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Welcome to the second annual Community Report of the Northern Ontario School of Medicine (NOSM).

There have been a number of things that have made the 2007-2008 academic year at NOSM special. Last fall marked the beginning of a remarkable adventure as the School’s Charter Class participated in the School’s Comprehensive Community Clerkship (CCC) program. For the first time, third-year medical students spent their entire academic year living, learning and experiencing, first-hand, medical practice in ten medium-sized communities throughout the North. I invite you to read more about NOSM’s CCC program and the comprehensive, patient-centred training our students receive from our learner-hosting communities in the pages ahead.

NOSM is quickly becoming a must-see location on the map of medical educators from all over the world who are interested in our distinct model of distributed community-engaged learning and social accountability mandate. Special guests and delegations visiting the School over the past year have lauded NOSM’s model and made comment on the School’s innovative approach to the delivery of medical education.

In June 2008, NOSM was thrilled to have had the opportunity to co-host, along with Flinder’s University, Australia, the inaugural International Conference on Community Engaged Medical Education in the North (ICEMEN). The five-day conference, which welcomed delegates and health field dignitaries from nearly every continent, addressed the topic of community-engaged medical education and provided many opportunities for everyone in attendance to share their expertise with, and learn from, peers from across the globe.

Over the past year, NOSM has worked to implement an Organizational Alignment Initiative (OAI). This initiative has been created to review the current structure within NOSM as we move closer to becoming a single cohesive organization which is greater than the sum of its parts. With valuable input from faculty and staff members, and from others associated with the School, NOSM continues to move forward developing a collaborative, inclusive, and respectful environment which celebrates diversity.

As we enter the new academic year of 2008-2009—a year of truly historic proportions as the Northern Ontario School of Medicine graduates its Charter Class of undergraduate medical students and first class of postgraduate residents—I enthusiastically invite you and all our community partners, physician-teachers, donors, and many supporters to join the celebrations of all that we have achieved together.

Please enjoy reading this year’s Community Report.

Sincerely,

Dr. Roger Strasser
Founding Dean and CEO
Northern Ontario School of Medicine
I am pleased, on behalf of Lakehead University, to congratulate the Northern Ontario School of Medicine as it enters its final accreditation review.

This dual-campus medical school with Lakehead and Laurentian Universities is a source of pride for Northwestern and Northeastern Ontario. The innovative community-based curriculum has ensured that NOSM has reached out to the region and provided the students with an understanding of the difficult healthcare delivery circumstances in the North. This is a medical school focused on the special health issues and needs of Northern and Aboriginal communities. The most telling sign of NOSM’s success is the calibre of the students who have been attracted by the vision of the School.

Lakehead’s Faculty of Medicine (the West Campus of NOSM) clearly has made a difference to the communities of Northwestern Ontario as, I am certain, Laurentian’s Faculty of Medicine (the East Campus of NOSM) has done in Northeastern Ontario. We can’t wait until the first graduates begin to make their personal commitments to these same communities.

On behalf of the Laurentian University community, it is my pleasure to congratulate the Northern Ontario School of Medicine on yet another exceptional year.

As Chair of the Northern Ontario School of Medicine’s Board of Directors, I have witnessed the progress the School has made over the past year. We are rapidly moving closer to graduating physicians in the North, and for the North, as the Charter Class completed their first Comprehensive Community Clerkship and began their last year of medical school. And, for the first time at NOSM, we have students enrolled in all of the four years of the undergraduate medical education program.

As I relinquish my post as Chair, I cannot help but feel exceptionally rewarded that I could be part of the development of this unique school of medicine. The School will always be close to my heart and I will continue to follow its activities and progress from my new post as President of Concordia University in Montreal.

Congratulations and thanks to all for a job well done.
In responding to the unique challenges of Northern Ontario, the Northern Ontario School of Medicine (NOSM) created an innovative distributed model of education that draws on the commitment, expertise, and generosity of people in communities across the North. Training and graduating resourceful physicians and health professionals with a particular understanding of, and affinity for, people in Northern and remote settings is a key component of the School’s social accountability to the cultural diversity of the region it serves.

All of NOSM’s medical education programs—including the School’s undergraduate medical education, postgraduate residency, continuing health professional education, and interprofessional education programs—incorporate a model of community engagement, and highlight the interdisciplinary, geographic, demographic, linguistic and cultural realities of Northern Ontario. In fact, engaging with Northern communities is a principle reflected in the School’s curriculum, administration, student demographics, and community-based Board of Directors.

Last year, for the first time, NOSM’s Charter Class completed their Comprehensive Community Clerkship (CCC), an undergraduate curriculum requirement in which third-year medical students learn in hospitals, health centres, and family practices with the support of physician-teachers in 10 mid-sized communities.

This year’s report highlights, among other accomplishments, the success of the School’s Clerkship program and the individuals and communities involved in this achievement.
“The benefit of the eight-month Clerkship is that it allows students enough time to see how every aspect of the health-care system works. This is its greatest strength.”

Dr. Joel Carter
NOSM Physician-Teacher
North Bay General Hospital
The Northern Ontario School of Medicine has been extremely fortunate to attract participants from communities across Northern Ontario to assist in delivering a unique model of distributed medical education. Community participation is essential to the success of NOSM. Affiliation agreements and Local NOSM Groups (LNGs) link communities with the School, and with each other, to form a chain of distributed learning sites that are vital to the Clerkship and the School’s commitment to community engagement.

A principal strength of NOSM’s undergraduate medical education program is the introduction to clinical training that students receive during their third-year CCC placement. During the eight-month Clerkship, third-year students are poised to benefit from a length of term that allows for participation in a continuity-of-care cycle. Admitting patients, charting their medical history, and assisting in a health management plan are unique features of the CCC that prepare students for the rigours and rewards of family practice.

Immersion in extensive, community-based environments provides medical students with challenges in the demanding contexts of patient-centred care under the guidance of physician-teachers. In these rigorous environments, students may find themselves assisting a surgeon in the operating room, compiling comprehensive case histories of patients, conducting regular rotations, or attending lectures by family physicians or specialists.

The distributed education model is intended to foster reciprocal benefits arising from cohesive partnerships across the North. Comprehensive Community Clerkships, integral to the students’ understanding of patient-centred care, benefit all participants, including physician-teachers, healthcare centres, communities, and patients.

“"The Clerkship is a completely different approach to undergraduate medical education, allowing me to experience primary health care in the community to the fullest possible extent. In my situation, I am matched with one primary-care physician with whom I’ve established a good relationship, so this gives me as real a snapshot as I can get of life as a doctor in a Northern community.""

