1,470
Russell Dawe	Rural and Remote Medical Education in Nepal: A Program Evaluation	SURA Grant, Memorial University	\$1,470
Gerard Farrell Susan MacDonald	eConsult 2.0 – Operationalization as a Provincial Programme	Faculty of Medicine Internal Grant	\$36,439
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. Study of Communities Impacted by Health Disparities	College of Family Physicians of Canada	\$2,000

Nominated PI / Co-PI	Title	Funding source	Project funding \$
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
Kath Stringer, Denise Cahill, Amanda Tzenov	Evaluation of the Forest Road Clinic for Care of Adults with Intellectual and Developmental Disabilities	Health Care Foundation	\$10,000
Amanda Hall	De-Implementing Low Value Care: A Research Program of the Choosing Wisely Canada Implementation Research Network	CIHR and partners	\$4,000,000 (NL portion \$555,000)
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	\$2,374,724 (NL portion \$182,942)

Nominated PI / Co-PI	Title	Funding source	Project funding \$
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	\$2,000,000 (NL portion \$198,000)
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
Gerard Farrell	Scaling-up eConsult in Primary Health Care: A Policy Analysis in Four Canadian Provinces	CIHR	\$124,924
Jeanie Haggerty and Russell Dawe	Policies and program innovations that connect primary health care to social, community and public health services in Canada: A comparative policy analysis	CIHR	\$254,106
Peter Wang	Prevention of Colorectal Cancer with Lifestyle Modifications Bridging Research, Health Awareness and Practice in Newfoundland and Labrador	Newfoundland & Labrador Centre for Applied Health Research	\$30,000
Kris Aubrey-Bassler	Diagnostic Imaging Utilization	NL Support Patient Oriented Research Grants	\$75,000
Kris Aubrey-Bassler	Building on Existing Tools to Improve Cancer and Chronic Disease Prevention and Screening in Primary Care for Wellness of Cancer Survivors and Patients (BETTER-WISE)	Alberta Innovates-Health Solutions	\$2.7 million (NL portion \$377,476)



# APPENDIX B: PUBLICATIONS

## Publications, Presentations and Grants

*Bold names denote DFM faculty, staff, patient partners or students.*

### Peer reviewed publications

1. Albury C, **Hall A**, Syed A, Ziebland S, Stokoe E, Roberts N, Webb H, Aveyard P. Communication practices for delivering health behaviour change conversations in primary care: a systematic review and thematic synthesis. BMC Fam Pract. July 2019. 3;20(1):111.

2. **JR Anaraki, S Samet**, M Shehata, **K Aubrey-Bassler**, E Karami, S Samet, **A Smith**. Detecting relative changes in circulating blood volume using ultrasound and simulation. 2018 IEEE J Biomed Health Informatics. 2019 doi: 10.1109/CBMS.2019.00063.

3. **Asghari, S., Boyd, S., Knight, J.**, Blackmore, J., **Hurley, O.**, Allison, J., & Lundrigan, P. (2020). Developing a comprehensive database with sensitive health information: A profile of people living with HIV in Newfoundland and Labrador, Canada. International Journal of Population Data Science. 5(1): 1-13.

4. **Asghari, S., Kirkland, M. C.**, Blackmore, J., **Boyd, S. E.**, Farrell, A., **Rourke, J., Aubrey-Bassler, K., Godwin, M.**, Oandasan, I., Walczak, A. (2019). A systematic review of reviews: Recruitment and retention of rural family physicians. Canadian Journal of Rural Medicine. 25(1): 20-30.

5. **Aubrey-Bassler K**, DP Manca, C Aguilar, N Sopcak, **R Cullen**, C Meaney, R Moineddin, D Campbell-Scherer, M Wilson, E Grunfeld. The effectiveness of a proven chronic disease prevention and screening intervention in diverse and remote primary care settings: an implementation study on the BETTER 2 Program. Brit J Gen Pract Open 2019 3(3):1-11.

