

**Multi-Year Accountability Agreement (MYAA) 2009-10 Report Back**

<b>Institution Name:</b>	<b>Northern Ontario School of Medicine</b>
--------------------------	--

**OVERVIEW**

Through the 2008-09 MYAA Report-Back process, **Northern Ontario School of Medicine** was asked to identify how institution-specific access and quality improvement strategies for 2006-07 to 2008-09 would be extended, consolidated and/or best practices applied in 2009-10. **Northern Ontario School of Medicine** was also asked to outline how the impact of these access and quality improvements would continue to be monitored over the 2009-10 transition year. As in previous years, the Ministry will withhold a portion of Northern Ontario School of Medicine's 2010-11 allocation until the completion of the 2009-10 Report Back review and confirmation that **Northern Ontario School of Medicine** is on track for meeting its commitments or has an improvement plan in place, and is approved by the Ministry.

**PRE-POPULATED DATA CONTAINED IN THIS REPORT BACK TEMPLATE**

Where possible, the Ministry has pre-populated this Report Back template with data from a variety of existing reports (e.g. Key Performance Indicators) and data sources (e.g. Enrolment, Student Access Guarantee) to help streamline the Report Back process. All of the pre-populated data in this Report Back has been collected from confirmed institutional sources.

**DEADLINE FOR SUBMISSION TO THE MINISTRY**

The deadline for **Northern Ontario School of Medicine** to complete and submit this template to the Ministry is **September 30, 2010**. Please ensure the completed 2009-10 Report Back has Executive Head approval prior to submitting to the Ministry. The 2009-10 Report Back will constitute part of the public record, and as such, must be made available on **Northern Ontario School of Medicine's** website. Please ensure **Northern Ontario School of Medicine's** completed 2009-10 Report Back is posted at the same location on **Northern Ontario School of Medicine's** website as its Multi-Year Action Plan.

**CONTACT**

For any questions regarding this Report Back template, please email Preet Gill, Senior Policy Advisor, Universities Unit at Preet.Gill@ontario.ca or telephone (416) 325-9262, or Aamir Taiyeb, Research Policy Analyst, Universities Unit at Aamir.Taiyeb@ontario.ca or telephone at (416) 325-4237.

## **PART 1: 2009-10 SYSTEM WIDE INDICATORS**

- The 2009-10 Report Back has been changed from previous years' format to collect information only on system-wide indicators and will reflect and report on progress on Northern Ontario School of Medicine's commitments regarding access, quality and accountability as outlined in the original accountability agreements.
  
- The 2009-10 Report Back is also requesting data on credit transfer, online learning and international students. This is in keeping with the governments strategic priorities and as per discussions with Colleges Ontario and Council of Ontario Universities. This will allow the Ministry to benchmark and track progress on new key initiatives such as achieving a 70% PSE attainment rate while continuing to measure progress on Reaching Higher objectives. The data collected from the 2009-10 Report Back will also inform the creation of system-wide targets to be introduced in 2010-11 by TCU in consultation with the sector.
  
- System Wide Indicators for 2009-10:
  - 1) Enrolment - Headcount
  - 2) Under-Represented Students: Students with Disabilities, First Generation and Aboriginal
  - 3) Compliance with the Student Access Guarantee (SAG) in 2009-10
  - 4) The Student Access Guarantee (SAG) for 2010-11
  - 5) Participation in the Credit Transfer System
  - 6) Class Size
  - 7) Online Learning
  - 8) International
  - 9) Supply Chain Compliance
  - 10) Space Utilization
  - 11) College Student Satisfaction
  - 12) Graduation Rate
  - 13) Graduate Employment Rate
  - 14) Student Retention Rates
  - 15) Quality of the Learning Environment



## 1) Enrolment - Headcount\*

\*DEFINITION: Headcount is the number of full-time students enrolled in 2009-10, including full-time undergraduate and graduate students eligible for funding consideration.

- **Northern Ontario School of Medicine** reported to TCU the total Headcount enrolment in 2009-10 = 322
- Please indicate the number of students aged 18-24 from the total Headcount enrolment reported by **Northern Ontario School of Medicine** to the Ministry for 2009-10 = 42
- Please indicate the number of students aged 25+ from the total Headcount enrolment reported by **Northern Ontario School of Medicine** to the Ministry for 2009-10 = 280
- Please provide one or more examples in the space provided below of a promising practice that **Northern Ontario School of Medicine** used during 2009-10 to develop and maintain results for overall enrolment. A promising practice could be a strategy, initiative or program viewed by the institution to be innovative practice, success story and/or key accomplishment that the institution would like to highlight.

NOSM continues to follow its mandate of social accountability in an endeavour to deliver innovative education and research for a healthier North. Demographic profiles of the UME Entry Class of 2010 show that:

- \* 91% are from Northern Ontario
- \* Remaining 9% are from rural and remote parts of the rest of Canada (39% of the whole class is from rural and remote areas)
- \* 6% are self-identified Aboriginal
- \* 20% are self-identified Francophone

Like students in all medical schools, these students have been selected from a very competitive field, and are extremely academically able as reflected by a mean grade point average (GPA) of 3.66 on a four point scale.



## **2) Under-Represented Students: Students with Disabilities\*, First Generation\* and Aboriginal\***

*\*DEFINITION: Students with disabilities is the total number of students with disabilities registered with the Office for Students with Disabilities and reported in Table 1 of the institutions' annual report to the Ministry for the Accessibility Fund for Students with Disabilities Fund (AFSD).*

*\*DEFINITION: First Generation is a student whose parent(s)/guardian(s) has/have not attended a postsecondary institution. If a sibling of the student has attended a postsecondary institution but the parent(s)/guardian(s) have not, the student is still considered a First Generation student.*

*Parents/Guardians: one or more adults, over the age of 21, who are legally responsible for the care and management of the affairs of the student.*

*Postsecondary Attendance: have attended (but not necessarily having obtained a credential from) any institution of higher education in Ontario or elsewhere including outside Canada after high school (includes programs that lead to a postsecondary credential e.g. degree, diploma, certificate).*

*\*DEFINITION: Aboriginal is a collective name for the original people of North America and their descendants. The Canadian Constitution, Constitution Act 1982, recognizes three groups of Aboriginal peoples - Indians (First Nation), Métis and Inuit. These are three separate peoples with unique heritages, language, cultural practices and spiritual beliefs.*

- For the following, please include full-time and part-time, but not international students.