Omodele (Mody) Ayeni
Entering Class 2005
On August 22, 2008, the Government of Ontario endorsed its support of NOSM's distributed education model with a $3.3 million contribution toward the enhancement of community-based medical facilities. The investment in improvements to learning environments in NOSM communities was generously granted by the Northern Ontario Heritage Fund Corporation (NOHFC), and announced by the Honourable Dalton McGuinty, Premier of Ontario, at NOSM's West Campus in Thunder Bay.

Students, residents, physician-teachers, and other learners will directly benefit from this investment into increased office and examination room capacity, the purchase of technology and medical equipment, and the financing of additional teaching tools in learner-hosting sites throughout the North.
Two of NOSM’s medical students pursued their clinical training at the Bracebridge site of Muskoka Algonquin Healthcare, an amalgamation of the South Muskoka Memorial Hospital, Huntsville District Memorial Hospital, and regional health-care units.

By examining patients early in their medical careers, learners quickly discover the challenges of dealing not just with the ‘textbook’ appearance of a specific and isolated ailment, but with the complexity of a patient’s entire history. While clinical training is critical to effective health-care delivery, students also draw on their social learning skills to address patients’ concerns and to engage them, where possible, in the recovery process.

Smaller hospitals and medical centres in mid-sized Northern communities allow students ready access to patients, physicians, and allied health professionals. Learning in environments like the Bracebridge site, where informal relationships enhance accessibility, empower NOSM students with a practical understanding of family medicine delivery.

“All the learning I did in the classroom now becomes relevant in the Clerkship.”

**Sandy Adamson**
**Entering Class 2005**

“All the learning I did in the classroom now becomes relevant in the Clerkship.”

**Dr. Faizal Bawa**
**South Muskoka Memorial Hospital Site**
“Here, I can keep up-to-date on current research at all times. The School has also provided us with PDAs which allows access to drug and disease databases. I couldn’t imagine having to go home at the end of a busy day and look up this information.”

David Janhunen
Entering Class 2005

“Technology can be the deciding factor in a physician’s decision to move here. If we offer a technology package that may not be available elsewhere, this could be the deciding factor.”

Teresa Hazel
LNG Member and Communications Officer
Riverside Health Care Facilities Inc.

The border town of Fort Frances, located on the shores of Rainy River across from the state of Minnesota, starts its recruitment of medical professionals early. It encourages high school students who demonstrate an interest in medicine to pursue a medical school education and consider returning as fully qualified professionals.

This same determination to meet the health-care needs of its population was demonstrated in the community’s enthusiastic embrace of two NOSM students. The regional hospital, Riverside Health Care Facilities, welcomed the fresh perspectives that NOSM students brought to their Clerkship training in this community of 9000 residents.

NOSM learners were also invited to sit on various committees in order to better understand the health centre’s operations and culture.

With the support of the Local NOSM Group, Riverside Health Care Facilities provided students with cutting-edge IT technology to assist them in their learning endeavours. The latest advances in web-based technology and videoconferencing, and the assistance of the LNG in integrating students into the community, are attractive features for Clerks adjusting to the new learning experience and environment.
“Health-care practitioners are highly valued, and we take whatever steps are necessary to ensure NOSM students feel welcome here, that they understand our community, and would want to live here.”

*Claude Doughty*  
Huntsville Mayor

“The experience of living here has 100 percent influenced my decision about where I will practice. If there was ever any doubt about where I would live, this experience has absolutely confirmed my decision to stay.”

*Nell Thomas*  
Entering Class 2005

When deputy mayor and councillor, Fran Coleman, was challenged by concerned citizens to recruit more physicians to serve the Huntsville-area population, the response was to partner with NOSM as early as possible to meet community-based needs.

Huntsville eagerly supported NOSM’s distributed education model and, like all Clerkship communities, welcomed students into practice-based clinical environments that would help to advance their medical education.

Charting new learning paths through the Clerkship’s first year has been a formidable task, but an investment that reaped a profitable return. New levels of student learning have been reached by observing a variety of physicians with different practice styles, matched by the willingness and ability of physician-teachers to integrate students into their daily practices.

Thanks to the LNGs sustained commitment to integrating Clerks into the community, which has also included accommodating the needs of families, four students in the 2007-2008 Clerkship received a thorough understanding of this community’s history, premiere attractions, and opportunities for a rewarding lifestyle and career.

“...”

*Huntsville’s Town Hall*  
*Swing Bridge*
When NOSM Clerks arrived at the Lake of the Woods Hospital, Dr. Sean Moore was there to arrange a flight in the medical helicopter, an essential emergency vehicle which is used to tend to patients needing assistance in the vast hinterland of Northwestern Ontario.

In fact, NOSM’s four Clerks accumulated a lot of first-time experiences in Kenora, a popular summer tourist destination located some two hours east of Winnipeg.

In this vibrant hospital where health professionals are on a first name basis, opportunities for Clerks included critical interventions, new insights acquired from physicians eager to identify points of medical interest, and catching some of the largest fresh water fish in the country.

Participating in direct patient care leaves lasting impressions on students developing their new clinical skills. Tending to patients may be daunting initially, but the face-to-face contact forms the fundamental basis for the way in which students will interact with, and perform procedures on, patients in the future.

“By virtue of participating in a distributed model of medical education, I learn from students how things are done in Thunder Bay or Dryden. So they bring a lot to the table when they arrive on our doorstep.”

Dr. Sean Moore
Chief of Staff
Lake of the Woods District Hospital

“Lake of the Woods is one of the premiere sailing areas and has the largest marina between Toronto and Vancouver. It is an outstanding area for summer recreation.”

Mark Balcean
CEO
Lake of the Woods District Hospital
In 2007, the City of North Bay, on the shores of Lake Nipissing, opened its doors to 12 Clerkship students. The medical environment, described as open and easy going, provided a wealth of learning opportunities.

Physician-teachers included students in delivering babies, performing hospital rounds, and assisting in operating procedures. Encouraged by the heightened level of student interest, physicians voluntarily facilitated extra sessions to enhance their students’ core knowledge and provide the best clinical education possible.

Students overwhelmingly expressed their appreciation, citing numerous examples of additional learning opportunities initiated by physician-teachers and allied health professionals.

For students living and learning in North Bay, a mid-sized community with 56,000 residents and many educational and leisure opportunities, returning to practice here as future physicians is a distinct possibility.

“Physician-teachers have found that students have re-energized them, brought life back into their day because they now have a chance to discuss patients with the students, look things up together, and share ideas. This sharing of knowledge contributes to a more dynamic environment.”