6. Baker, A. **Patey, C.** Al-Obaidi, H. The occasional low-flow priapism. Can J Rural Med 2020;25:150-3.

7. **Bishop L, Darcy S**, Sinnot R, Elbialy C, Singleton, **Avery S, Duggan N, Pendergast A**. Exploring community perceptions of the facilitators and barriers of youth mental health: A qualitative study. Canadian Journal of Public Health. August 2020

8.**Bishop, L., Darcy, S., Avery, S., Duggan, N., Pendergast, A.**, Sinnott, R. Engaging a Community for Youth Mental Health and Wellness: Reflections and Lessons Learned” Gateways. International Journal of Community Research and Engagement 13(1), 2020.

9. Chafe R, Shulman R, Guttman A, **Aubrey-Bassler K**. Adolescent patients with chronic health conditions transitioning into adult care: What role should family physicians play? Can Fam Phys 2019 65(5): 317-9.

10. Cubaka VK, Dyck C, **Dawe R**, Alghalyini B, Whalen-Browne M, Cejas G, Gibson C. A global picture of family medicine: The view from a WONCA storybooth. BMC Family Practice. 129(20), Sep 2019.

11. Danish A, Chouinard M-C, **Aubrey-Bassler K**, Burge F, Burge F, Doucet S, et al. Protocol for a mixed-method analysis of implementation of case management in primary care for frequent users of health care services with chronic diseases and complex care needs. BMJ Open 10:e038241, 2020.

12. **Dawe R**. A plea for program evaluation in a pandemic. Canadian Medical Education Journal. Published ahead of issue, May 20, 2020.

13. **Dawe R**, McKelvie M. International health experiences in postgraduate medical education: A meta-analysis of their effect on graduates’ clinical practice among underserved populations. Canadian Medical Education Journal. Published ahead of issue, Jan 2020.

14. Donnan JR, Johnston K, Chibrikov E, Marra CA, **Aubrey-Bassler K**, Najafzadeh, M, Nguyen H, Gamble JM, Capturing Patient Preferences Toward Benefits and Risks of Second-Line Antihyperglycemic Medications: A Discrete Choice Experiment. Can J Diab 2019 44(1): 6-13. <https://doi.org/10.1016/j.jcjd.2019.04.014>

15. Donnan JR, Grandy CA, Chibrikov E, Marra CA, **Aubrey-Bassler K**, et al. Comparative safety of the sodium glucose co-transporter 2 (SGLT2) inhibitors: a systematic review and meta-analysis. BMJ Open 2019 9:e022577 doi:10.1136/bmjopen-2018-022577

16. Evensen A, Duffy S, **Dawe R, Pike A**, Nelson BD. Status of global health fellowship training in the United States and Canada. Canadian Medical Education Journal. 10(4), Nov 2019.

17. Furlong B, **Aubrey-Bassler K**, Etchegary H, **Pike A**, Darmonkow G, Swab M, **Hall A**. Patient education materials for non-specific low back pain and sciatica: a protocol for a systematic review and meta-analysis. BMJ Open. 2020 Sep 2;10(9):e039530. doi: 10.1136/bmjopen-2020-039530. PMID: 32878763; PMCID:PMC7470487.

18. Grimshaw J, Patey A, Kirkham K, **Hall A**, Dowling S, Rodondi N, Ellen M, Kool T, Kerr E, Linklater S, Levinson W, Bhatia S. De-implementing Wisely: Developing the evidence base to reduce low-value care. BMJ Quality and Safety. BMJ Qual Saf. 2020 May;29(5):409-417.

19. **Hall A, Furlong B, Pike A, Lawrence R**, Ryan A, Etchegary H, Hennesey T, Toomey E. Using theatre as an arts-based knowledge translation strategy for health-related information: a scoping review protocol BMJ Open Sept 2019; 9:e032738.

20. **Hall AM**, Scurry SR, **Pike AE**, Albury C, **Richmond HL**, Matthews J, Toomey E, Hayden JA, Etchegary H. Physician-reported barriers to using evidence-based recommendations for low back pain in clinical practice: a systematic review and synthesis of qualitative studies using the Theoretical Domains Framework. Implement Sci. 2019 May 7;14(1):49. doi: 10.1186/s13012-019-0884-4.

