



Distributed Community Engaged Medical Education
and the Northern Ontario School of Medicine

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Associate Dean
Community Engagement



A blue rectangular sign with white text is mounted on two weathered wooden posts. The sign is positioned in a rural landscape with a barbed-wire fence in the foreground and a line of trees in the background under a clear blue sky. The text on the sign is arranged in three lines: "NO DOCTOR", "NO HOSPITAL", and "ONE CEMETERY".

**NO DOCTOR
NO HOSPITAL
ONE CEMETERY**



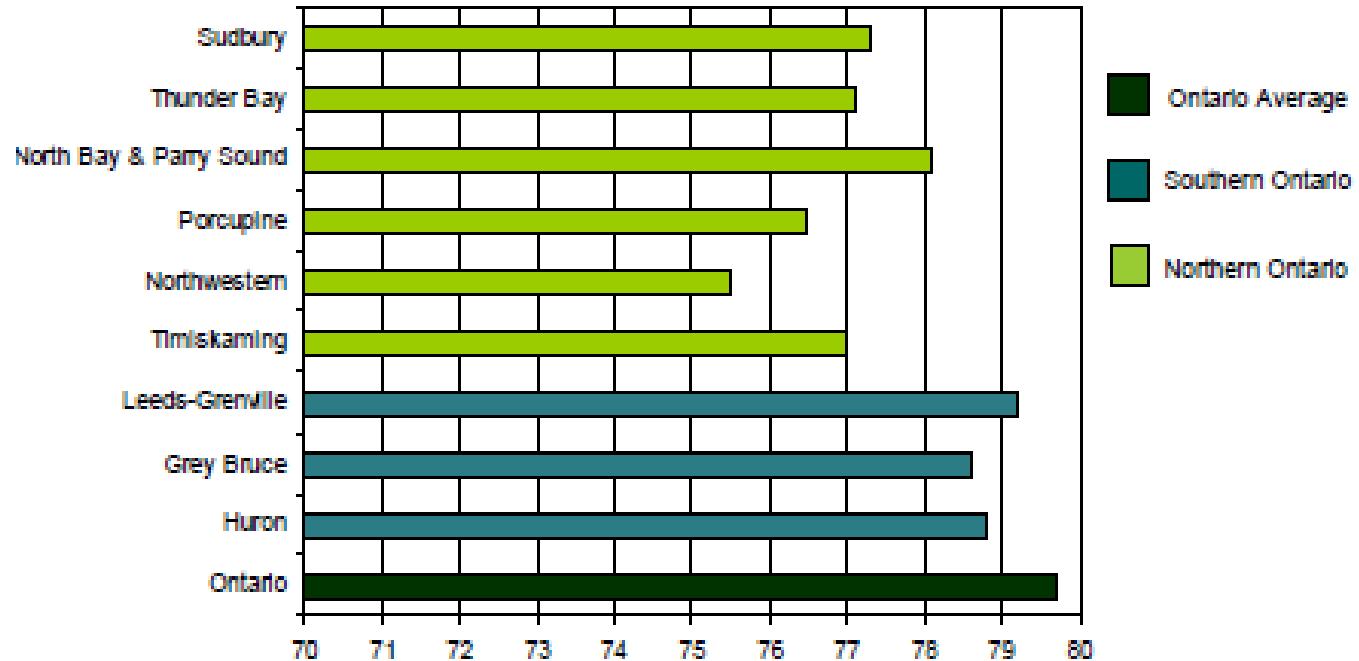
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Northern Ontario Health Status

Average Life Expectancy at Birth (Years)



