



FAMILY MEDICINE
Faculty of Medicine



FAMILY MEDICINE ANNUAL REPORT

2020 - 2021

Residents Tyler Brown and Vanessa Montagiani
kayaking in Norris Point/Bonne Bay.
Photo by: Megan Humphrey.

MISSION STATEMENTS

MISSION STATEMENT OF MEMORIAL UNIVERSITY

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

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

MISSION STATEMENT OF THE FACULTY OF MEDICINE

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

MISSION STATEMENT DISCIPLINE OF FAMILY MEDICINE

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

TABLE OF CONTENTS

DESTINATION EXCELLENCE STRATEGIC PLAN	4
DISCIPLINE OF FAMILY MEDICINE STRATEGY IMPLEMENTATION MAP	6
MESSAGE FROM THE CHAIR	7
DISCIPLINE OF FAMILY MEDICINE BY THE NUMBERS	8
EDUCATION	
UNDERGRADUATE	10
RESIDENT TRAINING (POSTGRADUATE) PROGRAM	14
FAMILY MEDICINE RESIDENCY STREAMS	14
ENHANCED SKILLS TRAINING PROGRAMS	23
EMERGENCY MEDICINE	
CARE OF THE ELDERLY	
CARE OF UNDERSERVED POPULATIONS	
FACULTY DEVELOPMENT	24
CLINICAL SERVICES	25
PRIMARY HEALTHCARE RESEARCH UNIT (PHRU)	27
HIGHLIGHTS	
AWARD WINNERS	31
THE ANNUAL JOHN ROSS WALK	31
ORANGE SHIRT DAY	31
FAMILY MEDICINE INTEREST GROUP	32
RESIDENT HIGHLIGHT	33
APPENDIX A: PUBLICATIONS, PRESENTATIONS AND GRANTS	34
APPENDIX B: CONTACTS	40

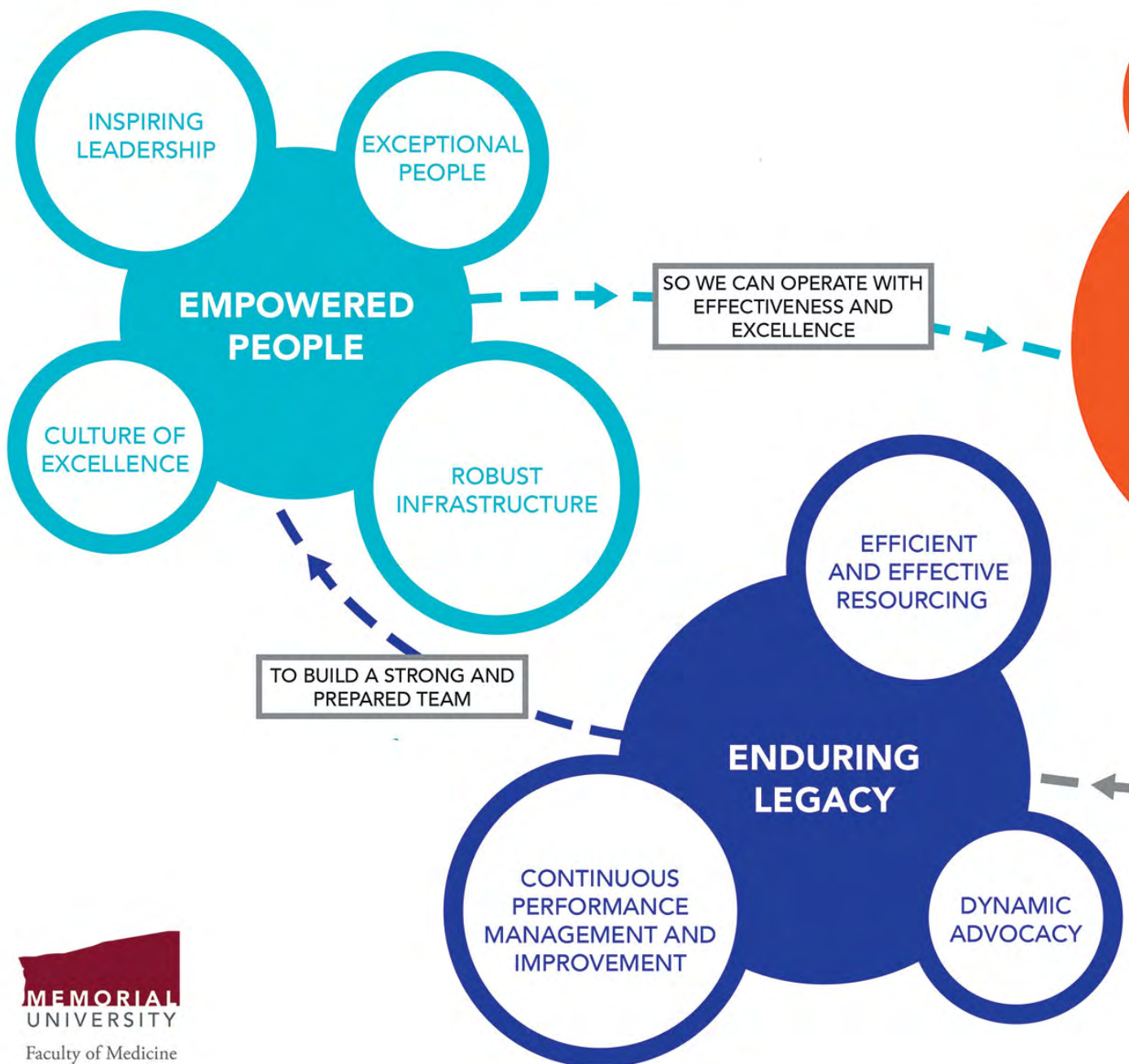
DESTINATION EXCELLENCE 2018-2023

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	
	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	
BY OPERATING WITH EFFECTIVENESS AND EXCELLENCE,	EXCELLENCE IN ALL WE DO			
	Education excellence	Research excellence	Social accountability	
	<ul style="list-style-type: none">Promote generalism in a family medicine contextIncrease number of DFM residency spots to 50%Promote layered learning at every teaching sitePromote innovative educational approaches, layered learning, IPE and faculty development at all teaching sites	<ul style="list-style-type: none">Foster a productive research environment with clear research prioritiesIncrease the number of funded research projects, and publications	<ul style="list-style-type: none">Champion efficient and effective use of resourcesAdvocate for health equity, indigenous health, and healthy populationsDevelop a comprehensive, inclusive DFM Social Accountability frameworkConsider the patient voice in all that we do	
BUILDING A STRONG AND PREPARED TEAM,	OUR EMPOWERED PEOPLE			
	Culture of Excellence	Inspiring Leadership	Exceptional People	Robust Infrastructure
	<ul style="list-style-type: none">Create a productive, unified, engaging and supportive work environment promoting wellnessEmbrace the changes required to implement our strategic plan	<ul style="list-style-type: none">Embrace innovationDevelop an integrated communications plan for internal and external stakeholders	<ul style="list-style-type: none">Develop a revitalized organizational structure highlighting faculty and staff position descriptions, accountability and succession planning	<ul style="list-style-type: none">Advocate for continued creation and implementation of new technologies in education, research and clinical care
AND USING OUR RESOURCES WISELY,	OUR ENDURING LEGACY - SUSTAINABILITY			
	Efficient, Effective Resourcing	Continuous Performance Management and Improvement	Dynamic Advocacy	
	<ul style="list-style-type: none">Develop a structured process for new initiatives including resource and sustainability planningExplore donor opportunities	<ul style="list-style-type: none">Develop metrics to track, monitor and analyze our performance, opportunities, risks and challenges.Share our performance results with our various stakeholders	<ul style="list-style-type: none">Develop key messages and mechanisms to promote the DFMFormalize outreach for engagement of community partnersEngage alumni and retirees as mentors	
WHILE BEING GUIDED BY OUR VALUES.	OUR VALUES			
	Strong, respectful relationships with patients, partners, communities, and each other			
	Advocacy to improve healthcare and medical education			
	A supportive, innovative environment that promotes success for all			
	Integrity and professionalism			
	Leadership across the educational continuum			
	Ethical, impactful research			
	Collaboration and interdependent teamwork			
	Providing access to rural medical education opportunities			

MESSAGE FROM THE CHAIR



On behalf of the Discipline of Family Medicine, I am pleased to share our 2020-2021 Annual Report.