21. **Hall A, Richmond H**, Mahoney K, Matthews J. Chapter 31: Changing Health-Related Behaviours: lessons from implementation science. Clinical Epidemiology: Practice and Methods, Third Edition, 2020.

22. Hudon C, M-C Chouinard, **K Aubrey-Bassler**, N Muhajarine, F Burge, P L Bush, A Danish, V Ramsden, F Légaré, L Guénette, P Morin, M Lambert, F Fick, O Cleary, V Sabourin, M Warren, P Pluye (2020). Case management in primary care among frequent users of health care services with chronic conditions: a realist synthesis. Ann Fam Med, 18(3): 218-226.

23. Hurley DA, Keogh A, Mc Ardle D, **Hall AM, Richmond H**, Guerin S, et al: Evaluation of an E-Learning Training Program to Support Implementation of a Group-Based, Theory-Driven, Self-Management Intervention For Osteoarthritis and Low-Back Pain: Pre-Post Study. J Med Internet Res. Mar 7 2019; 21:e11123

24. Hurley D, Jeffares I, **Hall A**, Keogh A, Toomey E, McArdle D, McDonough S, Segurado R, Matthews J. Feasibility cluster randomised controlled trial evaluating a theory-driven group-based complex intervention versus usual physiotherapy to support self-management of osteoarthritis and low back pain (SOLAS). Trials May 2020

25. Kamper SJ, Logan G, Copsey B, Thomson J, Machado G, Abdel-Shaheed C, Williams C, Maher C, **Hall A**. What is usual care for low back pain? A systematic review of health care provided to patients with low back pain in family practice and emergency departments. Pain. April 2020;161(4):694 702.

26. Kelly D., Kielly J., Hughes C., Gahagan J., **Asghari S.**, Hancock S., Burt K., Smyczek P., Charlton C.,Nguyen H. (2020). Expanding access to HIV testing through Canadian community pharmacies: Findings from the APPROACH study. BMC Public Health. 1(1): 1-15.

27. Kendall C, Shoemaker E, Porter JE,Boucher LM, Crowe L, Rosenes R,Bibeau C,Lundrigan P, Becker M, **Asghari S**, Rourke SB, Liddy C,. (2019). Canadian HIV care settings as Patient-Centered Medical Homes. Journal of the American Board of Family Medicine. 2(32): 158-167

28. **JC Knight**, R Moineddin, M Mathews, **K Aubrey-Bassler**. Effect of primary health care reforms in the province of Newfoundland and Labrador: Interrupted time-series analysis. Can Fam Phys 2019 65(7): e296-e304.

29. **Logan GS, Pike A**, Copsey B, Parfrey P, Etchegary H, **Hall A**. What do we really know about the appropriateness of radiation emitting imaging for low back pain in primary and emergency care? A systematic review and meta-analysis of medical record reviews. PLoS One. Dec 5 2019;14(12):e0225414.

30. **Logan GS**, Copsey B, Etchegary H, Parfrey P, Mahoney K, **Hall A**. Family physician referral rates for lumbar spine computed tomography in Newfoundland and Labrador: a cross-sectional analysis using routinely collected data. CMAJ Open. 2020;8(1):E56-E59. Published 2020 Jan 28.

31. Lukewich J, Allard M, Ashley L, **Aubrey-Bassler K**, et al. National Competencies for Registered Nurses in Primary Care: A Delphi Study. Western J Nursing Res, 2020.

32. Mahdavian, M., Mallay, S. A., **Asghari, S.**, Voduc, N., & Pike, J. C. (2019). Effect of benralizumab on asthma exacerbation rates in patients with severe asthma: Systematic review and meta-analysis .Canadian Journal of Respiratory, Critical Care, and Sleep Medicine. 1(9): 1-9.

33. Matthews J, **Hall A**, Keogh A. Evaluating the effects of behavior change training on the knowledge, confidence and skills of exercise science students. BMC Sports Science, Medicine and Rehabilitation 2020 Oct 6;12:62. doi:10.1186/s13102-020-00209-5. PMID: 33042551; PMCID: PMC7539374.

