



NORTHERN ONTARIO SCHOOL OF MEDICINE ACRONYMS SESSION AND MODULE DESCRIPTIONS

ROLE DESCRIPTIONS:

Academics Facilitator/Speaker: Presenters for discipline-specific academic half days and/or sessions, formal curriculum outside of clinical responsibilities.

CanMEDS Session Facilitator: (Joint Family Medicine & Royal College Residents). Presenters for foundational session in the intrinsic CanMEDS roles across all disciplines.

Procedures and/or Simulation Teacher: Clinical faculty teaching in simulated environments to teach residents a variety of skills including hands-on procedures (e.g. suturing, intubation, biopsies, etc.).

Research Skill Development Resource Person/Advisor: Mentor or resource person able to meet individually with learners to help them develop specific research skills.

Research Facilitator: Small group facilitator for resident research curriculum.

Evidence-Based Medicine Facilitator: Small group teaching of evidence-based medicine strategies.

Clinical Academic Facilitator: Presenters or speakers for more informal sessions during regular clinical time e.g. lunch time sessions for residents on a clinical teaching unit. This teaching is outside the regular formal academic half day.

SOO (Simulated Office Orals) Facilitator: Clinical faculty using structured scenarios, acting as standardized patients and providing feedback during SOO as preparation for the Family Medicine Certification Exam.

OSCE (Objective Structured Clinical Examinations) Case Development (please provide possible area): Case writing for clinical vignettes for OSCE.

OSCE Facilitator: Clinical faculty for OSCE training and actual examinations.

Curriculum Development (please provide possible area): Clinical faculty contributing to academic content creation such as case-writing and simulation scenario building.

Remediation: Clinical faculty who will design remediation plans and supervise and assess residents requiring remedial training.

Resident Advisor: An individual responsible for a small number of residents to do a quarterly review of resident progress and develop individualized plans.

CaRMS Interviewer: Clinical faculty to participate in resident selection as interviewers.

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Primary Preceptor: In conjunction with the Program Director, Site Directors and the Evaluation Coordinator (where applicable), the Primary Preceptor is responsible for evaluating the overall performance of residents to ensure that they are well prepared for practice in northern communities. They provide motivational support and guidance to residents; creating a positive and supportive learning environment. Primary preceptors will meet with residents on a quarterly basis to review program requirements and the overall progress of the individual resident.

PHASE 1 MODULE SESSION DESCRIPTIONS:

MODULES:

Module 101 (Yr1)

(September – 4 weeks)

Students are learning about their role in relation to 3 perspectives: the perspective of the patient; the perspective of the student; and the perspective of the physician. An introduction to each of the basic sciences provides a foundation for future learning.

Module 102 (Yr1)

(October-November – 6 weeks)

In this module, students will be introduced to the gastrointestinal system, including the pancreas and liver. Common illnesses of the abdomen and these organs are the foci in the patient encounters in this module. Key concepts concerning nutrition will be explored, with special reference to nutrition for children and the role of vitamins and micronutrients.

Module 103 (Yr1)

(November-December – 6 weeks)

This module focuses on the cardiovascular and respiratory systems. In this module, students will begin to investigate how the physician functions within the health care team to provide a circle of care for patients.

Module 104 (Yr1)

(January-February – 6 weeks)

The focus of this module is on the central nervous system and each of the cases of the module provides an opportunity for students to enhance their understanding of various presentations of neurological disease. Students will be introduced to the broader principles of primary health care, public and community health, and basic epidemiology.

Module 105 (Yr1)

(March-April – 6 weeks)

This module has as its core medical content a focus on the musculoskeletal system. This module is set in a small Francophone community in Northern Ontario. Students will have the opportunity to see the role played by the strong presence of a cultural group in a community and how their language, history, values, attitudes and worldviews affects both the experience of patients and the delivery of health care.

Module 106 (Yr1)

(April-May – 6 weeks)

The focus of this module is the endocrine system and students will have the opportunity to focus on a different endocrine organ. This module is unique as it is set to be delivered in an aboriginal community where the students will be on placement in pairs. While undertaking their study of the core curriculum, students will also become much better at understanding the health issues affecting aboriginal communities in Northern Ontario and will be deepening their understanding of aboriginal culture, beliefs and contemporary way of life.