Students With Disabilities	First Generation Students	Aboriginal Students
<p>Please indicate the total number of <i>students with disabilities</i> at <b>Northern Ontario School of Medicine</b> who registered with the Office for Students with Disabilities and received support services in 2009-10= <u>3</u></p> <p>Please indicate the number of <i>students with disabilities</i> at <b>Northern Ontario School of Medicine</b> who registered with the Office of Students for Disabilities and received support services in 2009-10 who were:  <b>Full-time: 3</b>  <b>Part-time: 0</b>  <b>Total (Full-Time + Part-time): 3</b></p> <p>Please calculate as % of Enrolment Headcount:            (Insert Total From Above) <u>3</u>  <math>\div 322</math> (pre-populated by the Ministry)            (Enrolment Headcount from Page 3) x 100 = <u>1.3%</u></p>	<p>Please indicate the total number of <i>First Generation students</i> enrolled at <b>Northern Ontario School of Medicine</b> in 2009-10= <u>11</u></p> <p>Please indicate the number of <i>First Generation students</i> enrolled at <b>Northern Ontario School of Medicine</b> in 2009-10 who were:  <b>Full-time: 11</b>  <b>Part-time: 0</b>  <b>Total (Full-Time + Part-time): 11</b></p> <p>Please calculate as % of Enrolment Headcount:            (Insert Total From Above) <u>11</u>  <math>\div 322</math> (pre-populated by the Ministry)            (Enrolment Headcount from Page 3) x 100 = <u>4.9%</u></p>	<p>Please indicate the total number of <i>Aboriginal students</i> enrolled at <b>Northern Ontario School of Medicine</b> in 2009-10= <u>16</u></p> <p>Please indicate the number of <i>Aboriginal students</i> enrolled at <b>Northern Ontario School of Medicine</b> in 2009-10 who were:  <b>Full-time: 16</b>  <b>Part-time: 0</b>  <b>Total (Full-Time + Part-time): 16</b></p> <p>Please calculate as % of Enrolment Headcount:            (Insert Total From Above) <u>16</u>  <math>\div 322</math> (pre-populated by the Ministry)            (Enrolment Headcount from Page 3) x 100 = <u>6.2%</u></p>

Students With Disabilities	First Generation Students	Aboriginal Students
<p>In the space below, please provide one or more examples of promising practices that <b>Northern Ontario School of Medicine</b> used in 2009-10 to develop and maintain results for students with disabilities.</p>	<p>In the space below, please provide one or more examples of a promising practice that <b>Northern Ontario School of Medicine</b> used in 2009-10 to develop and maintain results for First Generation students.</p>	<p>In the space below, please provide one or more examples of a promising practice that <b>Northern Ontario School of Medicine</b> used in 2009-10 to develop and maintain results for Aboriginal students.</p>
<p>All students who qualified as 'special needs' were provided an individualized approach. Recommendations for accommodations were carefully considered and although not all recommendations were followed, all students with special needs received accommodations.</p>	<p>Provincial funding has been equally divided amongst First Generation Students who have an unmet financial need status.</p>	<p>Two members of the Aboriginal Affairs Unit have been specifically assigned to provide support and assistance to NOSM learners of Aboriginal decent. These staff work in close collaboration with NOSM's Learner Affairs team. Half of the funding of this service comes via a private donor.</p> <p>2. Aboriginal Affairs has developed a "Mentorship Program" that includes a variety of activities: training NOSM students to be mentors; enhancing community visits to Aboriginal communities; assisting in direct recruitment of Aboriginal students and so forth.</p> <p>3. As part of the above mentioned Mentorship Program, a specific "Fellowship Program" has been developed and deserves special mention. This program would provide funding to existing Aboriginal undergraduate medical education students during the summer months. Funding could run as much as \$12,000 to assist with special projects that parallel one's medical education (e.g. research, clinical training and so forth).</p> <p>4. The Aboriginal Affairs Unit has begun an "Elders on Campus" Program that enables Aboriginal and non-Aboriginal students alike to benefit from the Elders' teachings. Elders are typically available at each main Campus one day per week and students can arrange for individual sessions as well as the teaching sessions.</p> <p>5. [name] Family Bursary Program is providing up to \$100,000 per year over four years for the above initiatives.</p>

**Northern Ontario School of Medicine** can use the space below to describe methodology, survey tools, caveats and other information regarding the numbers reported herein re. Students with Disabilities, First Generation and Aboriginal Students:



During the admission process, self identification is used to obtain the information for Undergraduate Medical Education (UME). The statistics provided for Aboriginal students, first generation students and students with disability relate only to the UME enrolment headcount.

### 3) Compliance with the Student Access Guarantee (SAG) in 2009-10

Through its signed MYAA, **Northern Ontario School of Medicine** committed to participate in the Student Access Guarantee. For 2009-10, this meant meeting students' tuition/book shortfall in allocating financial aid, as set out in the 2009-2010 Student Access Guarantee Guidelines.