34. Patey, C. (2019). Beyond an admission - Support for an ageing population. Canadian Journal of Rural Medicine, 24(3), 1.

35. **Patey, C.**, Asghari, S., Norman, P., & Hurley, O. (2020). Redesign of a rural emergency department to prepare for the COVID-19 pandemic. Canadian Medical Association Journal. 1(1): 1-3.  
36. **Patey, C.** Norman, P. Araree, M. **Asghari, S. Heeley, T. Boyd, S. Hurley, O. Aubrey-Bassler, K.** SurgeCon: Priming a Community Emergency Department for Patient Flow Management. Western Journal of Emergency Medicine. 2019.420127. July5, 2019

37. **Pike A**, Mahoney K, Patey AM, **Inwood S**, Mortazhejri S, **Lawrence R, Hall A**. De-implementing Wisely Research Group. Protocol for assessing the determinants of preoperative test-ordering behaviour for low-risk surgical procedures using a theoretically driven, qualitative design. BMJ

Open. 2020 May 11;10(5):e036511. doi: 10.1136/bmjopen-2019-036511. PMID: 32398338; PMCID: PMC7223279.

38. **Roger, J.** (2019). Laparoscopic cholecystectomy for ultrasound normal gallbladders: Should we forego hepatobiliary iminodiacetic acid scans? (Clinical report). Canadian Journal of Rural Medicine, 24(2), 1. (6for6 participant)

39. Shaver, L. G., Khawer, A., Yi, Y., **Aubrey-Bassler, K.**, Etchegary, H., Roebbothan, B., **Asghari, S.**, Wang, P. P. (2019). Using Facebook Advertising to Recruit Representative Samples: Feasibility Assessment of a Cross-Sectional Survey. Journal of medical Internet research. 21(8): 1-15.

40. Shea-Budgell, M.A., Campbell-Scherer, D., Aguilar, C., Lofters, A., **Aubrey-Bassler, K.**, Carneiro, I., Sopcak, N., Stapon, C., Loshak, H., Grunfeld, E., Manca, D.P. Harmonization and Implementation of Survivorship Guidelines for Breast, Colorectal, and Prostate Cancer: The BETTER WISE Project. Submitted to Journal of Oncology Practice.

41. **Wentzell, T. M.** (2019). Strong administrative support needed to improve wait times for hip fracture. Canadian Medical Association Journal, 191(20), E566-E566. (6for6 participant)

42. Wilson, N. **Patey, C.** Howse, D. Catch of a Lifetime – Erysipelothrix rhusiopathie bacteremia, septicemia, endocarditis and osteomyelitis in Newfoundland crab fisherman and butcher. CJRM 2019;24: 123-126.

**Non-Peer Reviewed**

1. **Bishop, L., Darcy. S., Pendergast, A., Avery, S., Duggan, N., Barnes., L.** It Takes a Team: Caring for patients taking opioids for chronic non-cancer pain. College of Family Physicians of Canada and Canadian Pharmacists Association. Integration of Pharmacists into Interprofessional Teams. Ontario: College of Family Physicians of Canada and Canadian Pharmacists Association; 2019. [https://www.cfpc.ca/uploadedFiles/Health\\_Policy/IPC-2019-Pharmacist-Integration.pdf](https://www.cfpc.ca/uploadedFiles/Health_Policy/IPC-2019-Pharmacist-Integration.pdf)

2. **Patey, C.** (2019, Fall). Packrafting down the Beaver. Labrador Life

3. ACEM Australasian College for Emergency Medicine. COVID-19 Toolkit for Rural Emergency Care Facilities. Appendix F. 22, May, 2020.

4. **Pendergast, Amanda L.**, Terry, A., Koppula, S., Zwarenstein, M. “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>

**Conference/Meeting Presentations**

1. **Asghari S., Boyd S.**, Blackmore J., **Hurley O., Knight J.**, Alison J., Kelly D., Burt K., Pittman B., Gilbert L. Dowden J., (2019, 14-17 July) Developing a comprehensive database with sensitive health information: A profile of people living with HIV in Newfoundland and Labrador, Canada, STI/HIV 2019 World conference, (poster) Vancouver Canada.