Everyone has been through a challenging year. The Covid-19 pandemic required significant adjustment and flexibility and our team rose to the occasion! It wasn't easy. It took hard work and countless hours to figure out how best to continue and move forward.

I am thankful to our learners, staff, full and part-time faculty for all of your work over the past year. As a result of your commitment, dedication, and time we continued to teach and train medical learners and residents, patients were cared for, research carried on, faculty development was offered and new initiatives started!

We head into the 2021-2022 year with the knowledge that we are still living with Covid-19. We are in a much better place, however, given the work that you have put in over the past two years.

Now, more than ever, I trust that you are (trying) to take care of you. We cannot do this work effectively if we are not taking care of ourselves. This year our Discipline started a Wellness Committee and the first big event was a picnic in Bowring Park. How nice was it to get outside together (socially distanced) in the sunshine?! We look forward to in person and virtual events over the coming year.

As you review this Report, I hope you can see how you fit into the overall picture and how you have helped make our Discipline better. Many thanks for all of your contributions and I look forward to working together this year!

Sincerely,

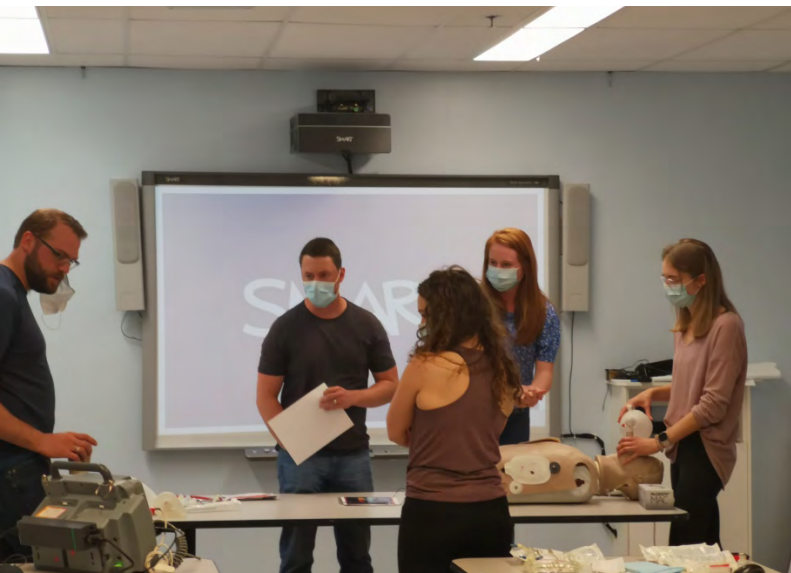
A handwritten signature in black ink, appearing to read 'D O'Keefe'.

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

DISCIPLINE OF FAMILY MEDICINE BY THE NUMBERS

STREAM TRAINING AND RETENTION

EASTERN (EASTFAM): Nine of the thirteen residents who trained in the area are staying to practice within the Eastern Stream. Two of the fourteen will commence an Enhanced Skills 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).*



CENTRAL (CENFAM): 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 due to maternity leave – and transferred to the Eastern Stream – six residents started the program together).*

WESTERN (WESTFAM): Three of the 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 due to maternity leave – Western had five residents for this cohort of residents – not six).*





GOOSE BAY (NORFAM): 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.

NUNAVUT (NUNAFAM): 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 Enhanced Skills program and one of the four will commence practice in St. John's. Photo by Dr. Kylie Goodyear.



EDUCATION

UNDERGRADUATE PROGRAM

DIRECTOR

DR. LYN POWER

CLERKSHIP DIRECTOR

DR. JESSICA BISHOP

PRECLERKSHIP DIRECTORS

DRS. NORAH DUGGAN & AMANDA PENDERGAST

FMIG LIAISON

DR. CHRIS PATEY

ACADEMIC PROGRAM ASSISTANT

(UNDERGRADUATE)

SARAH EUSTACE

IMPROVING LIVES

From 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 our communities. These exposures have helped promote both the Discipline of Family Medicine and the Faculty of Medicine in these communities.

Numerous research projects were completed by both students and faculty in the Discipline of Family Medicine. Many of these projects have been presented at local, national and international conferences.

EXCELLENCE IN ALL WE DO

With all our clinical rotations we receive feedback and based on these evaluations our Undergraduate 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.

By providing our learners with these robust opportunities, most in rural and often remote communities, we are not only providing excellence in education but also fulfilling our social accountability mandate.

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.

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 undergraduate (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, Undergraduate Director. Dr. Power is co-chair of CUFMED, faculty representative on the Section of Medical Students CFPC, and Eastern Health's Rural Clinical Chief for the Burin Peninsula. Dr. Chris Patey is acting Clerkship Director, responsible for Selectives and Electives, liaison for the Family Medicine Interest Group (FMIG) and is Clinical Chief in the Carbonear ER. He also runs 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 Dr. Vina Broderick, is working with the curriculum lead, Dr. Alison Haynes, to try to have more lectures by Family Medicine in the first and second year curriculum, as well as trying to recruit more family physicians to Integrated Learning Sessions (ILS).

As a Discipline, Family Medicine has gathered data on our faculty to assess each members' 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.

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 and deliver generalism in the curriculum.

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

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

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

Working with UGME towards the development of a longitudinal integrated clerkship (LIC) expansion plan for Newfoundland & Labrador. Memorial currently has LIC rotations in New Brunswick. Work is beginning to start the development of LICs in rural sites in NL. A business plan and proposal to government will be completed and potentially proposal to CACMS if alternate training options are being considered.

PILLARS: EXCELLENCE IN ALL WE DO, ENDURING LEGACY

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

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

PILLAR: EMPOWERED PEOPLE

Priority #4: With changing roles/ staff within the UG department in FM measures will be put into place to ensure a smooth transition of people into these roles. Within the Discipline there have been many changes, especially in the support staff. Efforts are in 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

PROGRAM DIRECTOR

ASSISTANT PROGRAM DIRECTOR

ACADEMIC PROGRAM ADMINISTRATOR

INTERMEDIATE SECRETARY

(SCHEDULING, ASSESSMENT,
EVALUATION AND LEAVES)

SECRETARY (CURRICULUM)

SECRETARY

DR. RUSSELL DAWE

DR. AMANDA TZENOV

DAWN CORBETT

SHENOA WHITE (to January 2021)

VAL HUNT (January 2021 - present)

JACQUELINE RYAN

VAL HUNT (to January 2021)

The Family Medicine Residency Training Program at Memorial trains residents for urban, rural and remote practice. Over the two-year residency, residents train in a variety of sites throughout our five training streams (Eastern, Central, Western, Goose Bay, and Nunavut). Thirty-five new residents were welcomed to the program on July 1, 2020.