2009-10 TUITION / BOOK SHORTFALL AID:	TOTAL \$	# ACCOUNTS
<b>Expenditures for Tuition / Book SAG Amount</b>	\$632,409	109
<b>Other SAG Expenditure to Supplement OSAP</b>	\$203,890	21
<b>TOTAL</b>	<b>\$836,299</b>	<b>130</b>

Data as of July 06, 2010

- Did **Northern Ontario School of Medicine** meet students' tuition/book shortfall in allocating financial aid, as set out in the 2009-2010 Student Access Guarantee Guidelines? **Yes**



#### **4) The Student Access Guarantee (SAG) for 2010-11**

*As an extension of the commitments made under the original MYAAs, your institution will participate in the SAG (including the new Access Window which allows Ontario students to identify costs and sources of financial aid). The detailed requirements for participation in the student access guarantee are outlined in the 2010-11 Student Access Guarantee Guidelines.*

<p>For 2010-11, institutions will be required to automatically provide aid towards the tuition/book shortfalls of students attending first-entry programs.</p> <p>Provide a brief description of your strategy for implementing this change, including how this aid will be issued at your institution, your plans for the timing of aid, whether aid will be applied against tuition or as direct payments, and how recipients will be notified.</p>	<p>It is important to note that NOSM's MD program is not a "first entry" program; students must have an undergraduate degree as part of the admission criteria.</p> <p>Learners must apply for NOSM awards and bursaries. This year's application process will be delayed due to the labour dispute between NOSM and its OPSEU staff unit.</p> <p>Learners also have access to substantial lines of credit (typically \$200,000).</p> <p>Learners in need of emergency loans will be considered via NOSM's Awards Committee.</p> <p>NOSM will be working towards formal process for reconsideration of aid to unsuccessful applicants in terms of their private loans; we anticipate that arrangements with a lending institution will be made by 2011-12</p>
<p>Identify whether your institution plans to provide loan assistance in values greater than \$1,000 to meet tuition/book shortfalls of students in any of your second entry programs. If so:</p> <p>a) Identify the programs by name and by OSAP cost code;</p> <p>b) Describe how you determine how much loan aid to provide.</p>	<p>Yes, if needed. Undergraduate medical education courses: MED1, MED2, MED3, MED4, MEDSUD1, MEDSUD2, MEDSUD3, MEDSUD41.</p> <p>Amounts will depend on NOSM calculated unmet need. As mentioned earlier, NOSM's Awards Committee can also initiate emergency loans to students on an as-needed basis.</p>

## 5) Participation in the Credit Transfer System

- Using Ontario Universities Application Centre (OUAC) reports, please provide data for the following years:

Years	Total Applications	Total Registrations	Transfer Applications*	Transfer Registrations*
2005	0	0	0	0
2006	0	0	0	0
2007	0	0	0	0
2008	0	0	0	0
2009	0	0	0	0

\*Transfers from publicly assisted colleges in Ontario

*NOTE: OUAC collects information on the number of transfer student applications and registrations. The Ministry recognizes that the transfer data set only includes those students who have applied to university through OUAC and have self-identified on applications to OUAC. The Ministry recognizes that a significant number of transfer students apply directly to the university and as such, are not captured in OUAC data. The Ministry recognizes that transfer data is not limited to college graduates who apply through OUAC and only includes full-time students applying and registering in the fall to the first year of a university program. The Ministry is developing long-term indicators for credit transfer in consultation with the sector. The Ministry anticipates that as data collection systems in institutions evolve, data sets will become more complete. In future years, the Ministry will be expecting more complete data with respect to the number and type of transfer students applying to and registering for university, number of students transferring under transfer pathways and amount of credit granted.*

Per the College Graduate Outcomes Survey for 2009-2010 (based on 2008-09 graduates), the percentage of all college students who were satisfied or very satisfied with the transition experience to universities in Ontario was **81.9%**.

*Further details on where the pre-populated data in the statement "Per the College Graduate Outcomes Survey for 2009-2010 (based on 2008-09 graduates), the percentage of all college students who were satisfied or very satisfied with the transition experience to universities in Ontario was 81.9%" was derived from the College KPI Graduate Outcomes (Employment/Satisfaction) Survey. Information on the Survey is as follows:*

- Telephone based surveys (more than 100 fields of data)
- Survey conducted by a third party service provider, presently Forum Research Inc., based on audited student information provided by the colleges
  - Conducted annually, three times a year, six months after graduation
  - Census type survey - attempt to reach every eligible graduate from ministry-approved postsecondary program
  - Sample size, 2009-10 survey: 40,410 completed Graduate Employment/Satisfaction survey;
  - Response Rate 2009-10 survey: 64%
  - Response Rate 2008-09 survey: 68%
  - Survey responses used to tabulate two college Key Performance Indicators - Graduate Employment and Graduate Satisfaction
    - The Survey, including definitions and methodology information, can be found on the web (in Appendix A of the document link below) at the following website:  
<http://www.edu.gov.on.ca/eng/document/serials/eprofile07-08/profile08.pdf>



- Please provide any additional comments regarding transition experience either from college to university or university to university.

Not Applicable to NOSM.



- Please provide one or more examples in the space provided below of a promising practice that **Northern Ontario School of Medicine** used during 2009-10 to develop and enhance credit transfer. A promising practice could be a strategy, transfer pathway (i.e. transfer policies, specifically defined credits or a defined entry point, new or expanded agreements), change to student supports or program viewed by the institution to be an innovative practice, success story and/or key accomplishment that the institution would like to highlight.

Not Applicable to NOSM

## 6) Class Size

• Per the 2009 Common University Data Ontario (CUDO) report for Fall 2008, the percentage of **Northern Ontario School of Medicine's** undergraduate class size was:

	First Year		Second Year		Third Year		Fourth Year	
Class Size	Number of Classes	Percentage of Total Classes	Number of Classes	Percentage of Total Classes	Number of Classes	Percentage of Total Classes	Number of Classes	Percentage of Total Classes
Less than 30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30 to 60 students	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
61 to 100 students	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
101 to 250 students	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
251 or more	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Note: There are a number of one-on-one instruction classes, including independent study, independent research, internships and practicums that are excluded from the above class sections. Class sub-sections such as labs and tutorials are also excluded.*



- Please provide one or more examples in the space provided below of a promising practice that **Northern Ontario School of Medicine** used during 2009-10 regarding class size. A promising practice could be a strategy, initiative or program viewed by the institution to be an innovative practice, success story and/or key accomplishment that the institution would like to highlight.

The NOSM Undergraduate Medical Education consists of the following sessions:

#### 1. Large Group Sessions

**Whole Group Sessions (WGS):** These sessions are three hours in length and are normally scheduled once per week as determined by the instructional demands of the curriculum and delivered as a two site video conference. In a Whole Group Session, the class is instructed as a whole by faculty of the School. The instructional format will include traditional lectures, demonstrations, and large group tutorial activities.

