

**2011-2012 Multi-Year Accountability Agreement (MYAA) Report Back**

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

The annual Multi-Year Accountability Agreement (MYAA) Report Back continues to provide the government with a tool for publicly reporting on the performance of Ontario postsecondary institutions on the principles of access, quality and accountability.

Consistent with the 2009-2010 and 2010-2011 MYAA Report Backs, the 2011-2012 MYAA Report Back maintains the system-wide performance indicators that reflect current government priorities for postsecondary education in Ontario. In addition, the 2011-2012 MYAA Report Back maintains an institution-specific component that provides institutions with the opportunity to tell their unique story of how they are driving system-wide priorities.

Where possible, to help streamline the 2011-2012 MYAA Report Back process, the Ministry pre-populated **Northern Ontario School of Medicine's** 2011-2012 MYAA Report Back with data from a variety of confirmed institutional sources, including reports (e.g. Key Performance Indicators, 2010-2011 Report Backs) and data sources (e.g. Full-Time Enrolment Headcount). Data that was pre-populated by the Ministry in **Northern Ontario School of Medicine's** 2011-2012 MYAA Report Back is denoted with the symbol (+).



**1) Enrolment - Headcount\***

*\*DEFINITION: Headcount is the actual enrolment for Fall 2011 including full-time undergraduate and graduate students eligible for funding as reported to the Ministry for the 2011-2012 fiscal year.*

**Northern Ontario School of Medicine's** the total Headcount enrolment count in 2011-2012 = **360**<sup>(+)</sup>.

Please indicate the number of students aged 18-24 (age as of November 1, 2011) from the total Headcount enrolment reported by **Northern Ontario School of Medicine** to the Ministry for 2011-2012 = **80**.

Please indicate the number of students aged 25+ (age as of November 1, 2011) from the total Headcount enrolment reported by **Northern Ontario School of Medicine** to the Ministry for 2011-2012 = **280**.

Please indicate the number of students under the age of 18 (age as of November 1, 2011) from the total Headcount enrolment reported by at **Northern Ontario School of Medicine** to the Ministry in 2011-2012 = **0**.

\* The space below is provided for **Northern Ontario School of Medicine** to describe methodology, survey tools, caveats and other information regarding the numbers reported above re: Enrolment - Headcount.

Of the 360, 80 learners are undergraduate students aged 18-24, 161 are undergraduate students aged 25+, and 119 are postgraduate residents aged 25+.

Please provide one or more examples, in the space provided below, of highlights from **Northern Ontario School of Medicine's** Enrolment Management Plan that **Northern Ontario School of Medicine** used during 2011-2012 to manage enrolment.

The Office of Admissions and Learner Recruitment works with the host institutions and with other NOSM units to promote NOSM programs and increase application to and ultimately enrolment at NOSM. Some examples of recruitment events NOSM participated in are: Grade 11 day, Guidance Counsellors Day, Open House, Parent Reception, Amazing Race for IB students, and the Ontario Universities Fair. Further to working with the host institutions, Admissions hosts their own recruitment events as well. Some examples of these events are: Admissions Information Sessions for General Stream and Aboriginal Stream, Aboriginal Multiple Mini Interview (MMI) Workshops, MMI tours and presentations to any interested community or school groups who contact our office.

NOSM runs Summer Health Sciences Camp for high school students. The camp provides the students going into grade 10 & 11 in September with an opportunity to explore Francophone and Aboriginal cultural awareness, health-care careers, obtain hands-on experience, and find a mentor.

High school students participated in NOSM's eighth annual Northern Health Research Conference (NHRC) that was held in North Bay, Ontario. This conference demonstrates NOSM's commitment to health care and education to the people of Northern Ontario and beyond. The eighth annual Northern Health Research Conference built upon the success of the previous seven years by continuing to explore research initiatives within Northern Ontario arising from community-based activities. It highlighted projects underway from students, residents and researchers. The conference provides opportunities for collaboration and community networking.

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

*\*DEFINITION: Students with disabilities is the total number of students with disabilities (excluding apprentices) registered with the Office for Students with Disabilities and reported in Table 1 of **Northern Ontario School of Medicine's** annual report to the Ministry for the Accessibility Fund for Students with Disabilities (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.*

\*NOTE: Please do not include International Students in the calculations below.

Students With Disabilities	First Generation Students	Aboriginal Students
<p>Please indicate the total number of Full-Time <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 2011-2012= <u>12</u></p> <p>Please calculate the total indicated above as a comparative % of <b>Northern Ontario School of Medicine's</b> 2011-2012 Enrolment Headcount: (Insert Total From Above) <u>12</u> ÷ <u>360</u><sup>(+)</sup> (2011-2012 Enrolment Headcount) x 100 = <u>3.3</u>%</p> <p>Please also indicate the total number of Part-Time <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 2011-2012 = <u>0</u></p>	<p>Please indicate the total number of Full-Time <i>First Generation Students</i> enrolled at <b>Northern Ontario School of Medicine</b> in 2011-2012= <u>4</u></p> <p>Please calculate the total indicated above as a comparative % of <b>Northern Ontario School of Medicine's</b> 2011-2012 Enrolment Headcount: (Insert Total From Above) <u>4</u> ÷ <u>360</u><sup>(+)</sup> (2011-2012 Enrolment Headcount) x 100 = <u>1.1</u>%</p> <p>Please also indicate the total number of Part-Time <i>First Generation Students</i> enrolled at <b>Northern Ontario School of Medicine</b> in 2011-2012 = <u>0</u></p>	<p>Please indicate the total number of Full-Time <i>Aboriginal Students</i> enrolled at <b>Northern Ontario School of Medicine</b> in 2011-2012= <u>17</u></p> <p>Please calculate the total indicated above as a comparative % of <b>Northern Ontario School of Medicine's</b> 2011-2012 Enrolment Headcount: (Insert Total From Above) <u>17</u> ÷ <u>360</u><sup>(+)</sup> (2011-2012 Enrolment Headcount) x 100 = <u>4.7</u>%</p> <p>Please also indicate the total number of Part-Time <i>Aboriginal Students</i> enrolled at <b>Northern Ontario School of Medicine</b> in 2011-2012 = <u>0</u></p>

\* The space below is provided for **Northern Ontario School of Medicine** to describe methodology, survey tools, caveats and other information regarding the numbers reported above re: Students with Disabilities, First Generation and Aboriginal Students.