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Module 107 (Yr2)

(September-October – 6 weeks)

This module focuses on the Reproductive System; reproductive physiology and health, pregnancy and delivery, breast cancer and cancer screening, and genetics. Other issues examined in this module include transfer of care, access to specialized services in rural Northern Ontario, Aboriginal and Francophone views of genetic screening, cancer screening, and culturally sensitive approaches to health care. Personal and professional issues focus on the patient and physician relationship, ethical practice, controversial issues and ethics, informed consent, and aspects of research ethics, including legal requirements.

Module 108 (Yr2)

(October-November – 6 weeks)

This is the first of 2 Integrated Community Experience (ICE) modules in Phase 1. The medical science focus of this module is the renal system. The anatomy, histology and embryology of the urinary system will be explored as well as the physiological processes of the kidney and the role of renal regulation within the body. Students will undertake their core curriculum study while on placement in a rural or remote community setting. During this module they will be expected to participate in at least 3 half days per week of clinical experience.

Module 109 (Yr2)

(November-December-January – 6 weeks)

The medical sciences focus in this module is hematology and immunology. Topics addressed in the hematology section include: the composition and function of blood; the different types of blood cells and their function; hematological malignancies; hemostasis and coagulation; red cell disorders and transfusion. In the immunology section, you will be studying: the structure and function of antibodies; congenital and acquired immunodeficiencies, with a particular focus on HIV; hypersensitivity, allergy, immunization and solid organ transplantation. In this module, the Theme 5 Undergraduate Medical Education (UME) curriculum will focus on the pediatric interview and examination.

Module 110 (Yr2)

(January-February – 6 weeks)

This is the second of 2 ICE modules in Phase 1 which explores the nervous system. The anatomy and physiology of the special sense organs will be investigated as well as central sensory processing. The module will also address complex brain functions, such as cognition, mood, and memory. Dysfunction of the brain resulting in mental illness will be explored, including the neuroscience, treatment, and classification of these disorders. In the area of clinical skills, you will gain experience in interviewing patients with mental health disturbance.

Module 111 (Yr2)

(March-April – 6 weeks)

This final module in Phase 1 has a threefold focus. 1) Study of structures and functions, normal features, and common abnormalities in the integumentary system. 2) Review of physiology from an integrated perspective. 3) Poisoning, including its patterns and the principles that are applied in clinical emergencies.

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SESSIONS:

There are 3 distinct types of learning opportunities; small group sessions, large group facilitated sessions and community-based experiences.

SMALL GROUP SESSIONS:

CBL (Case-Based Learning): Each week, students meet with a facilitator in groups for a 2-hour session. Through a model of guided discovery, which is designed to support self-directed research, students consider a complex case that directs the learning for the module. Each module reflects 6 weeks of study and explores instructional content related to the 5 UME themes. Prepared objectives guide student learning during CBL sessions.

TOS (Topic-Oriented Sessions): These 2-hour facilitated sessions occur twice each week. The focus of the TOS is 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 gained through independent research. As the week progresses, information is revealed about the patient, until the objectives related to these sessions have been fully explored by the students.

SCS (Structured Clinical Skills): These weekly 3-hour sessions focus on instruction and practice in patient/doctor communication and physical examination skills. Students meet in small groups with a clinical instructor and practice their interviewing and examination skills with standardized patients. The objective for these sessions is to explore the knowledge, skills and attitudes defined by Theme 5 of the UME curriculum.

LARGE GROUP SESSIONS:

WGS (Whole Group Sessions): These sessions are 3 hours in length and are scheduled once a week. In a WGS, the class is instructed as a whole by faculty of the School. The instructional format includes traditional lectures, demonstrations, and large group tutorial activities. These sessions are simultaneously video-conferenced between campus locations.

LAB (Laboratory Sessions): These 3-hour sessions occur 4 times in every 6-week module. During each LAB session, students initially meet as an entire group for a WGS. Students are then required to meet in small groups to focus and work through case studies based on learning objectives outlined and explained in the WGS. For each module, the LAB sessions focus on learning objectives related to basic anatomy and histology, pathology, diagnostics and clinical/diagnostic skills.