One-hour facilitated sessions are normally scheduled at the beginning and mid-point of each module, except for the first module and community placement modules, when they are held more frequently.

These sessions provide an opportunity for dialogue between students and faculty; students are encouraged to raise any concerns about the instructional content or the learning process, faculty are able to converse with the class as a group to address any concerns raised, and communicate non-curricular information to students.

#### Small Group Sessions

**Case-Based Learning (CBL):** Each week students meet with a facilitator in groups of eight or nine for a two-hour session. Through a model of guided discovery which is designed to support self-directed research, students consider a complex case which directs the learning for the module. Each module reflects six weeks of study and explores instructional content related primarily to curriculum in northern and rural health, personal and professional aspects of medical practice, and social and population health. Prepared objectives guide student learning during CBL sessions.

**Topic-Oriented Sessions (TOS):** These two-hour facilitated sessions occur two times each week. The TOS focus on an individual patient which students have met through the module case. Using a problem-based learning format, students identify learning issues, develop a strategy to acquire the necessary knowledge and share the knowledge gained through independent research. As the week progresses, further information is revealed about the patient until the objectives related to these sessions have been fully explored by the students.

#### Clinical Skills Sessions

**Structured Clinical Skills (SCS):** These weekly three-hour sessions focus on instruction and practice in communication and physical examination skills. Students meet in small groups with a clinical instructor and practice their interviewing and examination skills with simulated and standardized patients. The objective for these sessions is to explore the knowledge, skills and attitudes defined by Theme 5 of the curriculum.

#### Community & Interprofessional Learning (CIL)

**Community & Interprofessional Learning (CIL):** Each week there is one three-hour session dedicated to providing students with a wide range of community-based clinical experiences. Observing and interacting with patients under the guidance of a preceptor, students will visit patients in their homes, in hospitals, long-term care centres, doctors' offices, pharmacies, rehab centers, nursing homes, or other health service providers or organizations. These experiences explore the content of all of the five themes and provide a focus for interprofessional learning.



## 7) Online Learning

- A survey was conducted in 2010 to develop a stronger understanding of online activity in the postsecondary system. Based on input from this survey and future discussions with the sectors, the Ministry will be refining the measures.

- To complement this work, please provide one or more examples in the space provided below of a promising practice that **Northern Ontario School of Medicine** used during 2009-10 to develop and enhance online learning. A promising practice could be a strategy, initiative or program viewed by the institution to be an innovative practice, success story and/or key accomplishment that the institution would like to highlight.

The Northern Ontario School of Medicine's (NOSM) Entry Class of 2010 have started their classes well equipped to access interactive, experiential medical applications and references, no matter where they may be studying as part of NOSM's distributed, community-engaged medical education model. The iPads will also provide the students with flexible access to innovative applications, curriculum resources and collaboration tools. NOSM is the first medical school in Canada, and the third in North America, to distribute iPads to medical students as part of their technology package, which is paid for by student technology fees.



## **8) International**

*\*DEFINITION: International Enrolment\* is the headcount of full-time international students at the institution including students who are both eligible and ineligible for funding consideration.*

- **Northern Ontario School of Medicine** reported to TCU that International Enrolment in 2009-10 = **N/A**.
  
- In 2009-10, **Northern Ontario School of Medicine** reported to TCU the following top 3 source countries for international students:
  
- Please provide the number of For Credit outbound students and inbound students participating in student exchanges/study abroad/internships/international experiences **Northern Ontario School of Medicine** had in 2009-10:
  - Outbound students = **N/A**
  - Inbound students = **N/A**
  
- Please provide the gross revenue from international student tuition in Ontario in For Credit academic programs at **Northern Ontario School of Medicine** in 2009-10 = **N/A**
  
- Please provide the gross revenue for off-shore activities including campuses, development and enterprise projects, contract training and partnerships that **Northern Ontario School of Medicine** had outside of Canada in 2009-10 = **N/A**





• Please list in the table below all For Credit, Stand-Alone campuses **Northern Ontario School of Medicine** operated abroad in 2009-10, including city, country and total enrolment for each campus:

• Please provide one or more examples in the space provided below of a promising practice that **Northern Ontario School of Medicine** used during 2009-10 to develop and maintain results for international activities. A promising practice could be a strategy, initiative or program viewed by the institution to be an innovative practice, success story and/or key accomplishment that the institution would like to highlight.

N/A



**9) Supply Chain Compliance**

As confirmed in the memo from the Broader Public Sector (BPS) Supply Chain Secretariat at the Ministry of Finance dated March 24, 2010, BPS organizations, including colleges, that receive more than \$10 million per fiscal year from the Ministry of Training, Colleges and Universities (TCU) are required to have a Code of Ethics and Procurement, Policies and Procedures in place within the college that are consistent with the principles outlined within the Supply Chain Guideline. TCU recognizes the importance of this guideline in supporting the postsecondary education sector to achieve a common standard of supply chain excellence and to carry out supply chain activities in an ethical, efficient and accountable manner.

- Please confirm that in 2009-10 **Northern Ontario School of Medicine** adopted the Government of Ontario's Supply Chain Code of Ethics: **Yes**

- Please confirm that in 2009-10 **Northern Ontario School of Medicine** adopted or is in the process of adopting all of the Government of Ontario's 25 mandatory requirements for Procurement Policies and Procedures: **Yes**

- In 2009-10 did **Northern Ontario School of Medicine** participate in the Ontario Education Collaborative Marketplace (OECM)? **Yes**

- If yes, please provide the approximate total dollar value of your OECM purchases in 2009-10: **27,000**

- Please provide one or more examples in the space provided below of a promising practice that **Northern Ontario School of Medicine** used during 2009-10 related to supply chain management. A promising practice could be a strategy, initiative or program viewed by the institution to be an innovative practice, success story and/or key accomplishment that the institution would like to highlight.

NOSM entered into a Client Service Agreement with Grand & Toy on March 1, 2010. The approximate dollar value of the OECM purchases for the current fiscal year are expected to be over \$500 K.