The Northern Ontario School of Medicine (NOSM) maintains a commitment to providing information to rural, remote, Francophone and Aboriginal youth about health careers. Summer Health Sciences Camps at NOSM provide students with a unique opportunity to learn about professions in the health-care sector.

These week long programs take place within the modern, technologically advanced settings of the medical laboratories on NOSM's West Campus located at Lakehead University, in Thunder Bay and the East Campus located at Laurentian University, in Sudbury. The Camps provide students with an opportunity to explore health-care careers, obtain hands-on experience, and find a mentor.

The camps are free for high school students in Grades 10 and 11, and eligibility is based on level of interest rather than grades or test scores. Students must be returning to high school in September of the year they participate.

Students With Disabilities	First Generation Students	Aboriginal Students
<p>In the space below, please provide one or more highlights of an activity in 2011-2012, which contributed to maintaining or improving <b>Northern Ontario School of Medicine's</b> initiatives for <i>Students with Disabilities</i>. A highlight could be a strategy, initiative or program viewed by <b>Northern Ontario School of Medicine</b> to be an innovative practice, success story and/or key accomplishment.</p>	<p>In the space below, please provide one or more highlights of an activity in 2011-2012, which contributed to maintaining or improving <b>Northern Ontario School of Medicine's</b> initiatives for <i>First Generation Students</i>. A highlight could be a strategy, initiative or program viewed by <b>Northern Ontario School of Medicine</b> to be an innovative practice, success story and/or key accomplishment.</p>	<p>In the space below, please provide one or more highlights of an activity in 2011-2012, which contributed to maintaining or improving <b>Northern Ontario School of Medicine's</b> initiatives for <i>Aboriginal Students</i>. A highlight could be a strategy, initiative or program viewed by <b>Northern Ontario School of Medicine</b> to be an innovative practice, success story and/or key accomplishment.</p>
<p>During the 2011 admission cycle, Learner Affairs introduced measures to assist with the early identification of learners with special learning needs. Shortly after confirming their acceptance of NOSM's offer of admission, all incoming students were directed to review the technical standards document Essential Skills and Abilities Required for the Study of Medicine – Council of Ontario Faculties of Medicine (COFM) to assess their ability to meet these technical standards(<a href="http://www.nosm.ca/education/ume/general.aspx?id=1268">http://www.nosm.ca/education/ume/general.aspx?id=1268</a>). Learners who anticipated requiring disability-related accommodation, whether physical or learning, were advised to disclose their disability and/or need for accommodations to the Assistant Dean or Director of Learner Affairs &amp; UME Administration as soon as possible. Learners were reassured that all information provided to Learner Affairs was held in strict confidence and that the identification of a disability would not affect admission status. Having learners declare their accommodation requests in advance of the start of the academic year provided us with additional time to ensure that the approved accommodations were in place for the school year.</p> <p>Also in 2011-12, NOSM drafted an Accessibility Plan for the Northern Ontario School of Medicine. This plan included the following administrative commitments:</p>	<p>n/a</p>	<p>Within the Aboriginal Affairs Unit, the following are activities/programs in maintaining and/or improving our initiative for the Aboriginal Learners. A variety of strategies are utilized to assist Aboriginal Students by facilitating increased understanding and awareness not only to them but also to the wider audience. It is one of the fundamental understandings of the Aboriginal Affairs Unit that strategies and/or initiatives through the different venues of programming and creation of material will not only benefit and assist the Aboriginal Students but create a broader understanding that will ease the transitioning of information and awareness. Therefore, it is through the aboriginal world view lens that creative programs and initiatives are identified and implemented.</p> <p>Elder-related Events:</p> <p>NOSM has 20 Aboriginal Elders who assist, provide direction &amp; guidance and facilitate cultural understanding through many different venues. Through the continued involvement of the Elders, this assists in the constant improvement of initiatives for the Aboriginal Students with NOSM;</p> <p>Elder on Campus Program:</p> <p>The following are examples of the various topics for the EoC program:</p> <ul style="list-style-type: none"> <li>o“Ceremonial Tobacco”</li> <li>o“Cedar as a medicine”</li> <li>o“Sweetgrass as a medicine”</li> </ul>

<ul style="list-style-type: none"> <li>- an allocation of operational funding for accessibility program development;</li> <li>- the creation of an Accessibility Working group to undertake a comprehensive review of NOSM's current activities, protocols and programs and develop and Accessibility Program Plan for 2012/13;</li> <li>- the establishment of an Accessibility Advocate position to implement school-wide accessibility initiatives and to support learners, staff and faculty;</li> <li>- the undertaking of an Equity Audit as a partial environmental scan to identify accessibility issues;</li> <li>- the implementation of accessibility training for staff and faculty; and</li> <li>- the development of an orientation program for new employees and learners.</li> </ul> <p>In addition, a request was submitted to the Ministry of Training, Colleges and Universities for funding under the Accessibility Fund For Students with Disabilities (AFSD). We anticipate that this funding will be allocated to NOSM for the 2012-13 academic year to support our accommodations of learners requesting accommodations.</p>		<ul style="list-style-type: none"> <li>oSweatlodge teaching &amp; ceremonies for aboriginal learners</li> <li>oSweat lodge ceremonies: Provide financial (travel &amp; honoraria) forms for helpers, and prepping &amp; logistics for Conductors, supported purchase of wood, grandfathers, etc.)</li> <li>oMedicine Wheel Teachings</li> <li>oAboriginal Language</li> <li>•Elders Gatherings both held in the Sudbury and Thunder Bay Campus in February and March, 2012•An all-Elders Gathering held in October, 2012 in Thunder Bay, Ontario</li> <li>•Elders from both the East and West Campus are involved in the Cultural Enrichment Working Group (CEWG)</li> <li>•Aboriginal Affairs acts as a liaison for the Elders and for the various areas of the school to provide cultural direction, ceremonies and/or guidance</li> </ul> <p>Working Groups/Committees:</p> <p>Thorough the involvement of the Aboriginal Support Workers in the various committees, this is used as one of the strategies to maintaining and improving internal initiatives for the betterment of the Aboriginal Students. The following are some examples of the involvement;</p> <ul style="list-style-type: none"> <li>•Recruitment Working Group: NOSM Admissions &amp; Recruitment (CE Portfolio), &amp; Post-Grad</li> <li>•CEWG (Cultural Enrichment Working Group)</li> <li>•Aboriginal Reference Group – an Aboriginal Student representative sits on this committee and through their involvement of one of the key committees within the school, they not only receive the support internally but also have a venue that will allow them to share their successes, concerns to the members of this intricate and vital committee</li> </ul> <p>Unit-Related Activities:</p> <p>Through the collaboration of the Aboriginal Support Workers with the AAU, the following are some examples that have been identified, developed and distributed:</p>
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		<ul style="list-style-type: none"> <li>•Elders Handbook – How the Medical School Engages and Works with the Aboriginal Elders.This handbook assists the Aboriginal Students as it cannot be assumed that all Aboriginal Students are aware of the information shared.</li> <li>•Aboriginal Affairs Unit Booklet that provides information on the services &amp; support for new, current and potential Aboriginal Students</li> <li>•Recruitment Post Cards that reflect aboriginality &amp; process</li> </ul> <p>Student-Related Activities</p> <p>The following are some of the activities that take place with the Aboriginal Students and the type of meetings to provide support and assistance:</p> <ul style="list-style-type: none"> <li>•Aboriginal Learners Group continuation;</li> <li>•Assist and support re tutor assistance</li> <li>•Various Cultural queries regarding sacred medicines, referrals to cultural people</li> <li>•Assist and facilitate Aboriginal student meetings</li> <li>•Prepare ceremonial information for Post Grad Residents</li> </ul>
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### 3) Compliance with the Student Access Guarantee (SAG) in 2011-2012