**Dr. Joel Carter**  
Site Liaison Clinician  
North Bay General Hospital

“Working in North Bay with a cohesive group of people has really exposed me to the breadth of family medicine. I really like this city and could see myself practicing quite happily here.”

**Tracey Ross**  
Entering Class 2005
For Clerks, every day presents new opportunities for self-directed learning. Medical students are able to ask questions, investigate and research the issues they see in the clinical environment, and take advantage of resources recommended by their physician-teachers. The diversity of the clinical experience – assessing patients, working with seasoned practitioners, assisting with recovery management plans, text book learning after clinic hours introduced four students to the totality of medical care that reaches far beyond concepts and isolated learning exercises. Sometimes rich learning opportunities are presented that reach beyond the community. During last year’s Clerkship, NOSM students joined Dr. David Clarke and a health-care team from Parry Sound on a two-week trip to Nicaragua where they witnessed, and participated in, the delivery of care in a developing nation. Over 850 patients were examined and 2,500 prescriptions dispensed to the local population over a six day period. Delivering patient-centered care in a rural setting located far beyond the familiarity of Northern communities rewarded students with an unprecedented experience. As Dr. Clarke continues to make regular trips, more NOSM students will benefit from this unique opportunity to participate in the delivery of care to an underprivileged population.

“I see the Clerkship year as pivotal in the transition from a student-centred to patient-centred attitude. Part of our contribution is to help students through that transition.”

Dr. David Clarke
Physician-Teacher
West Parry Sound Health Centre

“The Northern Ontario School of Medicine brings us hope. The approach and methodology it uses for this decentralized medical education program is groundbreaking in North America.”

Norman Maciver
LNO Co-Chair and CEO West Parry Sound Health Centre
“When you learn in the classroom, you tend to do systems-based learning. But when you learn clinically, you can’t narrow your scope. You have to think about how all systems interact.”

Laura Kember
Entering Class 2005

“It is said that patients are your best teachers. When they are willing and engaged, many will provide feedback about how they think students are maturing as doctors.”

Dr. David Crookston
Sault Ste. Marie Clinical Clerkship Coordinator

Local NOSM Groups can go to great lengths to capture the hearts and minds of future physicians. The Sault Ste. Marie LNG adopted a creative approach from the beginning by organizing a scavenger hunt with students and physician-teachers. Numerous meetings with town officials followed, as well as introductions to local entertainment venues.

To ensure that NOSM’s 12 clerks were as comfortable as possible, LNG member Andre Reibmay-Elder, and supporters, organized the Sault Medical Learners Centre, a consortium of like-minded citizens dedicated to building a facility that would accommodate NOSM students, and familiarize them with the city’s attractions.

Transitioning to a new community and a new set of expectations, while challenging, yielded opportunities for excellent training and an awareness of lifestyle enhancements.

Learning the professional aspects of family medicine from physician-teachers with diverse clinical experience enriched the students’ understanding, and appreciation, of family medicine. In addition, NOSM Clerks were given every opportunity to discover the natural beauty of this region through participation in many recreational activities supported by the Local NOSM Group.
Sioux Lookout is the most northerly of the Northern Ontario School of Medicine’s Comprehensive Community Clerkship sites.

The Meno Ya Win Health Centre yields unique opportunities for medical students. Meno Ya Win is an integrated facility, which provides health services with respect to culture and linguistic diversity of all residents within Sioux Lookout and the surrounding area, and to people from the Nisnawbe-Aski communities north of Sioux Lookout, the Treaty #3 community of Lac Seul First Nation, as well as to residents of Pickle Lake and Savant Lake.

In addition to clinical training they receive from family physicians, learners acquire knowledge of Aboriginal culture and healing approaches.

The Elders in Residence and Traditional Healing Medicine, Foods and Supports programs are examples of the way in which Aboriginal culture is embedded in the fabric of the organization.

Four medical students completed their Clerkship in this community.

“The Clerkship was fantastic, partly because the calibre of medical service is remarkable, and because I have become more sensitive to the fact that people are coming to me from different perspectives.”

Jessica Moretti
Entering Class 2005

“We are able to show students what family medicine has the potential to be, and how exciting it is in a remote, rural area. The Clerks have been involved in all aspects of care – not just watching, but digging in and doing the work.”

Dr. Terry O’Driscoll
Chief of Staff and Family Physician
Meno Ya Win Health Centre
The Temiskaming Hospital is a modern facility serving a total population of 25,000 people in the community of Temiskaming Shores (former communities of New Liskeard, Haileybury, and Dymond Township).

Temiskaming Hospital’s medical team consists of 17 full-time and two part-time family practitioners, three general surgeons, one internist, three general practitioner anesthetists, one family doctor specializing in geriatrics, one visiting pathologist and three visiting radiologists.

Responding to the requirements of the Comprehensive Community Clerkship can be challenging, but rewarding. Working alongside physician-teachers and other health professionals, and learning the subtle nuances of the physician-patient relationship, reinforce medicine as a dynamic and multifaceted profession. In addition to the hospital, clinic, and emergency department, four NOSM students in this community of 10,600 people spent time in labs, pharmacies, and optometry and dentistry offices—practical opportunities for understanding the importance of allied health services working in concert with each other.

“By learning within a community-based model, you begin to understand what you have been studying up to that point. The application of theory is the biggest difference. It makes the theory real and it gives you something to hold on to, so the next time you see it or hear about it, you know what you are talking about.”

Brigitte Carriere
Entering Class 2005
With a reputation of being the “City With a Heart of Gold,” Timmins and its Local NOSM Group wasted no time reaching out to the eight NOSM students who completed their clinical placements here. Committees were formed to find accommodation, welcome students, organize events, and integrate them into the community.

The LNG mined its creativity in the use of games to orient students to local points of interest, and introduce them to community members eager to assist in their adjustment to a new working and living environment. Generosity was widespread as businesses and citizens sponsored welcoming festivities.

In addition to being beneficiaries of the city’s hospitality, students were provided sound instruction in obstetrics, sexual health, psychiatry, and emergency medicine by the complement of enthusiastic physicians who instructed the Clerks in all major competencies.

NOSM Clerkship students, and residents, capped orientation sessions by attending a presentation delivered in Timmins by the Honourable Lieutenant-General, Senator Romeo Dallaire, distinguished by his efforts to stem the tide of violence in Rwanda.

“I developed fantastic relations with physicians and other health-care people. When unusual cases developed, practitioners would seek me out because they knew I would learn from these cases.”