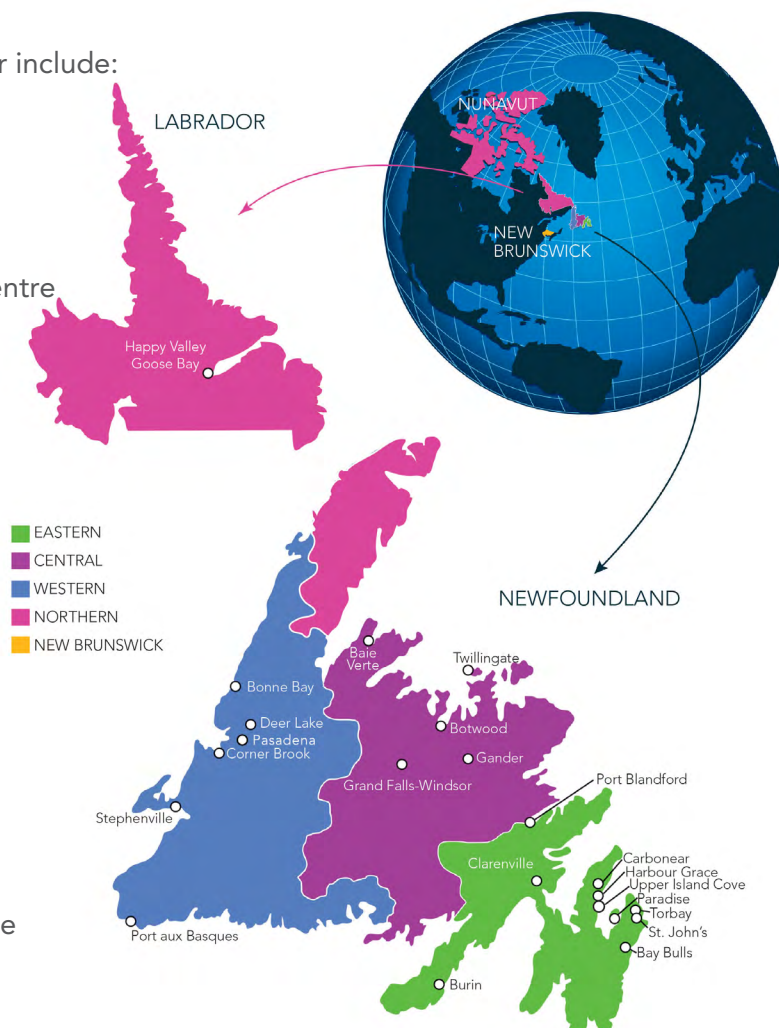
Training sites across Newfoundland and Labrador include:

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
- Janeway Child Health 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
- Happy Valley-Goose Bay
- Grand Falls-Windsor
- Harbour Grace
- Pasadena
- Port aux Basques
- Port Blandford
- Stephenville
- 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
- Iqaluit, Nunavut (including visits to satellite communities)

IMPROVING LIVES

THRIVING LEARNERS AND GRADUATES AND HEALTHIER COMMUNITIES

Our Family Medicine and Enhanced Skills training programs graduated thirty-three Family Medicine, four Family Medicine-Emergency Medicine (FM-EM) residents, and two Care of Underserved Populations Residents at the end of the academic year.

Of those graduates, twenty Family Medicine graduates and one Family Medicine-Emergency Medicine graduate are staying to improve the lives of peoples in Newfoundland and Labrador. Of these twenty-one graduates, thirteen will be practicing in a rural setting, four (including the FM-EM graduate) will be practicing in an urban setting, and four will have a mixed urban and rural practice. For the residents leaving the Province, two residents plan to start work in Nunavut, one in Nova Scotia, two in Quebec, one in New Brunswick, one in Prince Edward Island, three in British Columbia, one in the Yukon and Northwest Territories, and one in Manitoba. Four of our Family Medicine graduates will be starting Enhanced Skills training: two in Family Medicine-Emergency Medicine, one in Care of Underserved Populations, and one in Care of the Elderly.

EXCELLENCE IN ALL WE DO

EDUCATION EXCELLENCE AND SOCIAL ACCOUNTABILITY

Curriculum

Our residency training program continues to foster Triple C competency based clinical training as a strategy to equip our learners with the knowledge and skills to become competent and confident family physicians. In the sections to follow, each Stream, with their rural training sites, highlight some of the numerous unique and longitudinal training experiences they provide. Triple C training continues to evolve in St. John's for our residents in their first year of training since its inception in 2018. At present, St. John's academic Family Medicine training integrates Family Medicine and Care of the Elderly along with some dedicated time working with acute mental health service providers. Low risk obstetrical training is also integrated for a number of residents, proportionately extending their longitudinal Family Medicine training in first year. 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 quality assurance modification over time.

We aimed to offer NRP, ALARM and ACLS to our incoming residents during Orientation; however, ALARM was postponed for the incoming 2020 and 2021 cohort as a result of COVID-19's public health restrictions. "Fingers crossed" it will proceed as scheduled during the Fall 2021 Core Content! All residents 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. We moved these traditionally face to face sessions to a virtual format last year, though we were unable to offer PoCUS training as a result, and we are eagerly anticipating bringing everyone back to campus for the Fall 2021 Core Content. The Indigenous Health curriculum was successfully launched this past year and includes a combination of reading, reflection and learning engagements with representation from each Indigenous peoples group in Newfoundland and Labrador. Academic Half Day will continue to be facilitated to most of

our distributed learners in a virtual format in accordance with the positive feedback received from residents and faculty. While residents train in individual Streams, all residents will attain the same competencies by the end of their program albeit via different mechanisms according to the unique resources and clinical experiences available within their respective Streams.

Many thanks to everyone directly and indirectly involved in curriculum planning and delivery, especially as we continue to ensure our residents receive the best training possible despite the COVID-19 pandemic and public health restrictions. The very robust online teaching methods, infrastructure and practical experience that our geographically dispersed program has afforded us over the years was undoubtedly beneficial during these unprecedented times.

Assessment, Evaluation and Promotions

The committee met regularly with the Stream Coordinators 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 Coordinators have been valuable in this work. Remediation plans for a number of residents 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 evolves 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 with support from Faculty Development.

EMPOWERED PEOPLE

CULTURE, LEADERSHIP and EXCEPTIONAL PEOPLE

Streams

The 2020-2021 academic year was like no other and certainly unique. The year started out and has continued in the context of the COVID-19 pandemic, which has motivated us to adapt and innovate through experiences such as a fully virtual CaRMS season, and other changes to our residency training and medical care delivery for all of our patients.

It is thanks to the dedication of our Streams, faculty, 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 at times but were successful! We are extremely proud of our program!

EASTERN (EASTFAM)

STREAM LEAD

STREAM APA

STREAM APA

CURRICULUM COORDINATOR

ASSESSMENT, EVALUATION AND PROMOTIONS
COORDINATOR

EBM/RESEARCH COORDINATOR

FACULTY DEVELOPMENT COORDINATOR

RESIDENT (YEAR 2)

RESIDENT (YEAR 1)

RHA REPRESENTATIVE

DR. SONNY COLLIS

JACKIE FEWER

CASSANDRA INGRAM

DR. LISA KIELEY

DR. STACEY SAUNDERS

DR. CHRIS PATEY

DR. REBECCA POWELL

DR. ROBBIE MCCARTH

DR. NATASHA BUCKLE

DR. REBECCA RUDOFISKY

The 2020-2021 academic year brought some great success with minor challenges in the Eastern Stream as we continue to maneuver through the ongoing COVID-19 Pandemic. Firstly, the CaRMS process was delivered virtually and we matched fully for the upcoming academic year.

Secondly, our annual academic and wellness resident workshop for 2020 was cancelled due to the COVID-19 pandemic restrictions set out by Public Health but in June of 2021, we had the opportunity to host a socially distanced backyard resident workshop. It was certainly a highlight for our outgoing R2s, current R1s and the new incoming residents. The fireside chat on COVID-19 burnout and virtual care was well received and very interactive.

Thirdly, Distributed Medical Education (DME) is hoping to have fully transitioned by July 1, 2021. As this shift is being integrated, we decided to expand our Eastern Stream cabinet to include the new DME lead for the Eastern region as well as a Regional Health Authority (RHA) representative to collaborate together and to look at innovative ways to help deliver and promote a great program for our residents.

Our longitudinal second year experiences were quite popular and we have committed to provide more longitudinal experiences in FM in PGY2 in another interested site in the upcoming academic years. The rural longitudinal resident in Clareville is starting July 1, 2021 with Dr. Stockwell and Dr. Small. They are very eager and excited to develop this rural site.

Lastly, the Eastern Stream Cabinet is now at full capacity and will continue to work diligently to offer new learning and teaching opportunities.