Source: Statistics Canada, Health Profile, 2009



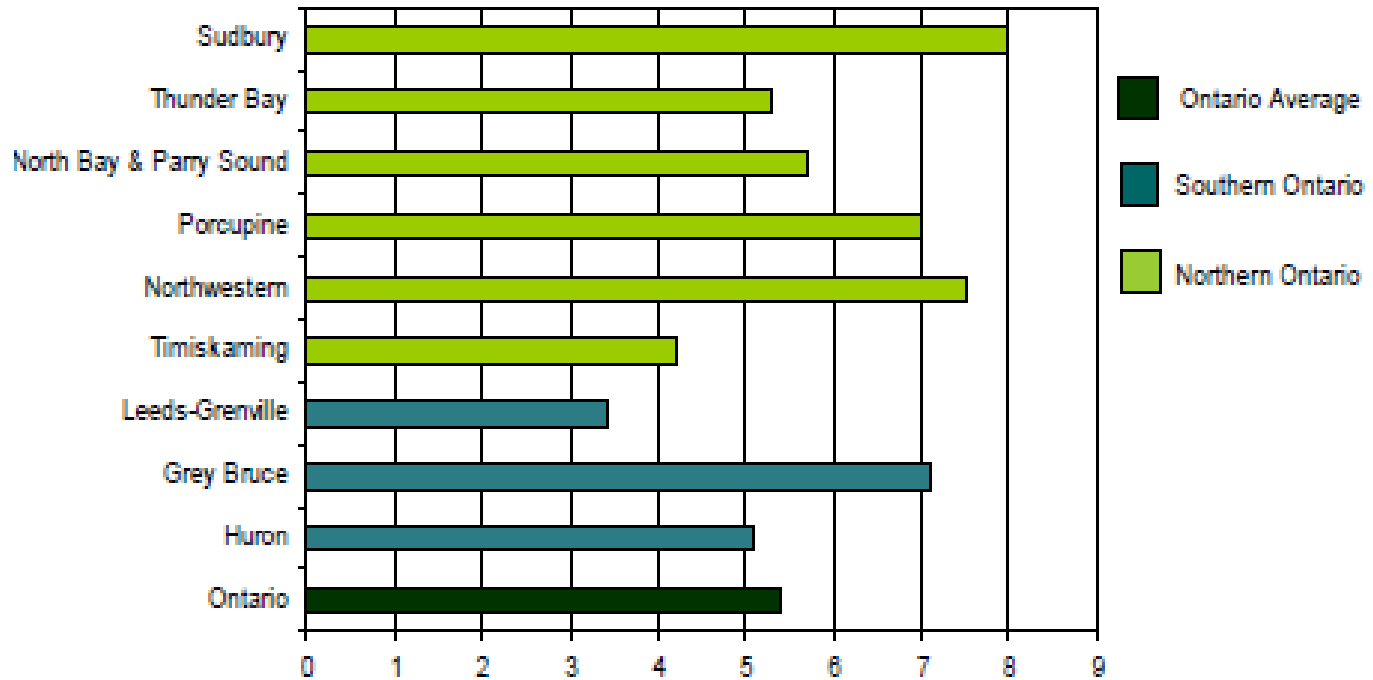
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Northern Ontario Health Status

Infant Mortality (Average # of Deaths per 1,000 Live Births)



Source: Statistics Canada, Health Profile, 2009



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The Northern Ontario School of Medicine: Vision

– Innovative Education and
Research for a Healthier
North

– Explicit Social
Accountability Mandate



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“Social Accountability of medical schools is the obligation to direct education, research and service activities towards addressing the priority health concerns of the community, region and/or nation they have a mandate to serve”

WHO, 1995



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Community Engagement

- “The process of working collaboratively with and through groups of people... to address issues affecting the well-being of those people” CDC 1997
- Build trust, better communication, improve overall health, lasting collaborations, empower marginalized

PRINCIPLES OF
COMMUNITY ENGAGEMENT
SECOND EDITION



Clinical and Translational Science Awards Consortium
Community Engagement Key Function Committee Task
Force on the Principles of Community Engagement



Innovative education and research for a healthier North.

www.nosm.ca

Public participation goal	Inform	Consult	Involve	Collaborate	Empower
Promise to the public	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
Example techniques	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
	<ul style="list-style-type: none"> ■ Fact sheets ■ Web sites ■ Open houses 	<ul style="list-style-type: none"> ■ Public comment ■ Focus groups ■ Surveys ■ Public meetings 	<ul style="list-style-type: none"> ■ Workshops ■ Deliberative polling 	<ul style="list-style-type: none"> ■ Citizen advisory committees ■ Consensus-building ■ Participatory decision-making 	<ul style="list-style-type: none"> ■ Citizen juries ■ Ballots ■ Delegated decision



