Northern Ontario
School of Medicine

École de médecine
du Nord de l'Ontario

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Academic Council

Academic Principles

Approved June 9, 2011

Introduction

NOSM's Academic programs, in both research and education, will support NOSM's vision, mission and values and uphold the School's social accountability mandate through the delivery of programs that respond to the health needs of the communities that NOSM serves.

In keeping with its vision to provide Innovative Education and Research for a Healthier North, Distributed Community Engaged Learning (DCEL) continues as NOSM's distinct model of education and research. The Academic Principles create a framework for the development, delivery and evaluation of the School's academic programs.

Academic Council has recognized that the principles will be reflected to different extents in the various programs of the School and the wording of the principles is broad to allow for as wide an incorporation of the principles as possible.

As in previous iterations of the Academic Principles, a more detailed review of the intent and definitions of the principles follow this short form version.

Academic Principles

Interprofessionalism

The term interprofessionalism includes the key features of participation, collaboration and collegial decision-making processes to improve learning and patient care.

Integration

Integration is the combination and interaction of individuals, groups and programs around common purposes to create meaningful experiences.

Community Orientation

Community orientation is the conceptual and pragmatic understanding of the dynamics of communities in Northern Ontario and the creation of meaningful, enduring partnerships between all Northern Ontario communities and NOSM, the hallmark of which is distributed education and research.

Inclusivity

NOSM embraces the diversity and richness of the cultures and people of Northern Ontario and strives to be inclusive of and reflect that richness.

Generalism

Generalism is a broad and holistic view and approach to activities, values and knowledge in educational, organizational and patient care activities.

Continuity

Continuity encompasses an approach to educational experiences from undergraduate through to continuing health professional development, as well as research that recognizes transitions between programs in a synergistic way.

Dedication to Inquiry

The process of inquiry is central to the role and identity of the School as it defines our commitment to the creation, augmentation and validation of knowledge.

Academic Principles – Long Form

Interprofessionalism

In the NOSM context, interprofessionalism can be applied to the way in which learners in all of NOSM's programs learn with, from and about each other as developing health care professionals. In addition, it can be applied to the way in which care is provided by host medical facilities, to elements of research, and to the way in which continuing health professional education is provided and undertaken. The Interprofessional Care Strategic Implementation Planning Committee of the MOHLTC of Ontario accepted the definition of "interprofessional care" as: "The provision of comprehensive health services to patients by multiple health caregivers, who work collaboratively to deliver quality care within and across settings."

According to The World Health Organization (WHO)[1], Interprofessional education is "the process by which a group of students or workers from the health-related occupations with different backgrounds learn together during certain periods of their education, with interaction as the important goal, to collaborate in providing promotive, preventive, curative, rehabilitative, and other health-related services."

This principle of interprofessionalism can be applied to the MD training at the undergraduate, postgraduate and continuing professional development levels as well as to professionals training in non-MD NOSM programs.

Integration

The Oxford Canadian Dictionary[2] defines "integrate" as "combined into a whole, united and undivided, uniting several components previously regarded as separate". From an organizational perspective, integration implies collaboration and the creation of opportunities for the inclusion of individuals and organizations that may not have been part of organizational thinking and planning in more traditional medical school models. From an educational perspective, the application of this principle at NOSM involves the development of opportunities within the curriculum whereby students are guided to make connections between different domains of knowledge, examine problems from different viewpoints, and begin to construct the basis of their own future decision making and expertise. It also involves faculty and staff planning to create these opportunities through a variety of learning sessions and sites and through the development of curriculum and programs that link one to the other.

Community Orientation

According to Benner et al[3] community involves both physical and conceptual components, thus the term "community based" in our view is too narrow because it implies only the physical component. Clearly, one cornerstone of community based medical education is a network of facilities that become learning locations in communities across a geographical region such as Northern Ontario. In this context these facilities may be clinics, hospitals, medical practices, rehabilitation facilities, extended care facilities and a variety of institutions that provide care to individuals in one way or another.

[1] The World Health Organization (WHO), Report: Learning together to work together for health, Web. 1988
[2] "integrate." Def. 1. The Oxford Canadian Dictionary. Canadian ed. 2004.
[3] Benner et al, in New directions for medical education (1989). Chapter 4. New York: Springer-Verlag

However, of equal importance is the conceptual component of community which is characterized by an understanding of the structure of communities, the dynamic of communities, the epidemiological and social aspect of communities and an understanding of how these components interact. It is further evident in the commitment of NOSM research endeavors focused on northern community needs, and perhaps most evident in the NOSM social accountability mandate which forms the basis for its creation.