Through its signed MYAA, **Northern Ontario School of Medicine** committed to participate in the Student Access Guarantee (SAG). For 2011-2012, this meant meeting students' tuition/book shortfall in allocating financial aid, as set out in the 2011-2012 SAG Guidelines.

*\*NOTE: The table below has been pre-populated to identify SAG expenditures reported into the OSAP system by **Northern Ontario School of Medicine** as of July 5, 2012.*

2011-2012 TUITION / BOOK SHORTFALL AID:	TOTAL \$	# of STUDENT ACCOUNTS
<b>SAG Expenditures towards Tuition/Book Shortfalls</b>	\$511,890(+)	128(+)
<b>Other SAG Expenditures (towards other assessed shortfalls)</b>	\$133,586(+)	23(+)
<b>Total SAG Expenditures Reported by <i>Northern Ontario School of</i></b>	\$645,476(+)	151(+)

Did **Northern Ontario School of Medicine** meet students' tuition/book shortfall in allocating financial aid, as set out in the 2011-2012 SAG Guidelines?

**Yes**

\*The space below is provided for **Northern Ontario School of Medicine** to describe methodology, survey tools, caveats and other information regarding the numbers reported above re: Compliance with the Student Access Guarantee (SAG) in 2011-2012.

As recommended by the Council of Ontario Universities, the Northern Ontario School of Medicine (NOSM) signed a formal agreement with the Toronto Dominion Bank in July 2011 as the preferred provider to participate in the Program. As such NOSM informs the learners that the TD is the preferred lender for learners seeking a Professional Line of Credit to assist with funding their education.

NOSM then uses an internal bursary application process which takes into consideration funding received from provincial aid programs, income and other sources of funding to determine out standing need. Based on this information obtained through this process funding was then disbursed accordingly to provide the results illustrated above.

#### **4) Participation in the Credit Transfer System**

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.

Using Ontario Universities Application Centre (OUAC) reports, please provide data for 2011.

<b>Year</b>	<b>Total Applications</b>	<b>Total Registrations</b>	<b>Transfer Applications*</b>	<b>Transfer Registrations*</b>
<b>2007</b>	0(+)	0(+)	0(+)	0(+)
<b>2008</b>	0(+)	0(+)	0(+)	0(+)
<b>2009</b>	0(+)	0(+)	0(+)	0(+)
<b>2010</b>	0(+)	0(+)	0(+)	0(+)
<b>2011</b>	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;*
- *a significant number of transfer students apply directly to the university and as such, are not captured in OUAC data;*
- *only includes full-time students applying and registering in the fall to the first year of a university program.*

The Ministry encourages **Northern Ontario School of Medicine** to augment the OUAC data with its own institutional data, particularly pertaining to college graduates entering university. Reporting this data is optional. In the space provided below, **Northern Ontario School of Medicine** should report institutional data which includes data from OUAC and other sources.

Year	Northern Ontario School of Medicine's Total Applications	Northern Ontario School of Medicine's Total Registrations	Northern Ontario School of Medicine's Transfer Applications	Northern Ontario School of Medicine's Transfer Registrations
2010	1756 <sup>(+)</sup>	64 <sup>(+)</sup>	0 <sup>(+)</sup>	0 <sup>(+)</sup>
2011	1932	64	0	0

\*The space below is provided for **Northern Ontario School of Medicine** to describe methodology, survey tools, caveats and other information regarding the numbers reported above re: Transfer applications and registrations - Institutional data.

Due to the integrated nature of the curriculum, NOSM cannot accept transfer students



Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used in 2010-2011 and which contributed to maintaining or improving **Northern Ontario School of Medicine's** efforts to develop and enhance credit transfer. A highlight could be a strategy, a transfer pathway (e.g. transfer policies, new or expanded articulation agreements with specifically defined credits or a defined entry point), changes to student supports viewed by **Northern Ontario School of Medicine** to be an innovative practice, changes to enhance transparency in credit transfer (e.g. improved timeliness of credit/credential recognition, new transfer policies/agreements uploaded to new website, etc), a success story and/or a key accomplishment in each of the following categories:

**4.1) Expanding Transfer Pathways** excluding collaborative degree programs without transfer pathway (e.g. expanding bilateral articulation agreements to multilateral agreements, new/revised policies with specifically defined credits or defined entry point, projects to facilitate course-by-course transfer in General Arts and Science diploma programs, pathway projects to support university to university or college to college transfer, etc.)

n/a

**4.2) Providing Support Services for Transfer Students** (including student transition experience/activities and supports to promote student success)

n/a

**4.3) Improving Transparency and Access to Information** about Credit Transfer and Transfer Pathways

n/a

### 5) Class Size

Per the 2011 Common University Data Ontario (CUDO) report for Fall 2010, the percentage of **Northern Ontario School of Medicine's** undergraduate class size for first entry\* programs was:

Class Size	First Year		Second Year		Third Year		Fourth Year	
	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
Fewer 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

\* First entry programs include - arts and science, applied science, engineering. Second entry programs such as dentistry, law and medicine are not included in the above.



Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2011-2012, which contributed to maintaining or improving **Northern Ontario School of Medicine's** class size initiatives. This could include a strategy, initiative or program viewed by **Northern Ontario School of Medicine** to be an innovative practice, success story and/or key accomplishment that **Northern Ontario School of Medicine** would like to highlight.

All NOSM students are second degree entry programs. Class size is being maintained at the expected planned 64 students per new entry year for the MD program.

## **6) eLearning**

The Government of Ontario, in the recently released discussion paper, *Strengthening Ontario's Centres of Creativity, Innovation and Knowledge*, included a section regarding online learning as a potential method to increase access for all learners, particularly those who are prevented from attending in-class education as a result of barriers that may be financial, geographic, physical, family-related, or work-related.

In spring 2010, the Ministry conducted a postsecondary survey on eLearning activity and plans that proved to be very useful in helping the Ministry to develop a stronger understanding of the scale and type of eLearning activity taking place across Ontario.

In its 2010-2011 MYAA Report Back, ***Northern Ontario School of Medicine*** provided information on eLearning that expanded on the information that was submitted in the Postsecondary eLearning Survey, and contributed to establishing a general baseline of student participation and demand in online courses and programs. As part of the ongoing development of performance indicators that reflect current government priorities for eLearning, and that will contribute to the Ministry's future priorities on technology-enabled learning, ***Northern Ontario School of Medicine*** is asked to provide information on eLearning courses, programs and registrations in 2011-2012.

### **Fully Online Learning\* and Synchronous Conferencing\***

*\*DEFINITIONS:*

#### **Courses:**

*A Fully Online Learning (asynchronous) course is a form of distance learning delivered to individuals with access to the Internet, either at home, work or through an access centre. Although courses may have a set start date and set due dates for assignments, students can otherwise access and participate in courses at times and places of their own choosing. The online component is typically over 80% of the total delivery. For example, a fully online course may include occasional face-to-face meetings, a proctored exam, etc. with the remainder of the content delivered online.*

*A Synchronous Conferencing course is delivered through audio and video conferencing to provide synchronous communications (i.e., at the same time) between an instructor at one site and students at other sites. Conferencing can make use of the public telephone system (ISDN), dedicated wideband networks or the Internet. A course is considered to be offered via synchronous conferencing if 80% or more of the content is delivered this way. For example, a synchronous conferencing course may have occasional face-to-face meetings, a proctored exam, etc. with the remainder of the content delivered through audio and video conferencing.*

#### **Programs:**

*A Fully Online Learning (asynchronous) program describes a program, which is considered to be fully online if 80% or more of its courses are fully online courses. As an example, suppose a program consisted of 10 courses where: 8 courses are delivered fully online and 2 courses are delivered via traditional face-to-face. In this case, 80% of courses in the program are fully online, and the program is defined as a fully online program.*

*A Synchronous Conferencing program describes a program, which is considered to be offered via synchronous conferencing if 80% or more of its courses are delivered via synchronous conferencing and 2 courses are delivered via traditional face-to-face. In this case, 80% of courses in the program are delivered via synchronous conferencing, and the program is defined as a synchronous conferencing program.*

**Course, Program and Registration Data**

 Based on the definitions provided above, provide *Northern Ontario School of Medicine's* eLearning data for 2011-2012:

<b>COURSES DATA</b>	<b>UNDERGRADUATE</b>	<b>GRADUATE</b>
Number of Ministry-funded, For-credit <b>Courses</b> Offered Through Fully Online Learning	0	0
Number of Ministry-funded, For-credit <b>Courses</b> Offered Through Synchronous Conferencing	0	0
<b>Total Number of Ministry-funded, For-credit Courses Offered in eLearning format</b>	0	0
<b>PROGRAMS DATA</b>	<b>UNDERGRADUATE</b>	<b>GRADUATE</b>
Number of Ministry-funded, For-credit <b>Programs</b> Offered Through Fully Online Learning	0	0
Number of Ministry-funded, For-credit <b>Programs</b> Offered Through Synchronous Conferencing	0	0
<b>Total Number of Ministry-funded, For-credit Programs Offered in eLearning Format</b>	0	0
<b>COURSE REGISTRATIONS</b>	<b>UNDERGRADUATE</b>	<b>GRADUATE</b>
Registrations in Ministry-funded, For-credit Courses Offered Through Fully Online Learning	0	0
Registrations in Ministry-funded, For-credit Courses Offered Through Synchronous Conferencing	0	0
<b>Total Number of Registrations in Ministry-funded, For-credit Courses Offered in eLearning format</b>	0	0



\*The space below is provided for **Northern Ontario School of Medicine** to describe methodology, survey tools, caveats and other information regarding the numbers reported above re: eLearning Course, Program and Registration Data.

Learning medicine is an essentially hands on experience and as such the NOSM undergraduate medical program is primarily focused on face-to-face educational activities. However, we do run a distributed program with our learners going out to 70+ sites. At NOSM, Northern Ontario is our campus and technology enables us to deliver quality education. Of the total 460 academic sessions run annually, 194 sessions rely on video conferencing technology. Over 42% of our undergraduate program relies on a live video conference link between Thunder and Sudbury. (compiled for the period of January 1st, 2011 to December 31st, 2011). In that period, the medical school ran 2,130 videoconferences of which involved the booking of 5,322 rooms.

One of the most important aspects of providing audio/visual technologies to service our distributed medical education is the network availability between campuses. To succeed in this respect, partnerships were formed and investments in networking technology were undertaken. One of our key partners is Orion. Orion provides and maintains a fibre optic network connecting all educational institutions in Ontario. This fibre optic network has allowed us to provide high speed connectivity between our two campuses, in turn, providing a reliable network in which to operate. Communications and information technologies are therefore an essential part of how we conduct our programs.