Ella Goodman
Entering Class 2005

“We lay the foundation for welcoming medical students to our community, but it is the physicians who create the environment in which students work. This has been a very positive experience for students who were made to feel part of the medical team.”

Don Wyatt
Co-Chair, Timmins LNG
New Additions to the NOSM Family of Clerkship Sites

During this 2008-2009 academic year, NOSM welcomed two new communities to the Comprehensive Community Clerkship program.

The host sites of Kapuskasing and Dryden now provide clinical contexts for students to experience patient-centred learning from physician-teachers and allied health professionals in regional hospitals and health centres.

Four third-year medical students are now in Kapuskasing, observing and learning under the leadership of Dr. Christopher Meilleur, Lead Physician at the Sensenbrenner Hospital. During times away from their clinical training and textbook learning, students may enjoy plentiful recreational activities in this largely Francophone community of 8,500 residents.

Dryden is hosting two third-year Clerks who began their training at the Dryden Regional Health Centre under the leadership of Lead Physician, Dr. Mark Whittaker.

Students benefit from learning in a progressive environment with a modern communications network, good educational facilities, and a robust social climate with over 200 clubs and organizations.
COMPREHENSIVE COMMUNITY CLERKSHIP (CCC): Third-year students spend the entire year completing the CCC in a host community in Northern Ontario.

REMOTE/RURAL COMMUNITIES: Second-year students complete two four-week placements in small rural or remote Northern Ontario communities.

ABORIGINAL COMMUNITIES: First-year students spend four weeks in an Aboriginal community in Northern Ontario.

LOCAL NOSM GROUPS (LNGs): The LNGs provide a mechanism for both the community and NOSM to stay abreast of each other’s developments.

FAMILY MEDICINE RESIDENCY COMMUNITY ROTATION (FMRC): NOSM’s Postgraduate Medical Education program accommodates 30 residents per year in its two-year program. Clinical learning placements in Family Medicine occur in Northern Ontario communities.

A PAN-NORTHERN SOLUTION: NOSM’S DISTRIBUTED LEARNING SITES
In September 2007 at a NOSM Symposium broadcast around the world on the Internet, Sister Elizabeth Davis, President of the Medical Council of Canada, a Board Member of the Royal College of Physicians and Surgeons of Canada, and a noted medical administrator, delivered a presentation entitled, “Will Distributed Medical Education Make a Difference to the Health of Canadians?”

After the presentation, Sister Davis told our students, faculty and staff that “You are the leaders...you are helping to draw the new maps...for new realities in modern medical education. Your way is the most noted, most advanced, and most articulated.”

In early October 2007, a delegation from the medical school at Tromsø, Norway (the world’s northernmost medical school) and Norway’s National Centre for Rural Medicine spent several days visiting NOSM.

The Norwegians concluded that NOSM’s inter-dependent community partnership model, which relies heavily on the commitment and active participation of communities across the North, could be the very element that’s lacking in their pedagogical approach, and one reason that their graduates opt to remain in larger urban centres.

In mid-October 2007, NOSM hosted a seminar led by Dr. Charles Boelen. A distinguished physician with a long history of association with such institutions as the World Health Organization and Harvard, Stanford and McGill Universities, Dr. Boelen is considered to be the father of the social accountability concept of medical education.

After learning about NOSM’s efforts to incorporate this mandate into virtually everything it does, Dr. Boelen said that he was “seeing for the first time concretely implemented ideas which I have talked about for years and years, particularly around the medical school focusing on making a difference to people’s health.”

Finally, in November 2007 a delegation from the University of Sherbrooke Faculty of Medicine visited NOSM. At the conclusion of a comprehensive series of meetings and visits with a specific focus on distributed community-engaged medical education, Dr. Paul Grand’Maison, Sherbrooke’s Vice Dean for Undergraduate Medical Education, wrote, “You have been able to implement in a relatively short period of time a school of medicine that puts in practice most of the recent and future trends of medical education for the 21st century. Lessons for our school and our curriculum are numerous.”
NOSM held its first International Conference on Community Engaged Medical Education in the North (ICEMEN) in conjunction with Flinders University, Australia. Health professionals from nearly every continent gathered in Sudbury and Thunder Bay during this week-long event to share experiences with, and learn from, peers about community-based education. Workshops, debates, group sessions and other forums apprised participants of the latest developments and challenges in this exciting new frontier of medical education.

One conference highlight featured bus tours along two separate routes that departed Sudbury for Thunder Bay. One route followed Highway 17 along the north shore of Lake Superior and stopped at several learner-hosting sites, including the Aboriginal community of M’Chigeeng. The second route proceeded further north through the Ontario hinterland and stopped in several Francophone communities where delegates visited sites of historical and cultural interest. Participants on both buses spotted wildlife typical of the region, and were treated to Northern hospitality in several host communities.

A roster of keynote speakers, distinguished by their pioneering efforts in community-based education, or by noteworthy accomplishments in the medical profession, set the tempo of the week-long itinerary.
The Northern Ontario School of Medicine is committed to the needs of the people and communities of Northern Ontario and has included in its social accountability mandate the encouragement of applications from qualified Francophone students.

NOSM reaffirmed its commitment to meeting the needs of the Francophone community by holding its second symposium, titled “La grande séduction... des médecins du Nord de l’Ontario”, held in Timmins in September 2007. The symposium centered on successful recruitment efforts of Francophone students, residents, doctors, and Northern communities, highlighted primary care models and methods to ensure the delivery of quality medical services in French, and delivered an appraisal of other Francophone community successes.

The timing of this year’s symposium took into account the need for adequate community recruitment strategies and campaigns, as members of the Charter Class graduate and begin their residency in 2009. NOSM’s family medicine residents will complete their training and will be available to set up practice in 2009.
The Northern Ontario School of Medicine has worked hard to create a new medical school which addresses the health needs of the North. Ensuring meaningful engagement with Aboriginal people and communities has been a critical component of NOSM’s ability to contribute to improving the health of all Northerners.

In 2007, the School’s Aboriginal Affairs Unit’s created the Elders Handbook, a resource document for staff, faculty, students and Elders at NOSM. It describes the Aboriginal Affairs Unit’s Elders Program and the methods by which everyone benefits from Aboriginal Elders in their personal, academic, and professional lives.

Elders play a significant role in the success of medical students by providing safe, caring environments, or serving as non-judgmental confidantes during difficult times. Elders advise and guide in ways that empower students to draw their own conclusions about major decisions, thereby encouraging personal ownership of life choices.