COMMUNITY AND INTERPROFESSIONAL LEARNING:

CIL (Community and Interprofessional Learning): Each week there is one 3-hour session dedicated to providing students with a wide range of community-based experiences (varying from 1 to 6 sessions per site). Observing and interacting with patients/clients and a variety of service providers under the guidance of a facilitator, students visit patients in their homes, in hospitals, long-term care facilities, doctors' offices, pharmacies, rehabilitation centres, or other service providers or organizations. These experiences involve the content of the 5 UME themes and provide a focus for inter-professional learning.

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During Modules 108 and 110, CIL sessions are scheduled 1 **half-day per week** during the four weeks that NOSM students spend in the community. Through these community experiences, students gain opportunities to observe, interact, and ask questions of health professionals, agency staff, and patients.

PHASE 2:

Phase 2 (year 3) of the MD program is dedicated to a single Comprehensive Community Clerkship (CCC) that takes place in medium-sized communities across Northern Ontario. Learners undertake a wide range of clinical learning activities throughout the community as well as engaging in group teaching sessions including virtual academic rounds (VARs) and distributed topic sessions (DTS). Learners also undertake a reflective research project based in the needs and dynamics of their host communities; Bracebridge, Dryden, Fort Frances, Hearst, Huntsville, Kapuskasing, Kenora, Manitoulin Island, Midland, North Bay, Parry Sound, Sault Ste. Marie, Sioux Lookout, Temiskaming Shores, Timmins and Thunder Bay.

ACADEMIC SESSION DESCRIPTIONS:

DTS (Distributed Tutorial Sessions): In a DTS, the class is instructed as a whole by faculty of the School. The instructional format will include traditional lectures in order to review key concepts and issues from within the core clinical disciplines. These sessions are typically delivered as DTS - PowerPoint presentations with voice-overs by the lecturer. These are available to the students through the online curriculum, and can be viewed at any time. The lecturer is available to the students for a question period via a scheduled teleconference.

Academic Remediation (Phases 2 and 3): Faculty who will design remediation plans and supervise and assess learners requiring remedial training.

VARs (Virtual Academic Rounds): Students meet with a facilitator in groups of 8 for two 3-hour sessions each week. Their learning is based on cases identified from their clinical experiences in the community. Through a model of guided discovery, students identify learning issues, develop a strategy to acquire the necessary knowledge and share the knowledge gained through independent research. Each case discussion will be divided into two 1.5-hour session segments. Early in the week, in the first 1.5-hour session segment, the case is presented and the objectives are reviewed. The objectives are then discussed and presented in a subsequent 1.5-hour session later in the week. These sessions explore specific objectives which have been selected to guide discussions related to the student's case presentations. The objectives of the discussion are related to all 5 UME themes.

PHASE 3:

Phase 3 (year 4) takes place in the academic health science centres in Thunder Bay and Sudbury and is organized around a series of specialist clerkship rotations: Surgery, Internal Medicine, Children's Health, Women's Health, Mental Health, Emergency Medicine, and Family Medicine. The integrated exposure to various specialties and subspecialties in Phase 3 provides learners with the opportunity to assess various specialties which they may choose to pursue as career choices. There are also opportunities to experience medicine in different settings through electives.

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Academic Rounds and Academic Sessions: During the core rotations of the clinical clerkship, students will be required to attend and participate in the weekly academic teaching rounds and academic sessions. The teaching of these sessions will be conducted by clinical hospital faculty. During the rotation blocks (4 weeks), students will participate in one 2- to 4-hour academic session per week.

Journal Club: Journal Club/critical appraisal is an academic activity that meets the Theme 3 UME learning objectives in Phase 3. These sessions are conducted separately in Thunder Bay and Sudbury. It involves a faculty member and 1 to 6 students, depending on the rotation and location. Ward rounds and journal club are approximately one hour each and are held during the last week of the rotation.