## Hybrid Learning\*

*A Hybrid Learning course is a course where face-to-face teaching time is reduced, but not eliminated, to allow students more time for online study. This model comes in a number of formats; however the online component is typically 50%-80% of the total course delivery. In this case, a hybrid learning course may have components delivered via traditional face-to-face; however, over half of the course delivery should be online.*

*A Hybrid Learning program is a program in which 80% or more of its courses are hybrid learning courses.*

In the space provided below, please highlight one example of **Northern Ontario School of Medicine's** use of Hybrid Learning courses and/or Programs.

Our learners are based at a number of different distributed sites throughout their studies and they combine technologies with face-to-face activities in almost all of their curriculum sessions. For instance, whole group sessions are delivered through synchronous video and/or webconferencing. Small group learning is facilitated through face-to-face learning, teleconference and videoconference depending on the location of the learners. Curriculum materials and study guides are exclusively published through our learning management system. Learners collaborate using OneNote on their PCs and OneNote on their iPads. Clerks (years 3 and 4) use point of care mobile technologies to support their bedside learning.

Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2011-2012, which contributed to maintaining or improving elearning opportunities at **Northern Ontario School of Medicine**. This could include a strategy, initiative or program viewed by **Northern Ontario School of Medicine** to be an innovative practice, success story and/or key accomplishment that **Northern Ontario School of Medicine** would like to highlight.

We successfully moved all of our evaluation and clinical encounter tracking online this year using the One45 platform. This has replaced a rather fragmented set of tools and has seen a significant increase in response rates and compliance as well as making these tasks more relevant and integrated into the program. NOSM students receive most curriculum materials on-line and the NOSM digital library service ensures that NOSM students, faculty and staff members have full access to the information and educational resources as if they were in an urban academic centre.

**7) International**

**7.1 Initiatives**

Please provide the number of For-Credit outbound students and inbound students participating in student exchanges/study abroad/internships/international experiences that **Northern Ontario School of Medicine** had in 2011-2012:

- Outbound students\* = 0

\*DEFINITION: Outbound students are students who pay tuition at an Ontario college/university for credit received for study/work abroad.

- Inbound students\* = 0

\*DEFINITION: Inbound students are international students at an Ontario college/university participating in student exchanges/study abroad/internships/international experiences to receive academic credit.

Please provide the gross revenue from international student tuition in Ontario in For-Credit academic programs at **Northern Ontario School of Medicine** in 2011-2012 = \$0

Please provide the gross revenue for all off-shore activities, including campuses, development and enterprise projects, contract training and partnerships that **Northern Ontario School of Medicine** had outside of Canada in 2011-2012 = \$0

Please list, in the table below, all For-Credit, Stand-Alone campuses, partner campuses or partnerships at which **Northern Ontario School of Medicine** delivers courses and/or programs **abroad (outside of Canada)** in 2011-2012, including city, country, programs offered, and total enrolment in each program offered at each campus:

Campus Name	City/Municipality/Country	List all programs offered at the Campus, Partner Campus or Partnership in 2011-2012	2011-2012 Total Enrolment by Program
n/a	n/a / n/a	0	0

\*The space below is provided for **Northern Ontario School of Medicine** to describe methodology, survey tools, caveats and other information regarding the numbers reported above re: International Initiatives.

n/a

## **7.2 Enrolment**

In 2011-2012, **Northern Ontario School of Medicine** reported to TCU the following top 5 source countries for international students:

**Northern Ontario School of Medicine** reported to TCU that International Enrolment\* in 2011-2012 = (\*).

*\*DEFINITION: International Enrolment is the headcount of Full-Time university (undergraduate and graduate) students who are a not Canadian citizens (includes Inuit, North American Indian and Metis) or permanent residents (i.e. Student Visa, other visa, non-Canadian status unknown, or non-Canadian no visa status) on November 1, 2011, including students who are both eligible and ineligible for operating grant purposes who are taking part in university courses or programs normally leading to a post-secondary qualification (does not include ESL, continuing education, general interest or non-credit courses).*

\*The space below is provided for **Northern Ontario School of Medicine** to describe methodology, survey tools, caveats and other information regarding the numbers reported above re: International Enrolment.

n/a



Please provide **Northern Ontario School of Medicine's** 2011-2012 Part-Time International Student Enrolment = 0

Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2011-2012, which contributed to maintaining or improving **Northern Ontario School of Medicine's** international initiatives. This could include 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



**7.3 English or French as a Second Language**

Please provide the total number of *International students* who were enrolled in either an English as a Second Language (ESL) course or program or a French as a Second Language (FSL) course or program at **Northern Ontario School of Medicine** in 2011-2012 = 0

Please provide a highlight in the space provided below of an initiative, strategy or practice that **Northern Ontario School of Medicine** used in 2011-2012 to create pathways for *International students* from **Northern Ontario School of Medicine's** ESL or FSL programming to postsecondary studies.

n/a

\*The space below is provided for **Northern Ontario School of Medicine** to describe methodology, survey tools, caveats and other information regarding the numbers reported above re: International Enrolment and ESL or FSL.

n/a



## **8) Supply Chain Compliance / Broader Public Sector Accountability Act**

### **SUPPLY CHAIN COMPLIANCE**

Effective April 1, 2010, Broader Public Sector organizations, including universities, that receive more than \$10 million per fiscal year from the Ministry of Training, Colleges and Universities (TCU), are required to have Code of Ethics and Procurement Policies and Procedures in place within the university that are consistent with the principles outlined within the Government of Ontario's 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.

**Northern Ontario School of Medicine** confirmed in its 2010-2011 MYAA Report Back that it **had** adopted the Government of Ontario's Supply Chain Code of Ethics. Please confirm, that in 2011-2012, **Northern Ontario School of Medicine** adhered to the Government of Ontario's Supply Chain Code of Ethics: **Yes**

**Northern Ontario School of Medicine** confirmed in its 2010-2011 MYAA Report Back that it **had** adopted or was in the process of adopting all of the Government of Ontario's 25 mandatory requirements for Procurement Policies and Procedures. Please confirm, that in 2011-2012, **Northern Ontario School of Medicine** adhered to the Government of Ontario's 25 mandatory requirements for Procurement Policies and Procedures: **Yes**

**Northern Ontario School of Medicine** confirmed in its 2010-2011 MYAA Report Back that it **had** participated in the Ontario Education Collaborative Marketplace (OECM). Please confirm, that in 2011-2012, **Northern Ontario School of Medicine** participated in the Ontario Education Collaborative Marketplace (OECM): **Yes**

If YES, please provide the approximate total dollar value of **Northern Ontario School of Medicine's** OECM purchases in 2011-2012: 400,000

Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2010-2011, which contributed to maintaining or improving **Northern Ontario School of Medicine's** supply chain management. This could include 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.