In 2007, a report was issued describing the results of an Aboriginal Workshop entitled, “Mii Kwen Daan - Keeping the Vision - Continuing the Dialogue.” Aboriginal partners, and community and health-care leaders participated to ensure that Aboriginal hopes, aspirations, and ideas about medical education would be reflected in the School’s operations. The 95 participants introduced 27 broad recommendations in the five areas of Community Engagement, Communications, Curriculum, Admissions, and Research.
The Northern Ontario School of Medicine maintains the largest Continuing Health Professional Education program of any medical school in Canada, and continues to expand its number of learning sessions through symposia, conferences, workshops, and other didactic models. The multitude of professional development events are regularly updated on the School’s website.

In keeping with its pan-Northern objective to meet the health needs of the population it serves, the School offers a number of allied health programs. On August 22, 2008, NOSM graduated its first class of the Northern Ontario Dietetic Internship Program (NODIP), a comprehensive internship with opportunities for community-based learning and practice-based research. Ten dietitians with an appreciation for the health-care needs of the people of Northern Ontario are now qualified to begin practice.

Additional accomplishments continue for the School. For the first time, NOSM has a full complement of students with a combined total of 224 learners enrolled in the four-year MD program. The Charter Class of students will graduate next Spring, marking the first-ever group of physicians who will graduate in the North, with an affinity for the North.

In addition, the first cohort of fully qualified physicians will graduate from the School’s accredited Family Residents of the Canadian Shield (RoCS) Program, either to begin practice or to pursue specialized training.

NOSM celebrated the first graduating class of the Northern Ontario Dietetic Internship Program (NODIP) on August 22, 2008.
Postgraduate education at the Northern Ontario School of Medicine is achieving milestones in the number and scope of opportunities that are attracting physicians to train and practice in the North. In total, 30 new medical residents will train every year in the North through NOSM's Family Medicine Residents of the Canadian Shield (FM RoCS) program, as well as up to 26 residents in various Specialty Medicine programs that the School offers in affiliation with the University of Ottawa and McMaster University.

The School's Family Medicine RoCS program has been developed to provide residency training with a particularly pan-Northern scope. Learners are based in five primary residency sites: Sudbury, North Bay, Timmins, Sault Ste. Marie and Thunder Bay. Learning in these major academic centres is combined with clinical rotations throughout rural, remote, Aboriginal and Francophone communities which enhances residents' understanding of the particular health challenges of the North while preparing for eventual practice in any type of setting.

NOSM's mandate to be socially accountable to the cultural diversity of the region underlies the training offered in its residency programs. Participants in Family Medicine (RoCS) – the newest family medicine program in Canada – as well as specialty residency training streams in Anesthesiology, General Surgery, Pediatrics, Internal Medicine, Community Medicine, Orthopedic Surgery, Psychiatry, and Obstetrics and Gynecology learn and work in many communities, thus establishing a strong presence of medical professionals and furthering the School's commitment to educating physicians suited to community needs in the North.

The School also offers PGY-3 programs to Family Medicine residents wishing to expand their knowledge and training in the specific specialty areas of Emergency Medicine, Anesthesia, Enhanced Skills Maternity Care, and Self-Directed Enhanced Skills.

NOSM is pleased to learn that all six of its PGY3 Emergency Medicine residents who completed their training with NOSM on July 1, 2008, will be practicing in Northern Ontario. In addition to these six, a number of additional residents from NOSM’s Specialty Residency programs affiliated with the University of Ottawa and McMaster University will be staying in Northern Ontario to practice.
NOSM held its third Northern Health Research Conference this past spring at Nipissing University in North Bay, Ontario. Over 150 delegates from across Northern Ontario and other provinces in Canada attended. The conference demonstrated NOSM’s commitment to health care and education for the people of Northern Ontario and beyond. This third symposium built on the previous two conferences by continuing to explore research activities within Northern Ontario arising from community-based activities.

The keynote speaker was Dr. Joshua Tepper, Assistant Deputy Minister, Ministry of Health and Long-Term Care, Health Human Resources Strategy Division. Dr. Tepper spoke about the evolution of Health Human Resources, planning, physician recruitment and retention, inter-professional education, and collaborative patient-centred care.

Research conducted by students, residents and community-based researchers covered issues such as:

- Healthier First Nations Communities through Community-Based Tobacco Cessation and Intervention
- Understanding the Impact of a Unique Socio-Cultural and Geographical Context on Physical Activity
- Northern Homelessness: Exploring Areas for Public Health Interventions
- Screening for Colorectal Cancer by Colonoscopy in a Rural Community

Research at NOSM is reflective of the School’s mandate to be socially accountable to the diverse cultures of Northern Ontario. The School’s unique research program targets areas that have a direct relevance to Northern populations. The key theme of NOSM research is tackling the questions of importance to improving the health of the people of the North.

Leading-edge research in technology-supported education and training aimed at promoting better health and patient care is well underway at NOSM. CANARIE Inc. is providing $2 million in funding to the Health Services Virtual Organization (HSVO) project that will enable Dr. Rachel Ellaway, Assistant Dean of Education Informatics and Dr. David Topps, Director of eLearning, to direct the development of a collection of services that support enhanced patient treatment, and the preparedness of health professionals in the operating room, emergency room, clinics, and at patients’ bedsides.

The goal of HSVO is to provide an integrated collection of user controlled online services that will enable health-care educators and learners to collaborate using high-bandwidth networks at remote and distributed sites. As principal investigator for HSVO, Dr. Ellaway sees the project as an excellent method to harness advanced forms of cyber-infrastructure that will address health inequities experienced by Canadians due to barriers of distance, cost of care, and access and availability of medical experts. NOSM, by partnering with McGill, Stanford and three leading federal research laboratories, demonstrates both its ability to lead in high profile research and secure its benefits for health professionals in Northern Ontario.

Research in-Depth

Northern Health Research Conference

May 30 - 31, 2008

NOSM held its third Northern Health Research Conference this past spring at Nipissing University in North Bay, Ontario. Over 150 delegates from across Northern Ontario and other provinces in Canada attended. The conference demonstrated NOSM’s commitment to health care and education for the people of Northern Ontario and beyond. This third symposium built on the previous two conferences by continuing to explore research activities within Northern Ontario arising from community-based activities.

The keynote speaker was Dr. Joshua Tepper, Assistant Deputy Minister, Ministry of Health and Long-Term Care, Health Human Resources Strategy Division. Dr. Tepper spoke about the evolution of Health Human Resources, planning, physician recruitment and retention, inter-professional education, and collaborative patient-centred care.