NOSM is part of a local purchasing consortium with other universities, colleges and municipal government agencies. The local consortium shares in best practises and in other initiatives such as the implementation of the Supply Chain Guidelines.

**10) Space Utilization**

- In 2009-10, did **Northern Ontario School of Medicine** have a Space Utilization planning process in place to assess and optimize academic space utilization? **Yes**

- If yes, please indicate in the space below the methodology used to inform **Northern Ontario School of Medicine's** academic space utilization planning process:

During 2009-10, NOSM reviewed existing academic and program space to support the capital requirements associated with implementing the additional 8 first year undergraduate spaces. On-site (Laurentian University and Lakehead University): this involved enhancements to classroom, library and student lounges. Also additional learning equipment/technology was purchased at the East and West Campuses. Off-site (Community Academic and Clinical Learning Space): This involved enhancements to clinical infrastructure such as broadband capacity, clinical and exam room equipment, learner furnishings, video conferencing, etc.

- Please provide one or more examples in the space provided below of a promising practice that **Northern Ontario School of Medicine** used during 2009-10 to assess and optimize academic space utilization. A promising practice could be a strategy, initiative or program viewed by the institution to be an innovative practice, success story and/or key accomplishment that the institution would like to highlight.

Rapid growth of the School, including the integration of postgraduate and other programs in 2006-7, has exerted pressure on the School's fixed quantity of funded space. In response to the growth and space pressures, NOSM developed Space Management Principles, which were approved in 2007, and subsequently established its Space Management Guidelines in 2008.

In 2009-10, the NOSM Executive Group sponsored and initiated space reconfiguration projects at both main campuses to enhance space utilization and build capacity in its existing facilities, in support of its Organizational Alignment Initiative (OAI). Consultations were held with all medical education programs to review their specific space requirements and operational needs. Information gathered was used to develop "block space plans". These plans were developed in general conformance with the approved space management guidelines, with the goal of consolidating staff by portfolio and function, and promoting the sharing of limited resources, which is critical to the sustainability of the School. Re-positioning medical education programs (undergraduate, post-graduate and continuing health professional education) close to each other encourages collaboration, and facilitates organizational synergy.

The approved block space plans were translated into detailed architectural working drawings and specifications. Building renovations necessary to implement the approved space plans were designed, tendered and managed by the host-universities at the East and West Campuses, on behalf of NOSM.

The project was substantially completed by September 2009.

Project successes:

- 1.Portfolios are now realigned and units are consolidated, resulting in more effective and efficient operations, communications and collaboration.
- 2.The School has improved the quality, comfort and condition of physical facilities, meeting rooms, and has expanded its clinical education – simulation laboratories.

#### Space Program Review

The School is in transition from a startup project to a fully operational enterprise and as a result of the new organizational structure, physical space requirements have changed and the facilities were reconfigured accordingly to satisfy short-term needs. As the School enters its consolidation phase, long-term impacts on the physical space and future development of facilities need to be addressed as key elements of the School's long range strategic planning process. Increases in undergraduate and post-graduate enrolments, along with other program initiatives have added to the current space pressures. The School will engage the services of a qualified consultant to perform a functional and technical space program review that will include, but will not be limited to the following terms of reference:

- Review current space inventory and utilization at all campus locations.
- Compare space allocations with NOSM Space Management Guidelines and COU space standards.
- Identify and describe program accommodation and space issues.
- Determine space resource requirements for proposed expansion of existing programs and planned new programs.
- Identify projected surplus or deficit in space inventory by campus location.
- Prepare a summary of space requirements, by campus for a ten-year planning horizon.
- Develop capital facilities budget estimates for a ten-year planning horizon.
- Review existing facility site locations and identify opportunities for space consolidation, growth and improvements.
- Establish design guidelines and building planning options for future physical alterations, improvements, and new construction.
- Identify opportunities to optimize building operational efficiencies and reduce operating costs.
- Identify external issues affecting future space and technical projects (funding agencies).

**11) Student Satisfaction**

- Per the 2008 National Survey of Student Engagement (NSSE) as posted by the Common University Data Ontario, 2009, the undergraduate student satisfaction rate (total of excellent and good responses) at your institution for NSSE Question "How would you evaluate your entire educational experience at this institution?" for Senior Year respondents = **N/A**

- Per the 2008 National Survey of Student Engagement (NSSE) as posted by the Common University Data Ontario, 2009, the undergraduate student satisfaction rate (total of definitely yes and probably yes responses) at your institution for NSSE Question "If you could start over again, would you go to the same institution you are now attending?" for Senior Year respondents = **N/A**

- Please provide one or more examples in the space provided below of a promising practice that **Northern Ontario School of Medicine** used during 2009-10 to increase student satisfaction. A promising practice could be a strategy, initiative or program viewed by the institution to be an innovative practice, success story and/or key accomplishment that the institution would like to highlight.

NOSM does not conduct a student satisfaction survey per se, at least we have not done so thus far in our brief history. In 2009-10, we began discussions regarding the development of a study to explore students' experiences with their first year orientation program. The study was developed to the point that by February 2010, we had agreed upon an early stage project charter and a name for the study: Critical Analysis of NOSM Orientation Effectiveness (CANOE). We plan to seek Research Ethics Board approval at Lakehead and Laurentian Universities for implementation in 2010-11. Student satisfaction at NOSM is generally equated with student engagement. In that regard, NOSM learners are very engaged and play active and meaningful roles on many important and varied committees: Academic Council, Undergraduate Medical Education Committee (UMEC), Student Assessment and Promotion Committee (SAPC), Phase 1, 2 and 3 Committees, Awards Committee, Learner Affairs Reference Group (LARG) to name a few.

## 12) Graduation Rate

- Per the KPI results reported in 2009-10 the graduation rate at your institution = **N/A**
- Please provide one or more examples in the space provided below of a promising practice that ***Northern Ontario School of Medicine*** used during 2009-10 related to the achievement of the graduation rate. A promising practice could be a strategy, initiative or program viewed by the institution to be an innovative practice, success story and/or key accomplishment that the institution would like to highlight.