2. **Asghari S., Kirkland M^., Boyd S.**, Blackmore J., Farrell A., **Rourke J., Aubrey-Bassler K., Godwin M.**, Oandasan, I. (2019, October 12-15) Recruitment and Retention of Rural Family Physicians: Recruitment & retention of rural family physicians: A systematic review of reviews. World Organization of Family Doctor Annual Rural Conference, (Oral Presentation), Albuquerque, New Mexico, USA

3. **Asghari, S., Graham, W., Bethune, C., Heeley, T., Araee, M#.** (Oct. 11-15, 2019).

Rural Health Research Training Programs: Catalyzing Social Capital in Rural Canada (Oral Presentation). World Organization of Family Doctors Rural, Albuquerque, New Mexico.

4. **Patey C.**, Norman P., **Asghari S., Hurley O.**, (2019, October 12-15) Effect of an Emergency Department Surge Management Platform on Wait times, World Organization of Family Doctor Annual Rural Conference (Oral Presentation) Albuquerque, New Mexico, USA

5. **Asghari, S., Heeley, T., Bethune, C., Graham, W.** (Aug. 24-28, 2019). Fostering Socially Accountable Rural Health Research through Longitudinal Faculty Development (Oral Presentation), International Association for Medical Education, Vienna, Austria.

6. **Bethune, C., Asghari, S., Heeley, T., Graham, W.** (April 4-6, 2019). How and Why to Write in Rural Practice: The Pros of Prose (Workshop). Society of Rural Physicians of Canada, Halifax, Nova Scotia.

7. **Dawe, R., Avery, S., Bishop, J., Pendergast, A., Tzenov, A., Duggan, N.** Family Centered Maternity Care Program Evaluation Project. Family Medicine Forum, Vancouver BC 2019.

8. Duffley L, Nguyet N, **Aubrey-Bassler C**, Duff, K, Bessell J. Encouraging Engagement with the Refugee Community through MUN MED Gateway 30 Oct 2019, FMF CFPC Vancouver, BC Presenter and Co-Author, free standing paper for presentation, peer reviewed.

9. **Heeley, T., Asghari, S., Araee, M., Graham, W., Bethune, C.**, MacLellan, C.^, Walsh, A.,^^ MacKay, M.^ (June 27-28, 2019). Fostering research communities of practice in the Canadian North: A social capital analysis (Poster). Primary Healthcare Research Forum, St. John’s, Newfoundland and Labrador.’

10. **Bethune, C., Asghari, S., Heeley, T., Graham, W.** (Sep. 23-25, 2019). Fostering Socially Accountable Rural Health Research



through Longitudinal Faculty Development. (Oral Presentation). International Conference on Faculty Development in the Health Professions, Ottawa, Ontario.

11. MacLellan, C.^, **Bethune, C., Graham, W., Button, C., Heeley, T., Asghari, S.** (Oct. 11-15, 2019). Effect of a Longitudinal Research Skills Training Program on Research Competency among Rural Family Physicians (Poster). World Organization of Family Doctors Rural, Albuquerque, New Mexico.

12. **Bethune, C., Heeley, T., Asghari, S., Graham, W.** (Oct. 30-Nov. 2, 2019). Change-makers: How a research course impacted the work and lives of rural family physicians (6for6 unplugged) (Workshop). Family Medicine Forum, Vancouver, British Columbia.

13. MacLellan, C.^, **Bethune, C., Graham, W., Button, C., Heeley, T., Asghari, S.** (Nov. 16-20, 2019). Effect of a Research Development Program on Research Competency among Rural and Remote physicians (Oral Presentation). North American Primary Healthcare Research Group, Toronto, Ontario.

14. **Boyd S., Asghari S.,** Blackmore J., Chen T., Becker M., Kendall C., Singer A. (2019, 14-17 July). Creation of an HIV Case Definition to Assess the Quality of HIV Care in the Primary Healthcare Setting in Canada, STI/HIV 2019 World conference, (poster) Vancouver Canada.

