Undergraduate Medicine: the MD training program

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The training path for doctors

Undergraduate

Degree

(variable)

MD Degree (UME)

Postgraduate

- Family Practice
- Specialty



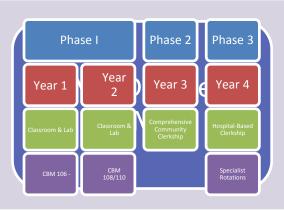


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UME – the "MD" degree







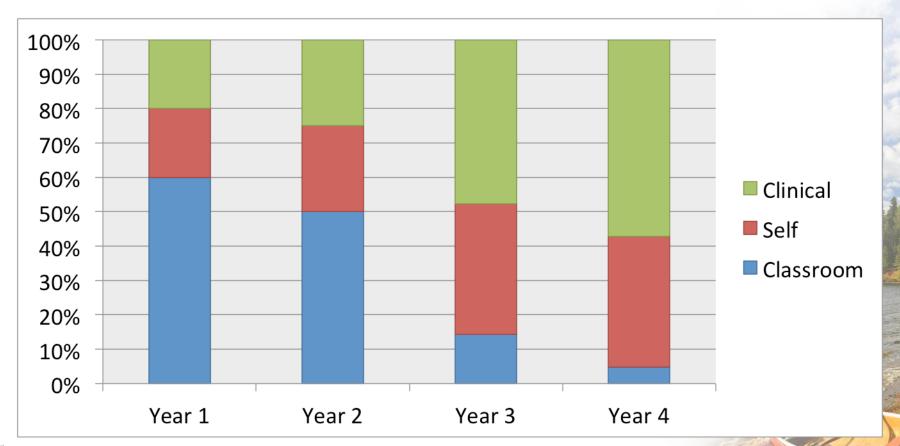
NOSM's approach to Teaching and Learning

- Extensive use of Case-Based Learning (CBL)
- Distributed, community-engaged teaching (ie not at university campus)
- Increasing clinical activity each year





How do they learn? Clincal vs Self-Directed vs Classroom







Recommendations from Living the Vision, 2011

- Improve/enhance student preparedness prior to CBM 106;
- Increase feedback from students/NOSM to community partners postplacement;
- Expand opportunities for NOSM staff, faculty and learners to learn "culturally safe" behaviour;
- Review and revision of Aboriginal content in the curriculum must include Aboriginal Elders, health professionals, as well as interested and knowledgeable community members;
- Include traditional medicines in all years of study;
- Active involvement of ARG members must occur in all areas of NOSM.





- Improve/enhance student preparedness prior to CBM 106;
 - **UME and AAU:**
 - -CBM 106 Site Readiness Committee (AAU and UME).
 - -7 compulsory sessions to learners (Oct April) to prepare them.
 - -Elder on Campus sessions that allow learners to come and ask questions.
 - —A 106 information session on selection/travel logistics and a Module Coordination Session.
 - -Sharing Circle during 106 Wrap-Up Week.
 - -Student Society provides their own 106 Peer mentoring session.
 - -Evaluation and feedback on the sessions should be brought back to 106 Site Readiness Working to guide future delivery. This has not been happening to be provided at this first meeting of the CBM 106 preparation.





- Increase feedback from students/NOSM to community partners postplacement;
 - Since 2011, UME has introduced detailed evaluation feedback to each and every community post-placement. CBM 106 student evaluations are collected and shared with the Aboriginal Communities and Aboriginal Partners after the 1st year learner placements have taken place.
 - Some have felt this recommendation could benefit as more of a dialogue than feedback and be more of a dialogue between NOSM





- Expand opportunities for NOSM staff, faculty and learners to learn "culturally safe" behaviour;
 - The Elder on Campus sessions are open to all staff and faculty as well
 - UME and AAU provide 2-day orientation of the Local Community Coordinators each year.
 - During the four week CBM 106, the communities themselves are responsible for organizing the community and cultural learning for the students involving people in the community (12 hours each week).
 - Students give Self Study Presentations to the communities near the end of CBM 106.
 - In the final week of the module there is a sharing circle with the students led by Elders.





- Review and revision of Aboriginal content in the curriculum must include Aboriginal Elders, health professionals, as well as interested and knowledgeable community members;
 - Module 106 includes sessions on traditional medicines and the impact of the residential schools led by Aboriginal Elders, health professionals as well as interested and knowledgeable community members.
 - Ideally: Each Aboriginal teaching case in Phase 1 created by faculty, then with Aboriginal health expertise for case and community descriptions. Then taken to Aboriginal health care workers/administrators with experience in Aboriginal communities. Each case reviewed and adjusted as necessary by several Aboriginal reviewers.
 - Original and subsequent cases





- Include traditional medicines in all years of study;
 - Module 106 includes case based learning sessions on matters such as traditional medicines which are led by Aboriginal Elders, health professionals as well as interested and knowledgeable community members.
 - Some felt this topic needs to be further developed.





- Active involvement of ARG members must occur in all areas of NOSM.
 - In May 2012, Associate Dean of Undergraduate Medical Education presented to the Aboriginal Reference Group members regarding the Aboriginal Health thread that is weaved through the phases of academic learning for the medical learners
 - Module 106 Coordinators made presentations to the ARG in 2013 on the development and current content of Module 106 with fruitful discussion.
 - Aboriginal Reference Group Member on Academic Council
 - Suggestion: Given the complexity of NOSM and UME, identify the key connections and have ARG indicate where they would like to be connected.





Additional actiivities

- Module 106 (the aboriginal community visit) also includes case-based learning (CBL) sessions that include discussion of the impact of the residential schools
 - Led by Aboriginal Elders, health professionals as well as interested and knowledgeable community members.