Research conducted by students, residents and community-based researchers covered issues such as:

- Healthier First Nations Communities through Community-Based Tobacco Cessation and Intervention
- Understanding the Impact of a Unique Socio-Cultural and Geographical Context on Physical Activity
- Northern Homelessness: Exploring Areas for Public Health Interventions
- Screening for Colorectal Cancer by Colonoscopy in a Rural Community
VARIOUS NOSM FACULTY RESEARCH PROJECTS UNDERWAY

<table>
<thead>
<tr>
<th>DR. ROBERT BARNETT</th>
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</thead>
<tbody>
<tr>
<td>Principal investigator in a study examining the impact of teaching on Geriatric-specific medical practice in health-care groups in Northeastern Ontario.</td>
</tr>
<tr>
<td>Specified objective of the project is to improve shared health care for seniors, and especially frail seniors, in primary care settings (specifically FHTs and CHCs) in Ontario.</td>
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<tr>
<td>DR. MICHEL BEDARD</td>
</tr>
<tr>
<td>Health and aging, with a particular interest regarding automobile driving, caregiver burden, and mental health issues.</td>
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<tr>
<td>Using the School Health Environment Survey (SHES) to measure aspects of school environments that impact on the healthy eating and physical activity of students.</td>
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<tr>
<td>Contributing researcher in the validation of the NutriSTEP questionnaire designed to assess eating habits and growth rates of children in Ontario.</td>
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<tr>
<td>JOANNE BEYERS</td>
</tr>
<tr>
<td>Looking at sensitivity and specificity of new molecular tests to detect high grade dysplasia of the cervix, with the potential of complementing, or even replacing the pap smear.</td>
</tr>
<tr>
<td>Conducting research on a homelessness and health study that led to explorations of public health interventions that address housing as a determinant of health.</td>
</tr>
<tr>
<td>Participating in research to evaluate the implementation of core public health functions and/or standards in two provinces.</td>
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<tr>
<td>Exploring ways for primary care providers in Family Health Teams and public staff to collaborate in the prevention of disease and the promotion of health.</td>
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<tr>
<td>DR. GARRY FERRONI</td>
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<tr>
<td>Examining plant products for antibacterial and antifungal properties with potential to be used in the treatment of infectious diseases.</td>
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<tr>
<td>DR. GEOFFREY L. HUDSON</td>
</tr>
<tr>
<td>Studying social history of health and medicine including disability as well as war and medicine.</td>
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<td></td>
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<tr>
<td>DR. TOM KOVALA</td>
</tr>
<tr>
<td>Studying the regulation of the genes responsible for the formation of new blood vessels to allow for the development of therapeutic approaches to increase blood vessel formation, to encourage wound healing, or block it, in order to starve tumours.</td>
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<tr>
<td>The development of cancer drugs and how these drugs induce death in tumour cells.</td>
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<tr>
<td>DR. SANDRA LACLE</td>
</tr>
<tr>
<td>Promoting healthy public policy and reducing social inequities.</td>
</tr>
<tr>
<td>Participating in the development of an intervention project to implement best practices for public health interventions to reduce health inequities and to develop sustainable systems for incorporating research into public health practice.</td>
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<tr>
<td>DR. CARITA LANNER</td>
</tr>
<tr>
<td>Investigating differences in protein expression between normal ovarian and cancer cells to define changes associated with the development of ovarian cancer.</td>
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<tr>
<td>Investigating the development of drug resistance in ovarian cancer and changes in gene expression associated with drug resistance.</td>
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<tr>
<td>DR. HOYEN LEE</td>
</tr>
<tr>
<td>Studying the DNA replication mechanism in the context of cell cycle progression with a focus on Dbf4, Cdc7, and PCNA replication proteins, as well as on the control mechanism functioning at the very beginning of DNA replication.</td>
</tr>
<tr>
<td>Studying the PI3K-Akt signal pathway, which is elevated in many malignant tumors, to develop an effective way to block the pathway.</td>
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<tr>
<td>DR. DARSHAKA MALAVIARACHCHI</td>
</tr>
<tr>
<td>Examining the impact of the Paint Your Plate (PYP) campaign on consumer decisions to purchase more fruits and vegetables.</td>
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<tr>
<td>Assessing whether a self directed learning tool improves public health nurses’ ability to respond to nutrition related questions from mothers.</td>
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<tr>
<td>Investigating whether a seven month exercise and nutrition education program could influence physical activity, Body Mass Index (BMI), and food choices of Grade 3 students.</td>
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<tr>
<td>DR. MARION MAAR</td>
</tr>
<tr>
<td>Aboriginal and rural health research which is based on community identified issues such as: quality of diabetes care, Aboriginal mental health care and cancer care, and the benefits of health applications.</td>
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<tr>
<td>DR. DAVID MACLEAN</td>
</tr>
<tr>
<td>Examining the effects of systemic hypoxia on the regulation of skeletal muscle blood flow.</td>
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<tr>
<td>Investigating the impact that hypertension has on the expression of proteins responsible for the production of nitric oxide.</td>
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<tr>