15. **Ghaderi G.^, Asghari S.,** Mahdavian M., (2019, April 11- 13) Do COPD Patients Living in Rural Areas Have Higher Rate of Hospitalization? Canadian Respiratory Conference (Poster) Ottawa, Canada

16. **Asghari S., Ghaderi G.^, Hurley O.,** Mahdavian M. (2019, May 30) Does geographic accessibility effect chronic respiratory disease outcomes? A population based study in Newfoundland and Labrador (NL). (Poster) University of Toronto Respiratory Research Day. Toronto, Canada.

17. **Asghari S., Boyd S.,** Blackmore J., Chen T., Becker M., Kendall C., Singer A. (2019, November 16-20) The Portrait of HIV Care in Primary Care Settings in Canada: Findings from the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) North American Primary Care Group Annual Conference, (Research in Progress Poster) Toronto, Canada.

18. **Ghaderi G.^, Asghari S., Hurley O.,** Mahdavian M. (2019, November 16-20) Effect of geographic accessibility on hospitalization of adults living with asthma.( Poster) North American Primary Care Group Annual Conference, Toronto, Canada.

19. Anne Drover, **Amanda Pendergast.** Development, implementation and evaluation of a simulation based breastfeeding education course for health care professionals. Academy of Breastfeeding Medicine (Blackburn, UK)

20. **Russell Dawe, Susan Avery, Jessica Bishop, Norah Duggan, Lisa Burke, Amanda Pendergast.** Family Medicine Obstetrics in Residency: A Program Evaluation (Work in Progress). PriFor (St. John’s)

21. Lisa Burke, **Russell Dawe, Susan Avery, Amanda Tzenov, Amanda Pendergast, Jessica Bishop, Norah Duggan.** Quality Maternity care? What do patients think? Family Medicine Forum.  
22. **Tzenov, A., Levy, M.,** Hurtubise,K., Moores,P., **Waghmare, K., Stringer, K.** Development of a new interprofessional health education program in an Academic Family Medicine Practice: Moving towards the Patient’s Medical Home Model. AMEE 2020, Glasgow, Scotland. (accepted)

23. Penashue J, **Dawe R.** iKT with Indigenous communities via community engagement. SHARE SUMMIT St. John’s NL 2019.

24. **Dawe R.,** Drover D, Dawe C, Brazil N, Collins J. Kitchen party: A Newfoundland encounter. Canadian Conference on Physician Health. St. John’s NL 2019.

25. **Logan G and Hall A.** Appropriateness of CTs for Low Back Pain: a clinical audit Choosing Wisely Canada May 2019

26. **Hall A,** et al. Do interventions to change physician’s imaging behaviour target physician-reported barriers? XVIth International Forum on Back and Neck Pain Research in Primary Care Quebec City July 2019. Oral presentation

27. **Logan G and Hall A.** Appropriateness of imaging for Low Back Pain: a clinical audit. XVIth International Forum on Back and Neck Pain Research in Primary Care Quebec City July 2019. Poster presentation

28. **Hall A,** et al. Do interventions to change physician’s imaging behaviour target physician-reported barriers? Choosing Wisely Canada National Meeting May 2020 Oral (moved to poster due to COVID-19).

29. **Hall A,** et al. What are the attitudes and beliefs about the causes and management of low back pain of the general public? Choosing Wisely Canada National Meeting May 2020 Oral (moved to poster due to COVID-19).

30. Piercey, A. Tzenov, N. Fairbridge, **N. Duggan, S. Avery, R. Dawe, M. VanSoeren.** Family physician referral patterns for low –risk prenatal patients seeking ongoing prenatal and intrapartum care in Northeast Avalon of Newfoundland. Family Medicine Forum 2020, Winnipeg, MB.

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**ST. JOHN'S ACADEMIC TEACHING UNITS**

<b>Family Practice Unit   Janeway Hostel</b> T 709-864-7795 • F 709-864-7916	<b>Shea Heights   Community Health Centre</b> T 709-752-4300 • F 709-752-4302	<b>Ross Family Medicine Clinic   Southcott Hall</b> T 709-777-6301 • F 709-777-8323
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