CENTRAL (CENFAM)

STREAM LEAD

STREAM APA

STREAM APA

CURRICULUM COORDINATOR

ASSESSMENT, EVALUATION AND PROMOTIONS
COORDINATOR

EBM/RESEARCH COORDINATOR

FACULTY DEVELOPMENT COORDINATOR

DR. LYNETTE POWELL

SHERRI CHIPPETT

GAIL DIAMOND

DR. RAIE LENE KIRBY

DR. PETER BARNES

DR. ANDREW HUNT (to March 2021)

DR. DAVID BRADBURY SQUIRES (April 2021 - present)

DR. JARED BUTLER

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-19 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.

2020/2021 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 Grand Falls-Windsor, Botwood, Gander, and Twillingate.

We had an opportunity to learn and socialize at the Resident Academic and Wellness workshop which took place in Twillingate, NL, June 2021. This event included PoCUS and ACLS Algorithm Review, a simulation workshop and a beautiful boat tour of the scenic sea of Twillingate. This event was definitely a highlight as we were finally able to get together in person.

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.



WESTERN (WESTFAM)

STREAM LEAD

STREAM APA

STREAM APA

CURRICULUM COORDINATOR

ASSESSMENT, EVALUATION AND PROMOTIONS
COORDINATOR

EBM/RESEARCH COORDINATOR

FACULTY DEVELOPMENT COORDINATOR

DR. ERIN SMALLWOOD

RENEE COUGHLAN

LAVINIA CHIN

DR. AMY PIEROWAY

DR. SHANDA SLIPP (to June 2021)

DR. REBECCA LETHBRIDGE (July 2021 - present)

DR. LORENA POWER

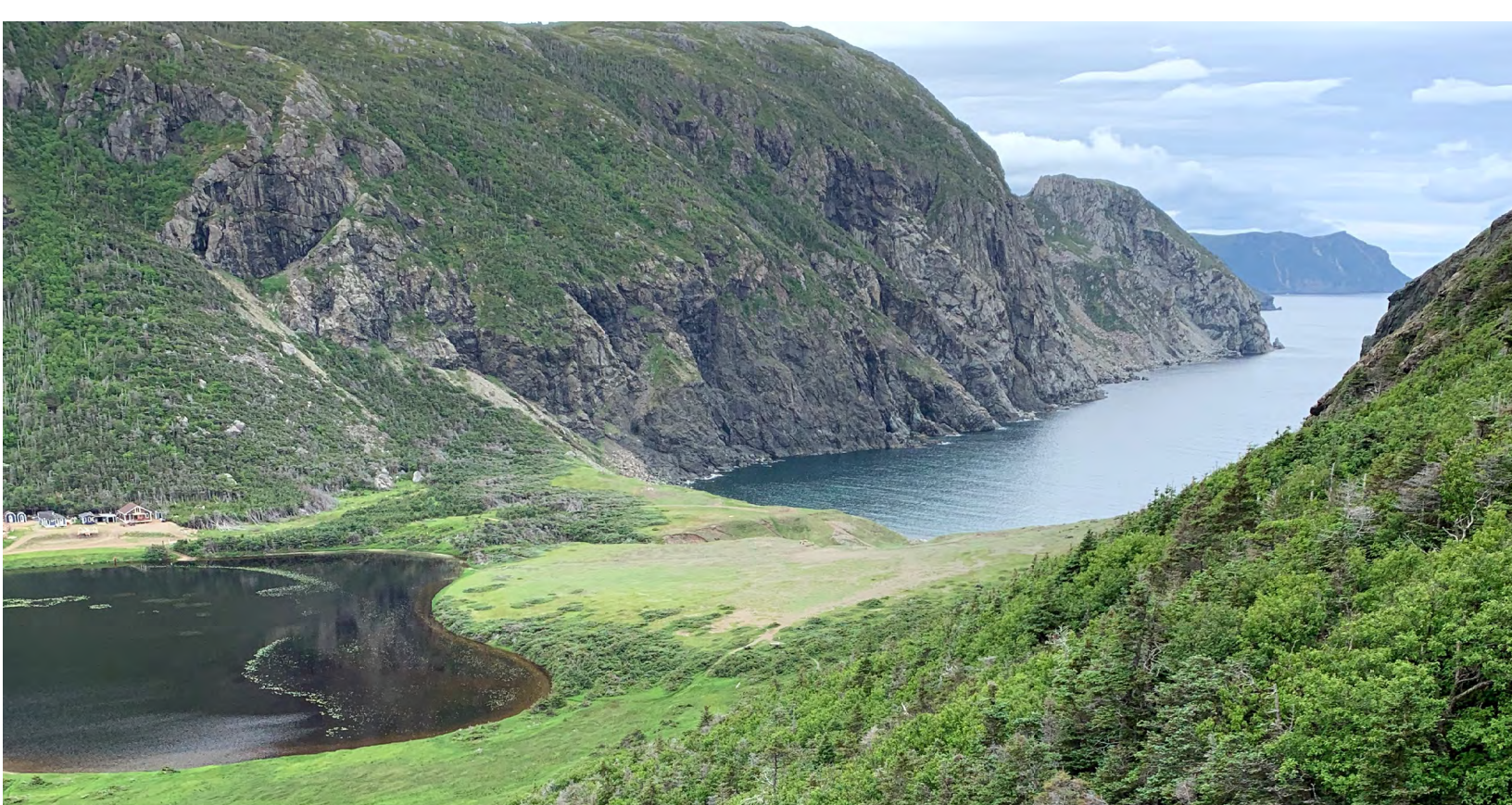
DR. WENDY GRAHAM

This past academic year, the Western Stream was able to offer additional academic and skills-based learning opportunities for our residents. These opportunities were provided in compliance with provincial COVID-19 regulations.

This past fall and spring we hosted Academic and Wellness workshops that were a combination of didactic and practical sessions involving Family Physicians, Specialty colleagues and allied health professionals.

We continued to offer High Fidelity Simulation training opportunities for our residents via our Workshops. We continued to offer weekly Regional Grand Rounds with a focus on Primary Care, delivered through a virtual platform. The Western Stream has continued to offer our Counselling Centre Curriculum with great commitment by numerous community facilitators. With support of the Western Health Authority, many of our residents have been able to partake in courses and workshops offered including PALS, ACLS and LEAP.

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



GOOSE BAY (NORFAM)

STREAM LEAD

STREAM ADMINISTRATOR OFFICER

STREAM APA

CURRICULUM COORDINATOR

ASSESSMENT, EVALUATION AND PROMOTIONS
COORDINATOR

EBM/RESEARCH COORDINATOR

FACULTY DEVELOPMENT COORDINATOR

DR. ROBERT FORSEY

TIFFANY DORMODY

SHELLY SMITH

DR. HEATHER O'DEA (to June 2021)

DR. SAMANTHA HARPER (July 2021 - present)

DR. PAUL CROCKER

DR. YORDAN KARAIVANOV

DR. CHARLENE FITZGERALD

Eleven of our thirteen 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. The NorFam teaching group was the recipient of 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".

This CFPC award winning NorFam teaching unit continues to train 6 PGY1 and 6 PGY2 residents yearly. We accepted PGY3 residents for our Enhanced Skills programs (Emergency Medicine and Care of Underserved Populations) this past year as well. We also have upwards of 50 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 13 family physicians and 5 consultants (obstetrics and gynecology, surgery, anesthesia, psychiatry and pediatrics). Practice 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 year in Labrador and care for their patients at the Labrador Health Center's out-patient department and in-patient ward. They also drive or fly to the various Indigenous 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). 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 Advance Cardiac Life Support (ACLS) with local instructors. There is ongoing faculty development, research and excellent working relationship with our Indigenous partners.

NUNAVUT (NUNAFAM)

STREAM LEAD

STREAM APA

DR. PATRICK FOUCAULT

REBECCA IRWIN

Another busy year for the NunaFam program. Despite the pandemic, we have continued training residents and exploring the territory by doing remote in person and virtual clinics in several communities of Baffin but also in other regions (Rankin Inlet, Kivalliq). The residents are always very involved in our interprofessional rounds as well as our obstetrical and emergency medicine rounds happening every week. We have also continued to integrate more pediatrics in the residents' curriculum, allowing the residents to spend a week in Iqaluit or in the community covering the pediatric department.