During fiscal 2012, NOSM entered into OEMC contracts with Xerox, Fischer Scientific and Dell. The OEMC purchases represent approximately 3.5% of NOSM's operating expenses and have resulted in significant savings of over \$100K. NOSM continues to monitor the availability of OEMC contracts that provide competitive pricing that is not available directly to NOSM because of low purchasing volumes.



**BROADER PUBLIC SECTOR ACCOUNTABILITY ACT**

All universities were to be in compliance with the *Broader Public Sector Accountability Act*, 2010, proclaimed on April 1, 2011. The *Act*, through three new directives (procurement, expenses and perquisites), established new expense, procurement and perquisite practices for large broader public sector (BPS) organizations and adds accountability measures.

**BPS Procurement Directive**

The new BPS Procurement Directive provides mandatory procurement practices for BPS organizations to improve accountability and transparency for procurement decisions and processes, and maximize the value that BPS organizations receive from the use of public funds. To comply with that Directive, institutions must:

- i. formally adopt the supply chain code of ethics in accordance with their governance processes; and
- ii. comply with the mandatory requirements of the Directive.



**Northern Ontario School of Medicine** confirms that it was compliant with the BPS Procurement Directive and all of its mandatory requirements as of April 1, 2011.

Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2011-2012, which contributed to **Northern Ontario School of Medicine's** compliance with the BPS Procurement Directive. A highlight could be a strategy, initiative or program viewed by **Northern Ontario School of Medicine** to be an innovative practice, success story and/or key accomplishment.

NOSM has commenced utilizing the Request for Proposal (RFP) templates that have been developed by the OECM. The RFP facilitates complying with the BPS guidelines since the document incorporates recommended practice, such as the evaluation and selection criteria.

### BPS Expenses Directive

The new BPS Expenses Directive improves accountability and transparency for BPS organizations by:

- i. requiring designated BPS organization to establish expense rules, and
- ii. establishing eight mandatory requirements for inclusion in each organization's expense rules.



**Northern Ontario School of Medicine** confirms that it was compliant with the BPS Expenses Directive and all of its mandatory requirements as of April 1, 2011.

Please indicate the address on **Northern Ontario School of Medicine's** website where a copy of **Northern Ontario School of Medicine's** publicly available Expenses Directive can be found:

[http://http://www.nosm.ca/about\\_us/organization/administration/general.aspx?id=2002](http://http://www.nosm.ca/about_us/organization/administration/general.aspx?id=2002)

Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2011-2012, which contributed to **Northern Ontario School of Medicine's** compliance with the BPS Expenses Directive. A highlight could be a strategy, initiative or program viewed by **Northern Ontario School of Medicine** to be an innovative practice, success story and/or key accomplishment.

The Northern Ontario School of Medicine has reviewed and updated its travel policies, including the related travel forms to incorporate the requirements of the Broader Public Sector Expenses Directive. The travel policy which is to be followed by all individuals who are travelling on NOSM business and are being reimbursed for their expenses removed the per diem allowance and required the submission of original itemized receipts for all claims. Specific procedures and rules have been enhanced to provide guidance to both travelers and managers as to their responsibilities as they relate travel. This includes the approval levels for the type of travel (Canadian or international), and specific guidelines for accommodation, meals and the provision of hospitality. Specific rules were incorporated into the policies to address expenses incurred on behalf of NOSM by consultants and contractors.

## BPS Perquisites Directive

The new BPS Perquisites Directive requires BPS organizations, including universities, to establish rules on perquisites where these are provided through public funds. The Directive sets out six requirements that must be included in the perquisites rules for the organization. The rules apply to any person in the university including appointees, board members, elected officials and employees.



**Northern Ontario School of Medicine** confirms that it was compliant with the BPS Perquisites Directive and all of its mandatory requirements as of August 2, 2011.

Please provide one or more highlights in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2011-2012, which contributed to comply with the BPS Perquisites Directive in the 2011-2012. A highlight could be a strategy, initiative or program viewed by **Northern Ontario School of Medicine** to be an innovative practice, success story and/or key accomplishment.

The Northern Ontario School of Medicine has approved and implemented a separate protocol on Perquisites. The protocol has been approved by the Executive Group of the School and has been published on the public internet site. The protocol adheres to the principles as delineated in the Broader Public Sector Perquisites Directive and delegates to the Board of Directors, the Dean and the Chief Administrative Officer the authority for approval of these type of expenditures

## **9) Work Integrated Learning\***

As part of the Government's PSE Transformation agenda, as discussed in sector consultations during the Summer of 2012, the government is interested in expanding work-integrated learning (including co-operative education) to make future Ontario students more career and job ready. Co-ops, internships, work placements and other types of work-integrated, experiential or entrepreneurial learning are already available in colleges and universities, often in partnership with industry.

While long-term indicators for Work-Integrated Learning (WIL) will be developed for future reports, the 2011-2012 MYAA Report Back seeks to expand on survey information recently collected by the Higher Education Quality Council of Ontario (HEQCO). This information will help the Ministry to increase and strengthen WIL opportunities for Ontarians.

### **\*DEFINITIONS:**

Work-Integrated Learning is the process where students learn from experiences in educational and practice settings and integrate those experiences for effective professional practice and employment (adapted from HEQCO, 2012).

A Co-operative Education Program is defined as one that formally integrates a student's academic studies with work experience. The usual plan is for the student to alternate periods of experience in career-related fields according to the following criteria (Canadian Association for Co-Operative Education, 2012):

- Each work situation is approved by the co-operative education institution as a suitable learning situation;
- The co-operative education student is engaged in productive work rather than merely observing;
- The co-operative education student receives remuneration for the work performed;
- The co-operative education student's progress on the job is monitored by the cooperative education institution;
- The co-operative education student's performance on the job is supervised and evaluated by the student's employer;
- The time spent in periods of work experience must be at least 30 per cent of the time spent in academic study.