Distributed learning and research is the hallmark of community engagement. Distributed community engaged learning acknowledges that both students as learners and faculty as educators are distributed across Northern Ontario. This focus on human resources as learners and teachers is concomitant with the availability of learning resources in a distributed fashion across the north.

Inclusivity

The social accountability mandate of NOSM speaks directly to the importance of the need to serve the diverse populations of Northern Ontario. This implies the need to include experiences for students, faculty and staff that contribute to a deeper understanding of the people and cultures of Northern Ontario, which enrich the fabric of life in the North. Inclusivity also demands the recruitment of faculty, staff and students that represent the identified populations and cultures of the province. Inclusiveness demands a reasonable amount of flexibility in creating a curriculum, a student body and working and learning environments that address our social accountability mandate.

Generalism

The Oxford Canadian Dictionary[4] defines general as "completely or almost universal not limited in application and relating to whole classes or all cases". Generalism as it is used and represented in the NOSM curriculum, suggests a broad scope of skills, attitudes and knowledge regardless of whether or not the medical practice is primary care or specialist. Furthermore, generalism implies that role modeling of the breadth of this expertise is an important component of the medical education program at all levels.

This notion applies therefore to the curriculum which students learn as well as the sites for education and the clinical faculty who serve as educators. Generalism, while wholly applicable to all stages of MD education can also be applied to other programs under the NOSM Academic Council.

[4] "general." Def. 1. The Oxford Canadian Dictionary. Canadian ed. 2004.
[5] David A. Hirsh, M.D., Barbara Ogur, M.D., George E. Thibault, M.D., and Malcolm Cox, M.D.
New England Journal of Medicine NEJM, 2007; 356:858-866 February 22, 2007

Continuity

According to "Continuity as an Organizing Principle for Clinical Education Reform" published in NEJM in 2007, Hirsh et al.,[5] describes the principle of continuity applicable to educational experiences, the curriculum as a whole and to the experience of supervision as faculty as follows:

> *Rooted in the principles of modern learning theory,the notion of educational continuity reflects the progressive professional and personal development required of physicians in training. A spirit of "ownership" of the entire curriculum, rather than one discipline-specific portion of the curriculum, is a prerequisite for educational continuity. As applied to the core clerkship year, educational continuity subsumes two interrelated integrating forces: horizontal integration (enhancing the development of general competency by linking learning experiences between and across clinical specialties) and vertical integration (enhancing evidence-based practice by linking advances in the biomedical and clinical sciences to clinical problem solving).*
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> *Continuity of the learning environment fosters both patient-centeredness and learner-centeredness by establishing more opportunities for connections with patients ("continuity of care"); by integrating important educational themes across clinical specialties, focusing on the developmentally appropriate attainment and assessment of core clinical competencies, and promoting the connection between science and clinical medicine ("continuity of curriculum"); and by enhancing supervision, role modeling, and mentoring ("continuity of supervision")….*
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> *…Continuity of curriculum creates space for self-reflective practice, conceptual integration, and critical thinking, without which learning becomes task-based and heuristic. …continuity of supervision support students' ability to know all they can about their patients and their conditions, from the basic science underlying the pathophysiology to the family and community in which the patient lives. Continuity of supervision also provides the luxury of intergenerational, iterative dialogue grounded in practice about values, professionalism, and lifelong learning. In this way, the entire learning community nurtures and maintains a spirit of idealism — idealism that will surely be translated into enhanced learning, greater patient satisfaction, and more efficient and effective medical care.*

The notion of continuity then applies in the NOSM context to the way that curriculum is delivered and the way that patient care in the learner context may be provided across the NOSM academic programs.

Dedication to Inquiry

Inquiry is about exploring the world, creating, augmenting and validating knowledge, solving problems, challenging suppositions and resolving debates. Not only is this central to the work of academics and physicians, it is a core value for any learning organization, particularly one that espouses evidence-based practice. Learners are intrinsically involved in a process of inquiry, as are researchers and those developing and evaluating educational programs. For the School to be truly socially accountable it must pursue deliberate and evidence-based practice, which in turn must be approached in the spirit of inquiry.

[1] For a complete list of the SPSC membership, refer to Appendix A.