Moving forward, we will increase the number of Memorial's Family Medicine residents that we welcome at the same time in Iqaluit. Starting with the 2022 CaRMS match, we will be accepting 6 residents 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. Therefore, we are about to launch a new online orientation manual and are developing a new training in cultural security in Nunavut.



Photo by Dr. Russell Dawe.

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 frequently challenged to adjust residency training in light of public health restrictions on travel, patient care, etc. 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 deliver high quality residency education to all our learners. This resulted in residents graduating on time and our being poised to welcome a new group of residents in July.

Throughout the year as the pandemic persisted, we have looked for ways to support and advocate for resident wellness. This has led to our Residency Training Committee revising and approving multiple policies and guidelines regarding how different types of leave can be used, to best meet our residents' needs. Additionally, residents in leadership positions within our program have collaborated with the Office of Learner Well-being and Success to initiate a resident peer support group, which began meeting in the spring of 2021 after conducting a needs assessment and establishing terms of reference for their group.

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.

ENHANCED SKILLS TRAINING PROGRAMS

PROGRAM DIRECTOR, ENHANCED SKILLS & EMERGENCY MEDICINE
PROGRAM DIRECTOR, ENHANCED SKILLS CARE OF THE ELDERLY
PROGRAM DIRECTOR, ENHANCED SKILLS CARE OF
UNDERSERVED POPULATIONS
ACADEMIC PROGRAM ASSISTANT

DR. PETER ROGERS
DR. SUSAN MERCER

DR. FRANCOIS GUIGNÉ
KIMBERLEY PARSONS

FAMILY MEDICINE-EMERGENCY MEDICINE (FM-EM)

The FM-EM program continues to be a successful adjunct to the core Family Medicine 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 6 residents enrolled in the FM-EM program.
- 4 residents completed the program on June 30, 2021; 1 is working in St. John's, and 3 are locuming in a variety of provinces.

CARE OF ELDERLY (COE)

The 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 fall 2020, our residents are matched through CaRMS.

CARE OF UNDERSERVED POPULATIONS (CUP)

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 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 three graduates and their clinical practices provide primary care with a health equity lens. Our next resident is scheduled to join us for the 2021-2022 academic year.

FACULTY DEVELOPMENT

FACULTY DEVELOPMENT (FD) FAMILY MEDICINE

DIRECTOR (ACADEMIC)

DR. PAMELA SNOW

DIRECTOR (DISTRIBUTED)

DR. WENDY GRAHAM

EDUCATIONAL SPECIALIST

DR. STEPHEN SHORLIN

ADMINISTRATIVE SUPPORT

SUSAN HUTCHINGS

STREAM FACULTY DEVELOPMENT CO-ORDINATORS:

WESTERN REGION

DR. WENDY GRAHAM

CENTRAL REGION

DR. JARED BUTLER

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 education outcomes based on their individual preceptor needs. Curriculum change updates and faculty development regarding teaching/Faculty of Medicine policy have been provided regionally. Monthly full time faculty development sessions have occurred throughout the academic year and are archived for deferred use. Examples of session topics include: Unconscious Bias training, EMR burnout, Personal Learning Plans, and Designing MCQs.

EXCELLENCE IN ALL WE DO

The Family Medicine Faculty Development Committee continues to meet on a regular basis. The Faculty Development Stream Coordinators liaise with their respective cabinet members to plan faculty development events based on their specific needs. Family Medicine continues to be represented on the Faculty of Medicine Faculty Development committee in which Dr. Steve Shorlin has a major role. He also sits on PD Council. An internal family medicine needs assessment was conducted and a Faculty of Medicine wide faculty development needs assessment has been delivered; results are pending at the time of this report. The College of Family Physicians of Canada (CFPC) Faculty Development Interest Group meetings have been attended virtually due to the COVID-19 pandemic. The annual Faculty Development retreat which is usually held annually in the Fall is postponed related to the COVID-19 pandemic.

EMPOWERED PEOPLE

Our Faculty Development committee continues to represent all streams throughout the province. This year, we added a resident representative position on the committee to further inform our learner/faculty needs. We hope to have all coordinator positions and our administrative position fully filled in 2022.

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. We continue to work on enhancements to allow for robust virtual teaching and learning opportunities.

CLINICAL SERVICES

CLINICAL MANAGEMENT COMMITTEE

CLINICAL MEDICAL DIRECTOR, ROSS CLINIC UNIT DIRECTOR
CLINIC ADMINISTRATOR
FAMILY MEDICINE CLINIC UNIT DIRECTOR
SHEA HEIGHTS CLINIC UNIT DIRECTOR
FAMILY CENTERED MATERNITY CARE LEAD
CLINICAL PHARMACIST
EMR SPECIALIST

DR. MICHELLE LEVY
BARBARA MORRISSEY
DR. CHRISTINE BASSLER
DR. SUSAN AVERY
DR. SUSAN AVERY
DR. LISA BISHOP
MIKE FOLEY

IMPROVING LIVES

Constant process of assessment and revision of our focused training templates for first year Family Medicine residents towards some of the priority areas identified example: Family Centered Maternity Care (FCMC) with an increase in the number of PGY1 FM residents participating in the enhanced prenatal and FCMC call schedule.

In addition to all of our usual learners (FM and CUP/COE residents, medical students, and students from other health professions), our faculty also mentor SURA students (Summer Undergraduate Research Awards) in clinical projects such as the development of patient information handouts on various diets, back pain, epicondylitis, etc. and vision care in Newfoundland's Refugee Population.

This year we worked with the Psychiatry Residency training program to resurrect and advance the Shared Care Psychiatry rotation that was previously in place. Now senior Psychiatry residents, under the supervision of a faculty psychiatrist (Dr. Taryn Hearn), will rotate through each of our Academic Family Medicine Clinics (Ross, Shea and HSC) as well as the Downtown Health Collaborative (Choices For Youth and Lemarchant Road Clinic) on a 6 week cycle. The 6 week cycle will also include a collaborative session, "Ask the Psychiatrist" which will be an opportunity for physicians and learners in both disciplines to come together as a group.

EXCELLENCE IN ALL WE DO

The clinical program continues to collaborate with other health professions in both scholarly and educational projects. Examples include:

1. Building the interprofessional primary care team at an academic family practice clinic through OT and PT student placements.
2. Integration of Clinical Pharmacists into Family Medicine Clinics.
3. We expanded our work in this area and joined forces with family medicine, OT and PT at Dalhousie University to present at the Canadian Conference in Medical Education.

EMPOWERED PEOPLE

The Discipline of Family Medicine Family Physicians are a part of Family Practice Networks (FPNs) across the province. FPNs provide 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). Much of the focus this past year aligns well with DFM priorities such as: Improved recruitment and retention of family physicians and the the establishment of collaborative, community-based multidisciplinary teams.

ENDURING LEGACY

Our attention to social accountability continues in a number of areas:

1. A Faculty member participates as a member of the Social Determinants of Health subcommittee of the Health Accord Task Force.
2. Ever expanding involvement and expertise in the area of Refugee Health in NL including: speaker in Public Health Seminars, Coordination of the “Morning in Refugee Health” for the medical school, Faculty Advisor and Co-Chair, MUN Med Gateway, Clinic Lead for the EH Refugee Health Collaborative.
3. A Faculty member is newly involved in the Provincial Amputee Clinic at the Miller Center.