Based on the definitions provided above, please provide WIL data for **Northern Ontario School of Medicine** in 2011-2012:

	<u>Undergraduate</u>	<u>Graduate</u>
Number of programs at <b>Northern Ontario School of Medicine</b> with a Co-op Stream	0	0
Number of students at <b>Northern Ontario School of Medicine</b> enrolled in a Co-op program	0	0

Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2011-2012, which contributed to providing Work-Integrated Learning opportunities for students. Along with co-op, other examples of WIL include internships, mandatory professional practice, field experience, service learning, applied research projects, innovation incubators and other WIL opportunities. This could include a strategy, initiative or program viewed by **Northern Ontario School of Medicine** to be an innovative practice, success story and/or key accomplishment.

NOSM's MD program consists of a mandatory eight month longitudinal clerkship known as the Comprehensive Community Clerkship (CCC). During the CCC, NOSM provides students with clinical experiences away from the campuses of Sudbury and Thunder Bay. Students live and learn as small groups of up to eight learners in one Northern Ontario small urban or large rural communities for the entire eight-month period where they are each assigned to primary care practice settings. The aim of the CCC is to provide academic and professionally relevant learning opportunities that, through small group sessions and clinical practice, exemplify reflective learning and comprehensive interprofessional care. Furthermore, opportunities to care for patients in a safe and efficient manner are enhanced by the clerkship's prolonged duration, which promotes continuity of care. The students increase their knowledge of medical care through clinical encounters and through the socio-cultural context in which the patient and their family cope and adapt to their health care needs. This social and intellectual process will be encouraged through continuous interaction with community-based Health Care practitioners.

The CCC experience is designed to enhance the NOSM learner's personal and professional development. Additionally, the nature of the course work and the learning-centered environment promotes critical thinking and life long learning skills. The CCC provides opportunities to enhance knowledge, skills, and attitudes conducive to an understanding of medical practice in remote, rural, and/or underserved communities and contrast that with urban practice. The learner observes the skills and attributes of health professionals in stimulating environments, furthering their consideration of career choices including clinical practice and research.

All of NOSM's residency programs combine learning within the major academic centres with clinical rotations throughout rural Northern Ontario health care settings, providing residency training that is unmatched in its variety of exposure and exceptional lifestyle balance.



## 10) Student Satisfaction

Please indicate the methods, in addition to the NSSE survey, that **Northern Ontario School of Medicine** used in 2011-2012 to measure student satisfaction.

As a requirement of NOSM's 2012 Accreditation Review, an ad-hoc group of the NOSM Student Society Executive conducted an Independent Student Self-Study Survey in the spring of 2011. A detailed report based on this survey of the student body was provided to the administration of the school. The survey and report writing was done by the NOSM Student Society Executive and did not include any NOSM faculty, administration or staff assistance.

This report was used by the school as part of the Institutional Self-Study required of us for our 2012 Accreditation Review. An extensive review of the results of the survey of the student body was undertaken and used as a tool to reflect on student satisfaction and address particular areas of concern.

Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2011-2012, which contributed to maintaining or improving student satisfaction at **Northern Ontario School of Medicine**. This could include a strategy, initiative or program viewed by **Northern Ontario School of Medicine** to be an innovative practice, success story and/or key accomplishment that **Northern Ontario School of Medicine** would like to highlight.

During the 2011-12 academic year NOSM made a concerted effort to focus on improving communication between the learners and the school administration. The Assistant Dean, Learner Affairs and the Director, Learner Affairs & UME Administration had monthly meetings with the Learner Affairs Sub-Committee (a subcommittee of the NOSM Student Society) to discuss issues relating to the learning environment brought forward by the student body. In addition, the NOSM Student Society executive met on a monthly basis with the Associate Dean, Undergraduate Medical Education to discuss issues of concern relating to the undergraduate medical education program. In addition, the student body was invited to an open forum lunch with the Dean of the school once per term.

In addition, during 2011-12 Learner Affairs also undertook several initiatives designed to improve learner satisfaction at the school. First, in response to a spring 2011 review of student and faculty satisfaction with the Faculty Advisor Program, the program was significantly revised in an attempt to provide the learners with a better system for career and academic support. Although the intent of the program remained the same: to connect undergraduate learners with individual faculty to act as their physician mentor providing career guidance and academic support through the four years of the program; the format changed from individual meetings with one particular advisor to a combination of whole group, small group and individual advisor support.

**11) Graduation Rate**

Per the KPI results reported in 2011, the graduation rate at **Northern Ontario School of Medicine** = N/A\*

\*Percentage of 2002 Year 1 New-to-Institution Students Who Received a Degree between 2003-2009

Please indicate any methods, in addition to the KPI survey results reported in 2011-2012, that **Northern Ontario School of Medicine** used in 2011-2012 to measure graduation rate.

Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2011-2012, which contributed to maintaining or improving **Northern Ontario School of Medicine's** graduation rate initiatives. This could be a strategy, initiative or program viewed by **Northern Ontario School of Medicine** to be an innovative practice, success story and/or key accomplishment that **Northern Ontario School of Medicine** would like to highlight.

NOSM's first students arrived in 2005. Since then, NOSM has had four cohorts of graduating classes. Of 225 individuals comprising these four classes there have been two students who dropped out, two students held back due to leaves of absence, and one learner held back for remediation, and 220 who have graduated with the MD degree between 2009 and 2012 (97.8%). Not all graduated with the same group they began with but 220 have graduated thus far.

## **12) Graduate Employment Rate**

Per the KPI results reported in 2011 the employment rate for 2008 graduates, 6 months after graduation, at **Northern Ontario School of Medicine = N/A**

Per the KPI results reported in 2011 the employment rate for 2008 graduates, two years after graduation, at **Northern Ontario School of Medicine = N/A**

Please indicate any methods, in addition to the KPI survey results reported in 2011-2012, that **Northern Ontario School of Medicine** used in 2011-2012 to measure graduate employment rate.

The Canadian Residency Matching Service (CaRMS) annually releases data following the annual match process. In the final year of medical school, each student 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, anesthesia, dermatology, orthopedic surgery, etcetera) ranging in duration from two to five years, or more. Acceptance to a residency program involves students applying to medical school in a discipline of their choice. Students are then invited to participate in an interview with the school. After the interview process, both the student and the program they have applied to rank each other for preference through CaRMS. CaRMS then matches students, based on rankings, to postgraduate residency programs across Canada.

Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2011-2012, which contributed to maintaining or improving **Northern Ontario School of Medicine's** graduate employment rate. This could be a strategy, initiative or program viewed by **Northern Ontario School of Medicine** to be an innovative practice, success story and/or key accomplishment that **Northern Ontario School of Medicine** would like to highlight.

On March 6, 2012, the Northern Ontario School of Medicine (NOSM) received notice that all undergraduate medical students in the 2012 graduating class successfully matched to Canadian residency programs on their first attempt. This is the third time that NOSM is the only Canadian medical school in more than ten years to have all students matched in the first round of matches of the Canadian Residency Matching Service (CaRMS). All NOSM MD graduates were employed in residency programs. Specialties to which students matched include: family medicine, psychiatry, anesthesia, dermatology, orthopedic surgery, general surgery, radiation oncology, internal medicine, obstetrics and gynecology.

Since 2009, there have been 220 MD graduates of whom 135 (61%) have chosen family medicine (predominantly rural) training. Almost all the other MD graduates are training in general specialties such as general internal medicine, general surgery and pediatrics, with a small number training in subspecialties like dermatology, plastic surgery and radiation oncology. 33% of NOSM graduates are training in Northern Ontario and many of the others have indicated their intention to return to Northern Ontario in the future.

Data from the Ontario Physician Human Resources Data Centre recently indicated that 92 graduates from NOSM's Family Medicine Residency Program (including FM PGY3 programs) are employed in Ontario, with 75% percent of those individuals working in either the Northeast (n=36) or Northwest LHIN (n=33).





**13) Student Retention**

Using data from **Northern Ontario School of Medicine's** Institutional Consortium for Student Retention Data Exchange (CSRDE) submissions, please provide **Northern Ontario School of Medicine's** achieved results for all years in the table below:

Entering Cohort	2007 Cohort	2008 Cohort	2009 Cohort	2010 Cohort
1st to 2nd Year	100% <sup>(+)</sup>	100% <sup>(+)</sup>	96.9% <sup>(+)</sup>	96.9%
1st to 3rd Year	94.8% <sup>(+)</sup>	100% <sup>(+)</sup>	100%	N/A <sup>(+)</sup>

\*The space below is provided for **Northern Ontario School of Medicine** to describe the methodology, survey tools, caveats and other information regarding the numbers reported above re: Full-Time Student Retention Rate.



Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2011-2012, which contributed to maintaining or improving **Northern Ontario School of Medicine's** retention initiatives. This could be a strategy, initiative or program viewed by **Northern Ontario School of Medicine** to be an innovative practice, success story and/or key accomplishment that **Northern Ontario School of Medicine** would like to highlight.

Since 2010, the Assessment Office has implemented a program of "Active Profile Support" to notify students who are struggling academically and directing them to appropriate supports and resources in the School. In Phase 1, when a student fails to meet the passing standard for a given Module, they are sent an "Early Detection Program" letter (which we refer to as a "Dip-and-Divide" letter), which directs them to contact Learner Affairs and/or appropriate Faculty Members who may be able to assist them. The success of this intervention was tracked for a full academic year, and we found that students who received an 'Early Detection Program' letter improved on average by 11% on their next examination. In fact, the data indicate that only one letter was needed for a number of students to bring up their grades. This marked increase demonstrates the merit of this approach, and we will continue to implement this intervention as way to ensure students are receiving valuable feedback and support throughout the academic year.

#### **14) Quality of the Learning Environment**

Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2011-2012, which contributed to enhancing **Northern Ontario School of Medicine's** learning environment for the three quality measure categories indicated below:

##### **14.1) IN-CLASS EXPERIENCE (Examples may include promoting teaching excellence, staff training, etc.)**

In 2011-12, NOSM piloted the introduction of voluntary service learning projects for our learners. Service learning involves medical students learning through engagement with community service providers (CSPs). During the 2011-12 academic year, seven second year medical students engaged with community partners both to respond to community identified needs and learn about their roles as citizens. Student projects included in the pilot ranged from enhancing the secondary school science curriculum with the Lakehead Public School Board by presenting relevant medical topics and encouraging students to consider a career in medicine to organizing walking events entitled "Walk with Student Docs" which featured short disease prevention presentations, exercise and interaction. Students completed their service learning projects with presentations to the community service providers. The pilot of the service learning component has been completed and will be implemented into UME curriculum in 2012/13. This will include expanding beyond Phase 1 and will be offered to learners in Phase 2 as well.

##### **14.2) ENGAGEMENT (Examples may include new student orientation, work-learning opportunities, etc.)**

Learner engagement continues to be an important part of the mandate of the Learner Affairs Office. Orientation Week 2011 included a week long journey for our incoming learners through Northern Ontario including stops in Thunder Bay, Sudbury, North Bay, Nipissing First Nation, and Sturgeon Falls.

In addition, as a follow-up to Orientation Week, Learner Affairs hosted a lunch Meet & Greet session for year 1 learners and all NOSM staff. The goal of the lunch was introduce learners to other staff within NOSM and their roles. The learners rotated through facilitated small group discussions where they had the opportunity to meet staff members and hear about what services each department offered to learners.

##### **14.3) SUPPORT (Examples may include personal and academic supports to students, etc.)**

During the 2010-11 academic year, an additional independent student assistance program was been developed using NOSM's East Campus Employee Assistance Program provider Morneau Shepell. This program allows students and their dependent family members to access Morneau Shepell's short-term professional assessment, counseling, consultation, resource referral and case-management program. During the 2010-2011 academic year, the program was available as a pilot to Phase 2 students during their Comprehensive Community Clerkship. During the 2011-2012 academic year the program was extended to learners in all four years of the undergraduate program.

**Attestation:**

By checking this box, **Northern Ontario School of Medicine** confirms that all information being submitted to the Ministry as part of the 2011-2012 MYAA Report Back is accurate and has received approval from **Northern Ontario School of Medicine's** Executive Head.

**Contact:**

For additional information regarding **Northern Ontario School of Medicine's** 2011-2012 MYAA Report Back please contact -

- Name: Ken Adams
- Telephone: 8077667333
- Email: kadams@nosm.ca

Please indicate the address on **Northern Ontario School of Medicine's** website where a PDF copy of this 2011-2012 MYAA Report Back will be posted once it has been approved by the Ministry (the Ministry will contact the individual listed above once the 2011-2012 MYAA Report Back has been approved):

- <http://nosm.ca>