<td>Examining the effects of anti-cancer drugs on the development of cardiotoxicity and the mechanism associated with the regulation of this side effect of chemotherapy.</td>
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<tr>
<td>DR. ISABELLE MICHEL</td>
</tr>
<tr>
<td>Exploring barriers and supports encountered by cardiac rehabilitation participants in their efforts to change. Using photo elicitation methodology to collect participant data.</td>
</tr>
<tr>
<td>Involved with COHRT, a risk reduction intervention clinical trial designed to identify and provide intervention to individuals at high risk for coronary heart disease.</td>
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<tr>
<td>DR. BRUCE MINORE</td>
</tr>
<tr>
<td>Preparing manuscript on mental health issues in remote Aboriginal communities, with particular focus on youth suicide.</td>
</tr>
<tr>
<td>Working with researchers to learn about Aboriginals’ understanding of causes for strokes, preparatory to developing culturally appropriate education tools for this client population.</td>
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<table>
<thead>
<tr>
<th>Research Project</th>
<th>Faculty Member</th>
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<tbody>
<tr>
<td>Understanding the various mechanisms by which breast tumour cells acquire resistance to two classes of chemotherapy agents (anthracyclines and taxanes).</td>
<td>Dr. Amadeo Parisenti</td>
</tr>
<tr>
<td>Assessing whether drug-resistant breast tumour cells can be made sensitive anthracyclines by aldoketo reductase 1C2 inhibitors.</td>
<td>Dr. Amadeo Parisenti</td>
</tr>
<tr>
<td>A multi-year tracking study of NOSM students regarding medical education, future plans and factors shaping medical career expectations.</td>
<td>Dr. Raymond Pong</td>
</tr>
<tr>
<td>A study on what impact the Northern Ontario School of Medicine has had on the cities of Sudbury and Thunder Bay, the medical care system in Northern Ontario, and on Laurentian and Lakehead Universities.</td>
<td>Dr. Raymond Pong</td>
</tr>
<tr>
<td>Physician retirement in Canada. A study of the Ontario Psychiatric Outreach Program, focusing on models of psychiatric outreach services in small Northern Ontario communities.</td>
<td>Dr. Raymond Pong</td>
</tr>
<tr>
<td>Researching how air pollution particles affect cells in the lung that are responsible for initiating immune responses, whether air pollution can influence the development of autoimmune disease, and how air pollution from Sudbury may have different effects than pollution from other locations.</td>
<td>Dr. Stacey Ritz</td>
</tr>
<tr>
<td>Conducting studies of lipid biology at both the basic science, funded by NSERC, and clinical levels using private funding sources.</td>
<td>Dr. Brian Ross</td>
</tr>
<tr>
<td>Searching for disease biomarkers using mass spectrometry.</td>
<td>Dr. Brian Ross</td>
</tr>
<tr>
<td>Bioprospecting for natural compounds and drug discovery.</td>
<td>Dr. Greg Ross</td>
</tr>
<tr>
<td>Preventing nerve cell death in neurodegenerative disease.</td>
<td>Dr. Greg Ross</td>
</tr>
<tr>
<td>Implementing tobacco cessation interventions in Northwestern Ontario hospitals.</td>
<td>Dr. Patricia Smith</td>
</tr>
<tr>
<td>Designing and providing training in tobacco cessation interventions for health professionals.</td>
<td>Dr. Susan Snelling</td>
</tr>
<tr>
<td>Identifying appropriate health indicators to measure the health of children living in rural and Northern regions.</td>
<td>Dr. Susan Snelling</td>
</tr>
<tr>
<td>Applying research findings to service providers to expand their understanding of the health status of rural and Northern children, and to advocate for improved health data.</td>
<td>Dr. Susan Snelling</td>
</tr>
<tr>
<td>Participating in the development of an intervention project to implement best practices for public health interventions to reduce health inequities and to develop sustainable systems for incorporating research into public health.</td>
<td>Dr. Susan Snelling</td>
</tr>
<tr>
<td>Understanding SDHU area employer attitudes, knowledge of breastfeeding requirements, and existing practices towards breastfeeding in the workplace.</td>
<td>Dr. Renee St-Onge</td>
</tr>
<tr>
<td>Evaluating various aspects of Ontario’s Action Plan for Healthy Eating and Active Living using mixed methods.</td>
<td>Dr. Renee St-Onge</td>
</tr>
<tr>
<td>Rural health workforce, including recruitment and retention, education and training and sustainability.</td>
<td>Dr. Roger Strasser</td>
</tr>
<tr>
<td>Rural health services, including health service delivery models, specific clinical services and sustainability.</td>
<td>Dr. Roger Strasser</td>
</tr>
<tr>
<td>Family practice.</td>
<td>Dr. Roger Strasser</td>
</tr>
<tr>
<td>Expression profiling of PBMC-based diagnostic gene markers isolated from patients with lung, breast, and colon cancers.</td>
<td>Dr. Penny Sutcliffe</td>
</tr>
<tr>
<td>Promoting healthy public policy and reducing social inequities. Participating in the development of an intervention project to implement best practices for public health interventions to reduce health inequities and to develop sustainable systems for incorporating research into public health practice.</td>
<td>Dr. Penny Sutcliffe</td>
</tr>
<tr>
<td>Oncogenic pathways that affect CDK1 and CDK2 kinases in regulating chromatin structure. The resistance to chemotherapy in primary cancer cells. The genetic biomarkers for cancers in the First Nations population of Northwestern Ontario.</td>
<td>Dr. John Th'Ng</td>
</tr>
<tr>
<td>Molecular interactions between bacteria and lung epithelial cells with an ultimate goal to identify new therapeutic targets for pulmonary diseases.</td>
<td>Dr. Marina Ulanova</td>
</tr>
<tr>
<td>Epidemiology of Haemophilus Influenza type b disease in post-vaccination era in Canada with a specific emphasis on the Aboriginal population. The role of integrin receptors as therapeutic targets in cervical cancer and on the mechanisms behind cellular responses to oxidative stress.</td>
<td>Dr. Marina Ulanova</td>
</tr>
<tr>
<td>Identification and characterization of ginseng extracts, as well as the pharmacological/biological properties of these extracts including their anti-infective properties. Role of liposomal antioxidants and/or antibiotics in the treatment or amelioration of injuries from chemicals, toxins, and bacteria.</td>
<td>Dr. Marina Ulanova</td>
</tr>
</tbody>
</table>
The Diversity of NOSM’s Learners