In May 2010, 51 out of the 56 UME students graduated from the E2006 class. There were 4 UME students delayed and are expected to graduate in May 2011. Only 1 student was lost to attrition.

**13) Graduate Employment Rate**

- Per the KPI results reported in 2009-10 the graduate employment rate, 6 months upon graduation, at your institution = **N/A**
- Per the KPI results reported in 2009-10 the graduate employment rate, 2 years upon graduation, at your institution = **N/A**
- Please provide one or more examples in the space provided below of a promising practice that **Northern Ontario School of Medicine** used during 2009-10 related to the achievement of the graduate employment rate. A promising practice could be a strategy, initiative or program viewed by the institution to be an innovative practice, success story and/or key accomplishment that the institution would like to highlight.

A significant proportion of NOSM's Charter Class students will continue their education in Northern Ontario, beginning their residency training in various NOSM postgraduate training programs. The remainder will represent NOSM across the country in residency programs at other medical schools, in some cases to gain specialized training not available in Northern Ontario. NOSM is also pleased to have attracted significant numbers of medical students from other institutions to its residency programs, paving the way for more physicians-in-training to gain exposure to Northern health issues.

All of NOSM's undergraduate medical students in its Charter Class have successfully matched to Canadian residency programs on their first attempt. In fact, NOSM was the only Canadian medical school in which all students were matched in the first round.

Each student, in their final year at a Canadian medical school, must apply for residency training to become a fully-trained physician. Postgraduate residency programs are offered at all Canadian medical schools in various disciplines (for example, Family Medicine, Orthopedics, Surgery, Anesthesia, Pediatrics, etcetera) ranging in duration from two to five years, and beyond. Students apply to the discipline and the medical school of their choice, and are then granted interviews after which both the student and the program they have applied to rank each other for preference through the Canadian Residency Matching Service (CaRMS). CaRMS then matches students, based on rankings, to postgraduate residency programs across Canada. Monday, March 9, 2009 marked the date of the first of two rounds of matches facilitated by CaRMS.

NOSM will continue to monitor the employment rates through a tracking study and a Social Economic Impact study.

#### 14) Student Retention Rates

The table below has been pre-populated with the proposed results set for 2008-09 in *Northern Ontario School of Medicine's* approved Multi-Year Action Plan. Referring to these proposed results, please identify *Northern Ontario School of Medicine's* achieved results for 2009-10.

	Proposed Result for 2008-09 From Action Plan	Retention Rate Achieved For 2008-09	Retention Rate Achieved For 2009-10
1st to 2nd Year	100%	100%	58/58 = 100%
2nd to 3rd Year	100%	100%	56/56 = 100%
3rd to 4th Year	100%	100%	59/59 = 100%

- Please indicate in the space below the methodology used by *Northern Ontario School of Medicine* to calculate the retention rates indicated above

Retention of students in this second-entry level program is not an issue; it is very rare for students to leave undergraduate medical education once they have begun.





- Please provide one or more examples in the space provided below of a promising practice that **Northern Ontario School of Medicine** used during 2009-10 related to student retention. A promising practice could be a strategy, initiative or program viewed by the institution to be an innovative practice, success story and/or key accomplishment that the institution would like to highlight.

Occasionally, some students have doubts, but typically, supportive and career counselling is helpful as they discover new possibilities within medicine.

To date, only two students have been lost to attrition from 346 individuals who have commenced undergraduate medical education studies at NOSM (.06%) since September 2005.

**15) Quality of the Learning Environment**

- Please provide information in the space provided below of what **Northern Ontario School of Medicine** did in 2009-10 to enhance the quality of the learning environment and what strategies are in place to continue and enhance quality.

1. McMurray's external review (the second of a pre-post survey initiative) was delivered in its final format on May 22, 2009 and received wide distribution and dialogue.
2. LA staff helped develop a new Phase 2 CCC Site Selection Protocol that was initially drafted with significant student input and eventually piloted in 2008-9. Some refinements were made to the 2009-10 version and it was successfully used again for the 2010-11 clerkship site selection.
3. NOSM's Learner Housing Protocol was revised and approved in July 2009. A wellness initiative specific to the housing issue was mostly completed by April 2010.
4. Learners from all areas (UME, PGE and CHPE) are now represented on the Learner Affairs Reference Group (LARG) which meets three times per year. The LARG had its first meeting in January 2009 and most recently met on March 30, 2010 whereupon the LARG terms of reference were ratified.
5. LA's weekly Newsletter has greatly improved from its humble beginnings where it was delivered periodically if there seemed to be sufficient reason to share information with learners. Informal feedback from learners about the enhanced electronic LA Newsletter (distributed weekly to all learners) has been very positive. LA has also endeavoured to include content that is relevant to all NOSM learners including post-graduate residents.
6. LA staff have actively supported and enabled the interaction between undergraduate medical education students and post-graduate residents. Thirteen "Resident Mentoring" sessions were planned for 2009-10 with 22 residents regarding a number of topics suggested by the undergraduate medical education students. Not all sessions went ahead as planned but the fact that this many was initially planned showcases how this collaborative initiative is moving forward.

**PART 2: OUTCOMES OF 2009-10 TRANSITION YEAR STRATEGIES**
**• Increased Participation of Under-Represented Students - Programs/Strategies**

As part of its 2008-09 Report Back, your institution was asked to provide 3 to 5 examples of how its strategies/programs to support increased participation of under-represented students would be extended, consolidated and/or best practices applied in 2009-10. Please identify the achieved results of these strategies/programs for 2009-10.