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

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

HEALTH SERVICES RESEARCH (DIRECTOR)	DR. KRIS AUBREY-BASSLER
IMPLEMENTATION SCIENCE	DR. AMANDA HALL
MUSKULOSKELETAL HEALTH	DR. AMANDA HALL
RURAL HEALTH RESEARCH	DR. SHABNAM ASGHARI
PRIMARY HEALTHCARE EPIDEMIOLOGY	DR. SHABNAM ASGHARI
RESEARCH COORDINATOR	ANDREA PIKE
RESEARCH COORDINATOR	OLIVER HURLEY
6FOR6 PROJECT COORDINATOR	JONATHAN PRICE
6FOR6 SECRETARY	STEPHANIE O'KEEFE
RURAL360 RESEARCH COORDINATOR	ALI MODIR
RESEARCH COORDINATOR	DR. DANA HOWSE
PHRU RESEARCH SECRETARY	KAREN GRIFFITHS

IMPACTFUL RESEARCH

- To increase impact and ensure clinical relevance, the PHRU, Centre for Rural Health Studies (CRHS) and eHRU (eHealth Research Unit) 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 35 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 is following an adaptive innovative clinical trial design that aims to accelerate the transfer of discoveries into clinical practice, education and the health system.
- In 2020-21, DFM faculty, staff and students published 38 peer-reviewed papers and 2 non peer reviewed papers, the highest ever for the discipline. In 2020-2021, the Centre for Rural Health Studies (CRHS) publications count is 15 and the Primary Healthcare Research Unit's publication count is 23.
- 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.

- Researchers in PHRU are currently conducting three related studies examining how to collect and use socio-demographic and social need data in primary care settings to better understand patient populations and to improve health outcomes. This work aligns with findings in the recently released NL Health Accord report highlighting the importance of understanding and addressing social determinants of health.
- PHRU researchers are conducting an implementation and evaluation study of a case management intervention in primary care to examine the feasibility and effectiveness of nurse-led needs assessment, care coordination, and patient empowerment for patients with chronic conditions and complex needs. Findings are expected to support the NL Health Accord's proposal to prioritize team-based care.
- PHRU's research program on musculoskeletal health, led by Dr. Hall, is responding to the most impactful research questions driven by knowledge-users and global experts. The current focus is on prevention of chronic low back pain which is a pivotal challenge that is understudied worldwide. In 2021, they launched their pilot trial of a back care coach within a primary care setting and are collaborating with researchers in Australia.
- PHRU's Implementation Science Research program, led by Dr. Hall, has 10 active projects that study the effectiveness of various implementation strategies (e.g., decision support tools, local champions, educational outreach) for adopting evidence into practice. These projects respond to calls for action to reduce unnecessary healthcare and implement well established interventions and pathways of care. This year, the program:
 - Started the planning of an electronic decision aid to provide avenues and linkages for best community care prescriptions and reduce unnecessary imaging related to back pain;
 - Continued to adapt its champion training program for health providers to learn to adopt the recommended biopsychosocial approach for assessing and treating chronic non-cancer pain; and
 - Published an invited BMJ article for health providers on how to determine when imaging is necessary for patients with low back pain and resources for how to discuss with patients why imaging is not necessary. This paper was written in partnership with family physicians and patients.

RESEARCH EXCELLENCE

- The CRHS and PHRU researchers have provided research support for many Translational Personalized Medicine Initiative projects (Quality of Care NL, Choosing Wisely NL).
- PHRU 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. For example, through open science registries or peer-reviewed journals, Dr. Hall and her graduate students have published protocols for all ongoing research projects.
- 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.
- eHRU's participation in CFHI's Connected Medicine Collaborative allowed our team to work 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.
- PHRU 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.
- 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.

- 6for6 continued to build robust academic and external partnerships and networks in the Faculty of Medicine's rural jurisdictions. Social capital data measured throughout the program 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".
- 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.

HEALTHIER COMMUNITIES

- 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.
- 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 programs in all regional health authorities of the province.
- As part of the multi-province, CIHR-funded 'PriCARE' study, PHRU faculty and staff are supporting a case management intervention for patients with chronic conditions and complex needs in two clinics in NL. Leading the intervention at each clinic is a nurse case manager who works with patients and their families to assess their needs, develop an individualized care plan, coordinate care and healthcare providers, and develop patient capacity to manage their health and needs.
- 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.
- PHRU's Implementation Science program is working to design a decision support tool that will reduce unnecessary imaging and provide better community links and resources for appropriate patient treatment based on a comprehensive assessment of patient needs.

EDUCATION EXCELLENCE

- 6for6 continues to be 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 the participants receive during the program continues as needed after the students graduate.
- 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. In 2021, the

summit series was delivered online and included six separate sessions to support Alumni in scientific writing, development of research ideas, and conducting research.

- Dr. Hall who chairs the DFM's Strategic Plan Research – Implementation Committee and is also the new Residency Research Director, has responded to the DFM faculty needs assessment by starting a resource library with short video tutorials and resources for the conduct and reporting of common study designs that DFM residents undertake and has started offering virtual information sessions for residents and faculty advisors on these topics. The sessions and materials will be continuously evaluated and offered on an annual basis.
- As well, the DFM's Strategic Plan for Research – Implementation Committee has started its evaluation of previous, current and other viable models for faculty research mentorship and train the trainer models for interested Evidence Based Medicine Coordinators and faculty advisors. Choice and piloting of identified programs are planned for the upcoming year.
- In the past fiscal year, DFM faculty have supervised numerous medical students, all of our family medicine residents, and 4 post-doctoral fellows, 9 PhD students, 8 masters students, and numerous undergraduate students in meaningful, challenging work that aligns with their career objectives and opportunities for continued advancement.
- Of note, this year Brad Furlong (PhD candidate - implementation science program) passed his comprehensive exams and is now on to developing and evaluating a patient educational tool. As well our recent Post-doctoral fellow, Helen Richmond (implementation science program) was successful in securing a senior research position with the Implementation Science Unit at Exeter University.

EXCEPTIONAL PEOPLE

- The PHRU has facilitated exceptional faculty and staff development and mentoring at all career stages by debuting a staff development program designed to drive personal development, increase professional competency and facilitate career growth. Professional development sessions have been scheduled every few months over the last year.
- The PHRU fosters an environment that encourages wellness for all by supporting employees in incorporating wellness goals into their work schedules.

EFFICIENT AND EFFECTIVE RESOURCING

- The PHRU continued to expand and diversify Faculty of Medicine revenue by securing external research funding.
- 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.

HIGHLIGHTS

AWARD WINNERS

Each year the Discipline of Family Medicine recognizes physician and resident leaders with a number of awards. Here are the 2020-2021 award recipients!

FAMILY MEDICINE HUMANITIES AWARD (The Dr. Bill Eaton Award): Awarded in recognition of a significant contribution to humanities in medicine. Congratulations, **Dr. Ean Parsons!**

WALTER AND MILDRED MILLER AWARD: Awarded to a Family Medicine resident who exemplifies the qualities of mentor and teacher in Family Medicine. Congratulations, **Dr. Morag Ryan!**

ENID AND ROY WILLIAMS AWARD: Awarded to a Family Medicine resident who has a professional demeanor and genuine passion for care of the elderly. Congratulations, **Dr. Tyler Brown!**

DR. JOHN ROSS WALK AWARD: Awarded to a resident or NP student who has a genuine interest in practicing in an underserved area. Congratulations, **Dr. Zhuxi Gong!**

THE ANNUAL JOHN ROSS WALK

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

Dr. Ross was instrumental in the development of the East Coast Trail. Each year in October there is a walk in his memory. This year, faculty, staff and residents as part of the new Family Medicine Wellness initiative took part in hiking part of the East Coast Trail from Topsail Beach. It was a very cold & windy day, but enjoyed by all.

ORANGE SHIRT DAY!

Staff from the Residency Training and Chair's Office participated in Orange Shirt Day in October.

Left to right: Jacqueline Ryan, Val Hunt, Susan Hutchings, Sarah Eustace, Kim Parsons, Susan Avery, Dawn Corbett. Back: Russell Dawe.