Learners at NOSM hail from many backgrounds, are shaped by different educational histories, and bring individually developed skills sets to the School. The diversity of our learners spans the interdisciplinary continuum of medical education, yet all share common goals that are fundamental to meeting the health-care needs of Northerners. Students are motivated, self-directed, demonstrate an ability to work collaboratively, and have an affinity for, and appreciation of, improving the health of the people of Northern Ontario.

Learners enrol in a variety of programs in order to develop the skills necessary to function as members of a quality health-care team. While the undergraduate and postgraduate programs are intended to train future physicians, other learners develop competencies in supporting health professions. NOSM’s Interprofessional Education Program (IPE) includes Rehabilitation Studies, the Northern Ontario Dietetic Intern Program (NODIP), and the Northern Ontario Summer Studentship Program.

In addition, Northern tutorials with unique education opportunities offer ongoing training to health professionals committed to life-long learning.

Student Award Recipients

For providing support to fellow students and demonstrating leadership qualities, NOSM undergraduate medical students, Lacey Pitre and Laura Power, each received the second annual Student Citizenship Award.

2008 Founding Dean Research Award Recipients

Safiya Adam
Bruce Cook
Kendra Côté
Brandon Entwistle
Stacey Erven
Jennifer McPhail
Carolyn Stark
Lynn Noël de Tilly

2008 Heart and Stroke Foundation of Ontario Summer Medical Student Awards Recipients

Kashif Ahmed
Olubukunola (Buki) Ayeni
Elizabeth Cooper
Meghan Garnett
Penny Forth
Marlon Hagerty
David Harris

Lacey Pitre
Laura Power
The Northern Ontario School of Medicine relies on an extended system of faculty members distributed among many Northern communities. Faculty is comprised of a heterogeneous group of individuals who work in one of the three sciences – clinical, medical, and human – that form the basis of the curriculum delivered at NOSM. Though the School’s faculty members differ by research preferences, locations, backgrounds, and specific skill sets, all are united by a commitment to academic excellence.

Even when still in its infancy, the School attracted many who were committed to a medical school suited to community needs. Physicians with decades of clinical experience assumed responsibility for curriculum development, project management, recruitment, and a model of education that would graduate resourceful physicians with an understanding of people in Northern and remote settings.

Over 700 faculty members work at the two main campuses and in Northern communities. The vast majority are physician-teachers who serve on a stipendiary basis and deliver clinical instruction to NOSM students.

The interdisciplinary nature of the School’s curriculum continues to attract dedicated teachers, researchers and other health-care professionals with an interest in rural and Northern health issues.

**Faculty Award Recipients**

Dr. Jacques Abourbih and Dr. Geoffrey Hudson received the second annual Excellence in Teaching Award, an award that is given annually to outstanding members of NOSM’s faculty, as selected by the School’s undergraduate medical students.
Congratulations to the following individuals who received the inaugural Staff Awards of Excellence for their outstanding contribution to the Northern Ontario School of Medicine:

**Leadership:**
Erica Snippe-Juurakko  
Manager, Interprofessional Education and Rehabilitation Studies

**Team Player:**
Ann Moro  
Clinical Science Coordinator

**Inspiration:**
Nicole Cardinal  
Curriculum Instructional Designer

**Innovation:**
Mathieu Séguin  
Graphic Designer

The evolving growth of the School and substantial increase in NOSM staff over the years has led to organizational complexities which have been addressed through the establishment of an Organizational Alignment Initiative (OAI). A flatter, less hierarchical structure is now in place, thanks to the participation of staff and faculty members who have provided input into the new structure.

The OAI functions as a catalyst in addressing concerns and initiating change. Substantial improvements are underway. All Associate Deans, for example, now report directly to the Dean, a move designed to expedite key decisions through more effective communications.

Many dedicated employees at both campuses and in Northern communities who are committed to the School’s success continue to work together to ensure that NOSM offers a high standard of medical education to all of its learners. From administration and communications to curriculum development and coordinating community participation, NOSM staff members bring a wide diversity of experience and skills to the workplace. As NOSM transitions into a fully operational medical school, staff members are prepared to meet the School’s future challenges and celebrate their exceptional contributions to a Northern Ontario solution to bettering health care in the North.

In June 2008, the Northern Ontario School of Medicine bid farewell to Dorothy Wright, CAO, and thanked her for her significant contributions to building Canada’s first medical school for the 21st century. Over more than five years, Ms. Wright has been the rock on which NOSM as an organization is founded. Ms. Wright’s exemplary leadership and management in developing the non-academic administrative aspects of the School have earned universal accolades and admiration, both within the School and beyond.

**Staff Awards of Excellence Recipients**

Congratulations to the following individuals who received the inaugural Staff Awards of Excellence for their outstanding contribution to the Northern Ontario School of Medicine:

**Leadership:**
Erica Snippe-Juurakko  
Manager, Interprofessional Education and Rehabilitation Studies

**Team Player:**
Ann Moro  
Clinical Science Coordinator

**Inspiration:**
Nicole Cardinal  
Curriculum Instructional Designer

**Innovation:**
Mathieu Séguin  
Graphic Designer
Supporting the Future of Health Care in Northern Ontario

Through tremendous support from individuals and organizations who have donated towards various awards and bursaries, the students of the Northern Ontario School of Medicine are able to focus on their studies and obtain their goals with reduced anxiety about debt load. The total amount contributed to NOSM bursaries is now valued at over $16 million.

Algoma Steel’s “Bring a Doctor Home” bursary is one of the most recently created bursaries. It was created in anticipation of reducing costs associated with the medical school and to encourage those hailing from Northern communities, who are interested in a medical career, to fulfil their dreams and return to the North.

This year marks the first time the School’s undergraduate program is fully enrolled, with 224 medical students working towards their medical degree. The need for financial support for medical students continues.

“Considering the immense amount of student debt that we end up incurring, each and every bursary helps students in a tremendous way...not only the fact of receiving funds, but knowing that there is community support and investment in fostering our education and development.”

Lisa Nichole Currie
Entering Class 2007
Recipient of the Waters Women’s Institute Bursary

Benefits of Financial Aid

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<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
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<tbody>
<tr>
<td>Funds generated from NOSM investment income</td>
<td>$333,480</td>
<td>$494,594</td>
<td>$730,530</td>
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<tr>
<td>Funds from both endowments and annual awards</td>
<td>$47,790</td>
<td>$74,755</td>
<td>$407,507</td>
</tr>
<tr>
<td>Number of bursaries awarded</td>
<td>71</td>
<td>132</td>
<td>143</td>
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</tbody>
</table>
The Northern Ontario School of Medicine maintains a commitment to fiscal responsibility.

The 2007-2008 approved budget expenditures were $38,900,000; 60.7% of which is allocated to salaries and benefits, 23.9% to educational operating costs, 11.5% to administrative operating costs, and 3.9% to capital expenditures.

Funding received by the Northern Ontario School of Medicine in 2007-2008 was received from the following sources: Ministry of Training, Colleges and Universities $21,897,000 (56.3%); Ministry of Health and Long-Term Care $12,664,000 (32.6%); Tuition $2,580,000 (6.6%); and Other $1,759,000 (4.5%).
The NOSM Board of Directors is responsible for the corporate governance, fiscal management, and the appointment and evaluation of the Dean and Chief Executive Officer. Membership of the NOSM Board of Directors reflects the geographic, cultural, and linguistic diversity of Northern Ontario.

The Chair of the Board of Directors serves a three-year term and the position alternates between the Presidents of Lakehead and Laurentian Universities.

Dr. Judith Woodsworth served as Chair from 2005-2008. The current Chair is Dr. Fred Gilbert, and Vice-Chair is Robert Bourgeois.

The May 2008 Board Retreat held in Parry Sound included a special recognition ceremony for Dr. Judith Woodsworth, Past President of Laurentian University and Past Chair of the Northern Ontario School of Medicine’s Board of Directors, to thank her for her significant contributions to the success of NOSM in improving the health of the people and communities of Northern Ontario.