Description of Transition Year 2009-10 Strategy/Program (per the information provided in your 2008-09 Report-Back)	Achieved Results of the Transition Year Strategies for 2009-10
Francophone Reference Group	<p>The Northern Ontario School of Medicine (NOSM) is committed to meeting the needs of the people of the North, including Francophone communities. To fulfill this requirement, the Francophone Reference Group (FRG) of NOSM was established in 2003 to liaise with Northern Franco-Ontarian communities to help identify and address their needs within the development of the School. The Group, chaired by Carole Lamoureux, Coordinator, Consortium national de formation en sante, meets regularly and consists of various Francophone community members.</p> <p>Its mandate is to make recommendations to the Dean regarding:</p> <ul style="list-style-type: none"> <li>• Current or future Francophone initiatives,</li> <li>• Strategies for implementing Francophone initiatives that address the needs of Northern Francophone communities, and,</li> <li>• NOSM activities that may have an impact on Francophones.</li> </ul> <p>The FRG works to ensure that Francophones in Northern Ontario have a presence and that their interests are considered at every level of NOSM in terms of recruitment, board, staff, and faculty representation.</p> <p>Of specific concern to the FRG is the assurance that future doctors will be capable of serving Francophone populations in the French language, as failure to do so would constitute serious problems for Francophone communities, especially in rural and remote regions.</p> <p>NOSM will continue to work collaboratively with the FRG to ensure full participation in all its activities.</p>
3rd NOSM Francophone Symposium	<p>The Northern Ontario School of Medicine (NOSM) held its third, successful three-day Francophone Symposium at the Radisson Hotel in Sudbury. From April 28 to 30, 2010, over 140 distinguished participants from across Northern Ontario</p>

	<p>gathered to explore dimensions of health care related to Francophone populations.</p> <p>The theme of this year's symposium, "Health – A Community Issue," set the tone for dynamic presentations and workshops which focused on community networking, capacity building, health practices and services, and collaborative approaches designed to enhance effective health care delivery for Francophones in Northern Ontario.</p> <p>The breadth of topics reflected the diversity of challenges in the provision of effective health care for Francophone people and communities. In the introductory session, for example, motivational speaker and Cultural Identity Consultant, Lise Paiement, began by encouraging reflection and intervention in the creation of a Francophone environment within the health system.</p> <p>This was followed by additional sessions and reports which addressed new research initiatives relating to the health of Francophones in Ontario, cultural and linguistic competencies in health care, and the use of technology in enhancing educational and health care related initiatives.</p> <p>Keynote speaker, Dr. Gilles Julien, an internationally known Social Pediatrician from Montreal, called attention to the need to establish a range of integrated and adapted services to optimize learning paths for children, in part by providing equal opportunity and preventing exclusion.</p> <p>Additional highlights included a presentation of NOSM's place within Francophone communities, an overview of NOSM's programs, and the official launch of a report delivered by NOSM Associate Dean of Community Engagement, Dr. Marc Blayney.</p> <p>The report, entitled "Francophone Community Engagement: Insight   Guidance   Action", is the result of consultations NOSM had with the Francophone communities of Northern Ontario with the aim of helping the School to more readily respond to the needs of these Francophone communities who play a vital role in providing clinical learning experiences for NOSM students in all of the School's health education programs.</p> <p>Additional learning opportunities engaged the participants, including a round table comprising several speakers from the community health and education sectors, and the Local Health Integration Networks, (LHINs) who discussed initiatives underway in the North East and North West, and provided an overview of innovative services currently offered in northern Francophone communities.</p> <p>Dr. Gratien Allaire, Director, Institut franco-ontarien and historian, concluded the symposium with a summary that highlighted both the progress achieved as well as the work</p>
--	--

	<p>that remains in adequately responding to the health care needs of Francophones in Northern Ontario.</p>
<p>Aboriginal Reference Group</p>	<p>The Aboriginal Reference Group (ARG) was established to provide advice to the Northern Ontario School of Medicine (NOSM) on research, administration and academic issues in the promotion of excellence in higher learning and accommodation of the Aboriginal world view. The ARG serves as the primary resource for the Medical School in the fulfillment of its mandate concerning inclusive Aboriginal education and health research.</p> <p>The ARG is an essential link between the School and the Aboriginal community, serving to provide guidance and insight on the Aboriginal perspective to the School. This includes liaising and maintaining ongoing communications with the School's internal units, Aboriginal communities and their educational units; and making recommendations to support Aboriginal students.</p> <p>Membership includes representation from the following organizations:</p> <ul style="list-style-type: none"> <li>•Nishnawbe Aski Nation (NAN);</li> <li>•Union of Ontario Indians;</li> <li>•Grand Council Treaty #3;</li> <li>•Independent First Nations;</li> <li>•Metis Nation of Ontario;</li> <li>•Ontario Federation of Indian Friendship Centres;</li> <li>•Ontario Native Women's Association;</li> <li>•Two Aboriginal NOSM students (one from each campus);</li> </ul> <p>and,</p> <ul style="list-style-type: none"> <li>•One youth member.</li> </ul> <p>Ex-officio (non-voting) members include:</p> <ul style="list-style-type: none"> <li>•The Dean or his designate;</li> <li>•Associate Dean, Admissions and Student Affairs;</li> <li>•One representative from NOSM's Board of Directors;</li> <li>•One representative from NOSM's Academic Council;</li> <li>•One representative from Laurentian University's Native Education Council;</li> <li>•One representative from Lakehead University's Aboriginal Management Council</li> </ul> <p>In addition, Elders (non-voting) are included in all ARG meetings.</p>

- **Quality of the Learning Environment**

As part of its 2008-09 Report-Back, your institution was asked to provide 3 to 5 examples of how its quality improvement strategies/programs would be extended, consolidated and/or best practices applied in 2009-10. Please identify the achieved results of these strategies/programs for 2009-10.