FAMILY MEDICINE INTEREST GROUP

A poll in April 2021 from the Newfoundland and Labrador Medical Association has shown that 19% of the province's population does not have a family doctor. This approximates 1 in every 5 individuals without a family physician. This demonstrates a critical time in the future of family medicine in this province to recruit and retain family physicians. The Family Medicine Interest Group (FMIG) at Memorial aims to promote family medicine and showcase the diversity of practice that is possible within Newfoundland and Labrador. This task has been a rewarding one, as students continue to be interested and engaged throughout all events and interactions with family physicians.

While the COVID-19 global pandemic forced many events online in the past two years, this year we were able to move to a blended event delivery model of virtual and in person events. The ongoing Friday with Family lunchtime talk speakers had the ability to choose if they completed their talks online or in person. Students were able to virtually learn about the life of a locum with Dr. Angela Rees, Hospitalist work with Dr. Dawn Howse and the diversity and travel of a lifetime of practice with Dr. Ean Parsons. In person, Dr. Christopher Patey gave students an introduction to family medicine in Newfoundland and Labrador. The topic of medical assistance in dying was covered by Dr. Aaron McKim who provided students with not only basic information but the most recent changes and barriers to receiving this service. Finally, students were able to gain insight regarding work life balance and family planning as a physician from Dr. Alison Drover.

Further, we were able to host the annual family medicine information night at the medical school this year. An amazing group of physicians spent the evening answering questions and providing students with information on a number of topics including Family Medicine at Memorial, Emergency Medicine program, Care of the Elderly, Obstetrics in Family Medicine, Sports Medicine, Care of Underserved Populations and Palliative Care. This evening provided students the opportunity to explore the diversity of Family Medicine and to network with physicians.

As always, fundamental to the success of the FMIG is the assistance and support we receive from the College of Family Physicians NL Chapter (CFPC NL). This relationship led to a new event taking place, the Walk and Talk with Family Docs, where students and family physicians hiked the Manuel's river trail. Students had the chance to get out in nature and in a relaxed environment, learn informally about Family Medicine and network with physicians. The CFPC NL also hosted 7 students at their Celebration of Family Medicine Night. There, the FMIG held a raffle of a charcuterie board prize pack donated by the CFPC NL and raised over \$500 for the group.

In the coming year, we will be continuing to host Friday with Family lunchtime talks. Further, with the support of the CFPC NL we are hoping to reinstate Procedures Day which had unfortunately been put on hold until now due to the COVID-19 pandemic.

Finally, we would like to thank all the physicians who have taken time out of their busy schedules to interact with students. Their expertise and enthusiasm for family medicine is inspiring for students. We would also like to extend our sincerest thank you to the CFPC NL for their help and support in building the future of Family Medicine.

Sincerely,

FMIG Executive Team 2021-2022

Emily Collis, Sarah Williams, Meghan Hickey, Rebecca Tizzard, Jasmine Eng and Amanda Meliambro

RESIDENT HIGHLIGHT

DR. ROBBIE MCCARTHY

What do you appreciate about being a Memorial University Resident?

Memorial is an awesome place to learn and has an excellent reputation for producing competent family physicians who are able to practice broadly, both in terms of scope and location. I am from rural Newfoundland and always had my sights set on returning once I completed my training, so I appreciated the emphasis that Memorial places on rural and remote training opportunities. The faculty and staff are also very supportive and allowed me to tailor my training for my specific learning needs.

What do you like most about residency in the Eastern Stream?

The highlight of my training was the longitudinal residency component throughout my second year in Burin, NL. I felt that this style of training gave me an authentic broad-scope rural family medicine experience where no two days in a week were the same. I was able to care for patients both in the clinic and in the local hospital's emergency department, wards and operating room. Throughout the year, I was able to follow a roster of patients and truly take ownership of their care plans. I was also privileged to work with incredible mentors who taught me so much about caring for patients and yourself.



APPENDIX A: PUBLICATIONS, PRESENTATIONS AND GRANTS

Publications:

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Non peer reviewed articles:

1. Boone, H., Snow, N. J., Allison, J., & Dawe, R. Research Protocol: Registered in OSF (<https://osf.io/c5kdv>) (2020, July 14). Community engagement by faculties of medicine: A scoping review of current practices and practical recommendations. <https://doi.org/10.17605/OSF.IO/HKQR9>.
2. Patey, C. (2020, Fall). A Land to Elude Time: Restorative Isolation in Labrador. Labrador Life.

Poster Presentations:

1. Burke L, Dawe R, Avery S, Tzenov A, Burke L, Bishop J, Pendergast A, Duggan N. Quality maternity care? What do patients think? Poster Presentation, Canadian Conference on Medical Education, Online (Apr 17-20, 2021).
2. Stanford K, Duggan N, Avery S, Dawe R, Tzenov A. Teaching low-risk obstetrics: Current practices in Canadian Residency. Poster Presentation, Canadian Conference on Medical Education, Online (Apr 17-20, 2021).
3. Dawe R, Snow N, Boone H, Allison J. How should faculties of medicine engage community? Poster Presentation, Family Medicine Forum/Besroun Forum, Online (Nov 4-7, 2020).
4. Allison J, McGrath G, Dawe R. Destination excellence: A faculty of medicine's strategic approach to social accountability. Poster Presentation, Family Medicine Forum/Besroun Forum, Online (Nov 4-7, 2020).
5. Guigné F, Yakubu K, Dyck C, Dawe R. A Logic Model for Besroun Café: Evaluating Virtual Connections (Work in progress). Poster Presentation, Family Medicine Forum/Besroun Forum, Online (Nov 4-7, 2020).
6. Stanford K, Duggan N, Avery S, Dawe R, Tzenov A. Teaching low-risk obstetrics: Current practices in Canadian Residency. Poster Presentation, Family Medicine Forum, Online (Nov 4-7, 2020).

7. Burke L, Dawe R, Avery S, Tzenov A, Burke L, Bishop J, Pendergast A, Duggan N. Quality maternity care? What do patients think? Poster Presentation, Family Medicine Forum, Online (Nov 4-7, 2020).
8. Walsh, A., Bodaghkhani, E., Etchegary, H., Patey, C., Senior, D., Asghari, S. (November 2020). Patient Centered Care in the Emergency Department: Engaging Patients in a Systematic Review. North American Primary Care Research Group Annual Meeting (Virtual).
9. Jewer, J. Patey, C. Norman, P. (2020, Nov 13-16) Implementation and Use of an Emergency Department Surge System: A Work System Approach. (AMIA American Medical Informatics Association 2020).
10. Hurley, O., Asghari, S., Patey, C., Senior, D., Walsh, A. (November 2020). SurgeCon: Measuring the effectiveness of an ED management platform through iCT design and implementation science. North American Primary Care Research Group Annual Meeting (Virtual).
11. Lamond A, Luscome S, Doyle T, Avery S, Pendergast A, Darcy S, Glynn R, Whitten C, Steele M. Improving ADHD diagnosis and management: Creation of an ADHD online module for use by Pediatric, Family Medicine and Psychiatry Residents at Memorial University of Newfoundland CADDRA 16th Annual ADHD Conference, CADDRA 2020, (October 2020) Virtual Event.
12. Tzenov A, Levy M, Hurtubise K, Moores P, Waghmare K, Stringer S. Development of a new interprofessional health education program in an Academic Family Medicine Practice: Moving towards the Patient's Medical Home Model. [poster] Association for Medical Education in Europe (AMEE); Virtual; Sept 2020.

Workshops:

1. Mariathas, H., Asghari, S., Hurley, O. (November 2020). Stepped wedge cluster randomized trials in practice-based research: Sample size calculation with fixed number of cluster. North American Primary Care Research Group Annual Meeting (Virtual).