LMCC (Licentiate of Medical Council of Canada): The LMCC Boot Camp occurs at the end of Phase 3. It is a series of lectures that prepare students for the Medical Council of Canada Qualifying Examination Part I, a 1-day computer-based test consisting of multiple choice and clinical decision making questions that assesses the competence of medical graduates for entry into post-graduate training.

ICE MODULE COMMUNITY LISTINGS:

106 COMMUNITIES:

Atikameksheng Anishnawbek First Nation (Whitefish Lake), Brunswick House First Nation, Constance Lake First Nation, Deer Lake First Nation, Dilico Family/Fort William FN, Eagle Lake First Nation, Fort Albany First Nation, Fort Frances Tribal Health Authority, Fort Severn First Nation, Garden River First Nation, Kingfisher Lake First Nation, Kitchenuhmaykoosib Inninuwug First Nation (Big Trout Lake), Lac La Croix First Nation, Lac Seul First Nation, Mattagami First Nation, M'Chigeeng First Nation, Metis Nation of Ontario – Thunder Bay, Metis Nation of Ontario – Timmins, Missassauga First Nation, Mnaamodziwin Health Services, Muskrat Dam First Nation, Naicatchewenin First Nation – Northwest Bay First Nation, Naokamegwanning First Nation (Whitefish Bay), Nipissing First Nation, Ojibways of Batchewana First Nation, Sagomok Anishnawbek First Nation, Sandy Lake First Nation, Serpent River First Nation, Temagami First Nation, Wasauksing, Wassay-Gezhig-Na-Nahn-Deh-We-Igamig (Kenora), Wikwemikong Unceded First Nation

108 AND 110 COMMUNITIES:

Atikokan, Blind River, Cochrane, Collingwood, Dryden, Elliot Lake, Emo, Englehart, Espanola, Geraldton, Gore Bay, Hearst, Iroquois Falls, Kinmount, Kirkland Lake, Lindsay, Little Current, Marathon, Midland, Mindemoya, Nipigon, Noelville, Orillia, Owen Sound, Red Lake, St-Joseph Island Medical Centre, Sault Ste. Marie, Schreiber, Shelburne, Smooth Rock Falls, Stayner, Sudbury, Sutton, Thessalon, Thunder Bay, Vermillion Bay, Wawa.

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NORTHERN ONTARIO DIETETIC INTERNSHIP PROGRAM (NODIP):

Built into the internship practicum, dietetic interns are required to attend and participate in bimonthly academic sessions. The class is instructed as a whole by faculty of the school or experienced clinicians. The two 3-hour sessions are typically delivered as distributed videoconferences across a minimum of four sites. PowerPoint presentations, case studies and prior reading requirements are available to the dietetic interns through the on-line curriculum. There are a variety of opportunities that exist for NOSM faculty to teach/facilitate in the NODIP.

RDW (Research Development Workshops)

(September –December)

Practice-Based Research is included within the dietetic intern practicum to foster critical thinking, questioning and research skills. Six 3-hour sessions allow Faculty with advanced research skills, or who regularly participate in nutrition research, to facilitate sessions that cover the full spectrum of the research process from refining the research question, to preparing for the Research Ethics Board submission, and data analysis.

PFS (Practice- Focused Sessions)

(September – June)

Dietetic Interns participate in case-based sessions, apply best practice guidelines and refine nutrition assessment skills and care plan approaches in specialty practice areas.

Faculty who are Registered Dietitians with advanced skills can lead and facilitate two 3-hour discussion sessions on topics such as: pediatric nutrition, nutrition management in renal disease, dysphagia management, diabetes and food allergies.

SES (Skill Enhancement Sessions)

(September – June)

A 3-hour skill enhancement session is developed by a faculty member who is a Registered Dietitian related to specific learning objectives. These sessions are dedicated to enhancing a wide range of skills across the 3 practice areas of Clinical Nutrition, Community Nutrition and Food Service Management. The instructional format will include an educational lecture in order to review key concepts and issues. Sessions will incorporate small group work at each of the distributed sites to apply the acquired knowledge and refine the skills. Session topics include: program evaluation, clear language/health literacy, nutrition care process and model, and motivational counseling.