Description of Transition Year 2009-10 Strategy/Program (per the information provided in your 2008-09 Report-Back)	Achieved Results of the Transition Year Strategies for 2009-10
<p><b>Learner Advisor Program</b> Learner Affairs will continue to manage NOSM's Learner Advisor Program and in particular will monitor compliance to the mandatory nature of the program effective with the entering class of 2009.</p>	<p>1. In an effort to increase the impact that faculty can have upon students in terms of their career path, we made it mandatory for Phase 1 Year 1 students to meet with their advisor at least once prior to the Holiday Break and again prior to March 2010. There was full compliance with the first requirement and 95 percent of the students had a second meeting.</p> <p>2. Information regarding the program is now found within the LA section of MyNOSM and with the assistance of Communications, a promotional video was developed that was intended to promote the Program to both students and faculty alike (unfortunately, the project has not been completed as some key Communications staff left NOSM's employ). It is becoming clear that we will need to recruit additional faculty to this role, especially given that the class size is due to increase by nearly 15 percent in September 2010. In the meantime, as a means of attracting new faculty members, we have been working with Continuing Health Professional Education staff: a faculty development session entitled "Advising the Undergraduate Medical Learner" for CME credit was held on February 23, 2010 with eight faculty attending; another 23 hits of the archived version have been recorded.</p>
<p><b>Learner Affairs Rounds</b> Learner Affairs will continue to offer its series of educational lectures and will explore various ways to enhance learner participation. We will also continue to explore an expansion of the offerings such that the unique needs of each grade year will be considered as well as format (for example, making sessions available via web archives).</p>	<p>1. The LA Rounds Program has been experimenting with various incentive programs targeted at different year levels. Between May 2009 and April 2010, there have been 28 LA Rounds sessions geared specifically for Phase 1 Year 1 students and attendance at these sessions has been an outstanding 80-95 percent (depending on the session). Phase 1 Year 2 attendance has also been quite respectable at 30-40 percent. Thus far in 2009-10, the vast majority (92 percent) of Phase 1 learners have attended 60 percent of the sessions. It is felt that attendance has improved due to the letter of recognition that will be produced by the Associate Dean, Learner Affairs that students may bring forward as part of their eventual Medical Student Performance Record (this was an approach arranged in advance in concert with the Associate Dean, Undergraduate Medical Education).</p> <p>2. We have also been attempting to broaden the content of the LA Rounds series to better respond to the needs of senior students as well. For example, there were seven sessions specifically intended for Phase 2 and Phase 3 learners; attendance varied from 10-50 percent but these sessions were also archived so that students can attend afterwards at their convenience (for example, the September 2, 2009</p>

	<p>session regarding electives was viewed 57 times). A recent focus has been to better equip Phase 3 students as they prepare for their CaRMS application and interview processes. For example, a very pragmatic presentation featuring renowned expert, Dr. June Harris from Memorial University and Dr. Johnny Dellavedova (NOSM Charter Class member) was well received in November 2009.</p>
<p><b>Learner Wellness Group</b> Learner Affairs will continue its support to NOSM's fledgling Learner Wellness Group as it strives for a level of recognition amongst learners and stability.</p>	<p>Students provided input (to a series of surveys) in January 2009 regarding their wellness needs. This data was compiled by LA staff into easy to read summaries and provided to the newly formed Learner Wellness Committee. The data helped inform the Committee's initial plans on how to proceed. LA staff also assisted the Committee with their initial Terms of Reference. There have been four LWC meetings since September 2009 and three students from this group participated in the first national Physician Health Conference in Vancouver (October). Data from the needs assessment also helped to inform the LA Rounds in that several wellness-related presentations were held: Relationships in Medical School (September 23), Compassion Fatigue (November 18), and Balancing Medical School and Everything Else (November 25). Various wellness resources are also available online at: <a href="https://www.mynosm.ca/organization/learner_affairs/Learner%20Wellness/Forms/AllItems.aspx">https://www.mynosm.ca/organization/learner_affairs/Learner%20Wellness/Forms/AllItems.aspx</a></p>
<p><b>Improved Learner Support</b> We anticipate formalizing an Affiliation Agreement with CAMH in the near future. This will also enable our two organizations to commence planning for an external/independent counselling service for NOSM learners. We also will strive to visit learners in all CCC sites by the end of the calendar year. Critical Learner Update (CLU) meetings will continue on most Tuesdays throughout the year and we will continue to offer counselling/support services at each campus location.</p>	<p>1. The CAMH initiative has moved forward in a significant way. Of special note, following an extended period of development, the NOSM/CAMH Affiliation Agreement received its final approvals on 21/10/09. The formalization of this Affiliation Agreement paved the way for the independent learner counselling initiative to proceed along with a variety of other opportunities that will benefit NOSM learners. At year's end, the counselling initiative was in the midst of a careful planning process and was slated to be implemented as a pilot program for Phase 2 learners in September 2010. Part of the Phase 2 Orientation will include a presentation about this initiative on May 3, 2010. That said, on April 9, 2010 we learned that formal referrals from a local primary care provider (physician or nurse practitioner) will be required by CAMH to access psychiatric care. This was a bit of a departure from earlier discussions and posed a challenge to our process, however, firm commitment to the project remained at NOSM and CAMH.</p> <p>2. Phase 2 learners received packages containing clinically-relevant materials from CAMH during the January 2010 CCC Retreat. The Affiliation Agreement also led to a collaborative venture between NOSM and CAMH in that NOSM co-sponsored the annual Pamela Fralick Forum (this takes place in a different Ontario community each year) in October. The Forum featured Dr. David Marsh, Physician Leader, Addiction Medicine, Vancouver Coastal Health and Providence Health Care (among other titles) who was brought to NOSM's East</p>

	<p>Campus by CAMH to engage learners, faculty, community physicians and pharmacists and allied health care workers in a series of instructive talks entitled "Addiction by Prescription".</p> <p>3. During 2008-9, student clerks in 11/12 CCC communities were visited by LA team members; each visit included a dinner meeting with the respective learner groups and in some cases meetings with the SAC's, SLC's, LNG's and residents. For 2009-10, LA visited with students from four CCC communities prior to the 2009 Holiday break. Given the fiscal challenges in mounting the 2010 CCC Retreat, LA was asked to provide financial assistance to help ensure the Retreat would proceed. LA provided roughly \$6,000 towards the Retreat and played an active role including the hosting of a session on Mindfulness Meditation. LA's funding of the Retreat, however, came at the cost of the remaining on-site visits with the other eight CCC locations. Still, those learners received hand written notes from LA staff along with a modest gift card to show that we were thinking about them.</p>
--	---





**Ontario**

**Ministry of Training, Colleges and Universities**