Oral Presentations:

1. Dawe R., Gong Z., Penashue J. Patshitinikutau Natukunisha Tshishennuat Uitshuau (A Place for Elders to Spend their Last Days in Life): Developing an Innu Approach to Palliative Care. Oral Presentation (online), Research Exchange Groups on Indigenous Health and Palliative/End-of-Life Care, Newfoundland and Labrador Centre for Applied Health Research, St. John's (May 19, 2021).
2. Norman, P. Lane, R. Patey, C, See the Surge Before it Hits. Health Innovation Business Advisory Committee. May 14, 2021.
3. Dawe R., Gong Z., Penashue J. Community engagement in Indigenous health research. Oral Presentation (online), Training Webinar, NL SUPPORT, St. John's (May 12, 2021). Research in family medicine: Lessons learned from the COVID-19 pandemic.
4. Dawe R. Oral Presentation: Video-recorded contribution to "Finding Great Research Questions in Pandemics and Other Crises: An introduction for family medicine researchers"; Family Medicine (FM) Pivot Module, Besrour Centre for Global Family Medicine (Spring, 2021).
5. Patey, C., Devereaux, G. (2020, Nov 19) Panelist – R2R (Rural to Rural) National Conference. Story Time. Nov 19, 2020.
6. Aubrey-Bassler, Christine. Refugee Health and Implications for Public Health, Guest Speaker, MPH Med 6700 Public Health Seminar, Session V, 16 Oct. 2020.
7. Walsh, A., Bodaghkhani, E., Etchegary, H., Patey, C., Senior, D., Asghari, S. (November 2020). Patient Centered Care in the Emergency Department: Engaging Patients in a Systematic Review. North American Primary Care Research Group Annual Meeting (Virtual).
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Nominated PI / Co-PI	Title	Funding source	Project funding \$
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EXTERNAL GRANTS RECEIVED IN 2020-21

Chris Patey	SurgeCon	ACOA	\$500,000
Chris Patey	SurgeCon	Innovations Solutions Canada	
Chris Patey	For Quality Improvement Projects and Regional Cardiac Rehabilitation Program	CIRRIIS Private Donor	\$40,000
Shabnam Asghari	Rural 360: Expanding and Enhancing the Capacity for Rural Community Health Research in Northern Newfoundland and Coastal Labrador (2021-2023)	International Grenfell Association	\$300,000
Shabnam Asghari	Enhancing the lives of older Canadians in long-term care in Newfoundland (2021-2022)	Canadian Institute for Health Research	\$100,000
Susan Mercer	An Interprofessional Model of Care for Frail Older Adults in Newfoundland and Labrador	Aging Research Centre NL	\$25,000
Susan Mercer	The Implementation and Evaluation of an Interprofessional Model of Care for Frail Older Adults in Newfoundland and Labrador.	Aging Research Centre NL	\$7,500

INTERNAL FUNDING AND GRANTS RECEIVED IN 2020-21

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
Christine Aubrey-Bassler	Vision Care in Newfoundland's Refugee Population	SURA (Summer Undergraduate Research Award)	\$1,600

APPENDIX B: CONTACTS

ST. JOHN'S

ROLE	NAME	E-MAIL	SUPPORT	E-MAIL	PHONE
Chair of Family Medicine	Dr. Danielle O'Keefe	DEMChair@mun.ca	Susan Hutchings	DEMAdmin@med.mun.ca	709-864-6541
Operations Manager	Ms. Neha Bhutani	DEMmanager@med.mun.ca	Shenoa White	DEMSupport@med.mun.ca	709-864-6549
Clinic Medical Director	Dr. Michelle Levy	michelle.levy@med.mun.ca	Faith Flynn	dfmclinics@mun.ca	709-864-7795
Undergraduate FM Director	Dr. Lyn Power	lyn.power@mun.ca	Jackie Fewer	dme.southwest@mun.ca	709-864-6528 709-279-2303
Clerkship FM Coordinator	Dr. Jessica Bishop	jessicabishop@munmed.ca	Sarah Eustace	rfm.clerkship@med.mun.ca	709-864-6511
Co-Chairs Community Engagement Courses	Dr. Amanda Pendergast Vacant	amandaip@mun.ca	Sarah Eustace	fm.ugme@med.mun.ca	709-864-6485
Postgraduate FM Director	Dr. Russell Dawe	r.dawe@mun.ca	Dawn Corbett	dawnc@mun.ca	709-864-6528
Assistant Postgraduate FM Director	Dr. Amanda Tzenov	amanda.tzenov@med.mun.ca	Dawn Corbett	dawnc@mun.ca	709-864-6528
Assessment, Evaluations, and Leaves			Val Hunt	FMEvals.leaves@med.mun.ca	
Curriculum			Jacqueline Ryan	FMcurriculum@med.mun.ca	
Secretary			Kristen Piercey	Familymed@med.mun.ca	
Enhanced Skills (ES) Program Director	Dr. Peter Rogers	peter.rogers@med.mun.ca	Kimberly Parsons	enhancedskills@mun.ca	709-864-6699
ES - Emergency Medicine Program Director	Dr. Peter Rogers	peter.rogers@med.mun.ca	Kimberly Parsons	enhancedskills@mun.ca	709-864-6699
Assistant Program Director	Dr. Jordan Stone-McLean	jstonemc@mun.ca	Kimberly Parsons	enhancedskills@mun.ca	709-864-6699
ES - Care of the Elderly Program Director	Dr. Susan Mercer	A23sem@mun.ca	Kimberly Parsons	enhancedskills@mun.ca	709-864-6699
Assistant Program Director	Dr. Meghan Greene	G35mtg@mun.ca	Kimberly Parsons	enhancedskills@mun.ca	709-864-6699
ES - Care of Underserved Populations Program Director	Dr. Francoise Guigne	fguigne@mun.ca			
Assistant Program Director	Dr. Petra Joller	pjoller@mun.ca			
Faculty Development	Dr. Pam Snow	psnow@mun.ca	Susan Hutchings	dfmadmin@med.mun.ca	709-864-6549
	Dr. Wendy Graham	wendy.graham@med.mun.ca			
Research Director	Dr. Kris Aubrey-Bassler	kaubrey@mun.ca	Stephanie O'Keefe	C14slr@mun.ca	709-777-6645
ROLE	NAME	E-MAIL	SUPPORT	E-MAIL	PHONE
Eastern Stream Lead	Dr. Sonny Collis	ernest.collis@med.mun.ca	Jackie Fewer	Dme.northeast@mun.ca	709-864-6528 709-279-2303
Central Stream Lead	Dr. David Bradbury-Squires	Djbs32@mun.ca	Sherri Chippett	dme.centralwest@mun.ca	709-489-4221
Western Stream Lead	Dr. Erin Smallwood	erin.smallwood@med.mun.ca	Renee Coughlin	Dme.southwest@mun.ca	709-634-4233
Northern - Goose Bay Stream Lead	Dr. Robert Forsey	robertforsey@me.com	Shelley Smith	dme.labradorgrenfell@mun.ca	709-897-2033
Northern - Nunavut Stream Lead	Dr. Patrick Foucault	pfoucault@gov.nu.ca	Dawn Corbett	dawnc@mun.ca	709-864-6528
Assistant Dean, Distributed Medical Education	Dr. Andrew Hunt	andrewhunt@mun.ca	Marilyn Rideout	marilyn.rideout@med.mun.ca	709-884-4242
DME Site Lead - Western	Dr. Erin Smallwood	erin.smallwood@med.mun.ca	Lavinia Chin	dme.humber@mun.ca	709-632-2035
DME Site Lead - Central	Dr. David Bradbury-Squires	Djbs32@mun.ca	Gail Diamond	dme.centraleast@mun.ca	709-292-8309
DME Site Lead - Labrador-Grenfell	Dr. Michael Curran	Dme.labradorgrenfell.ca	Tiffany Dormody Shelley Smith	tiffany.dormody@lghhealth.ca dme.labradorgrenfell@mun.ca	709-897-2033
DME Site Lead - Eastern (Clareville)	Dr. Sarah Small	Sarah.small@mun.ca	Cassandra Ingram	Dme.discovery@mun.ca	709-466-7560
DME Site Lead - Eastern (Burin)	Dr. Sarah Small	Sarah.small@mun.ca	Jackie Fewer	Dme.northeast@mun.ca	709-864-6528 709-279-2303

ST. JOHN'S ACADEMIC TEACHING UNITS

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