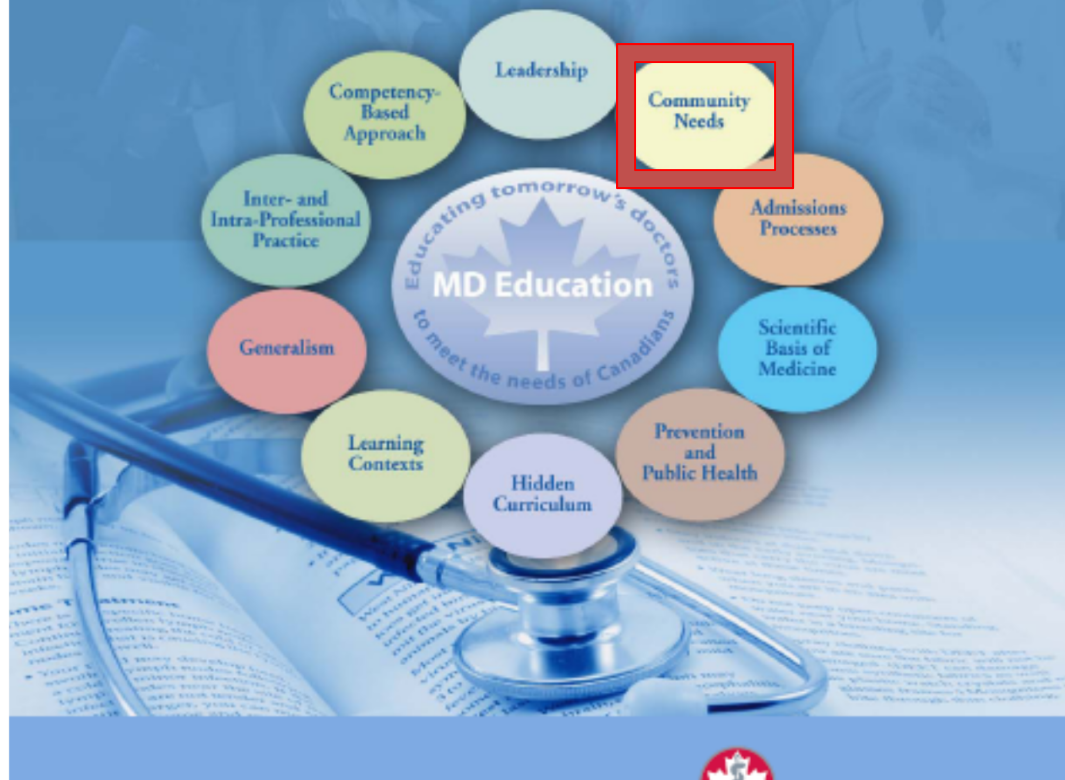
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The Future of Medical Education in Canada (FMEC):

A Collective Vision for MD Education



An AFMC project



AFMC
The Association of Faculties
of Medicine of Canada



THE LANCET

Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

Julio Frenk, Lincoln Chen*, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kistnasamy, Afaf Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Serwadda, Huda Zurayk*



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Recommended Reforms and Enabling Actions

Reforms

Instructional

- Competency-driven
- Interprofessional and transprofessional education
- IT-empowered
- Local-global
- Educational resources
- New professionalism

Institutional

- Joint planning
- Academic systems
- Global networks
- Culture of critical inquiry

Enabling actions

- Mobilise leadership
- Enhance investments
- Align accreditation
- Strengthen global learning

Goal
Transformative and
interdependent
professional
education for
equity in health







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Admissions Summary

- GPA 3.7
- Age 26
- 68% Female
- 7% Aboriginal
- 91% North. ON
- 25% Graduate Degree
- 32% Male
- 22% Francophone
- 40% Rural background



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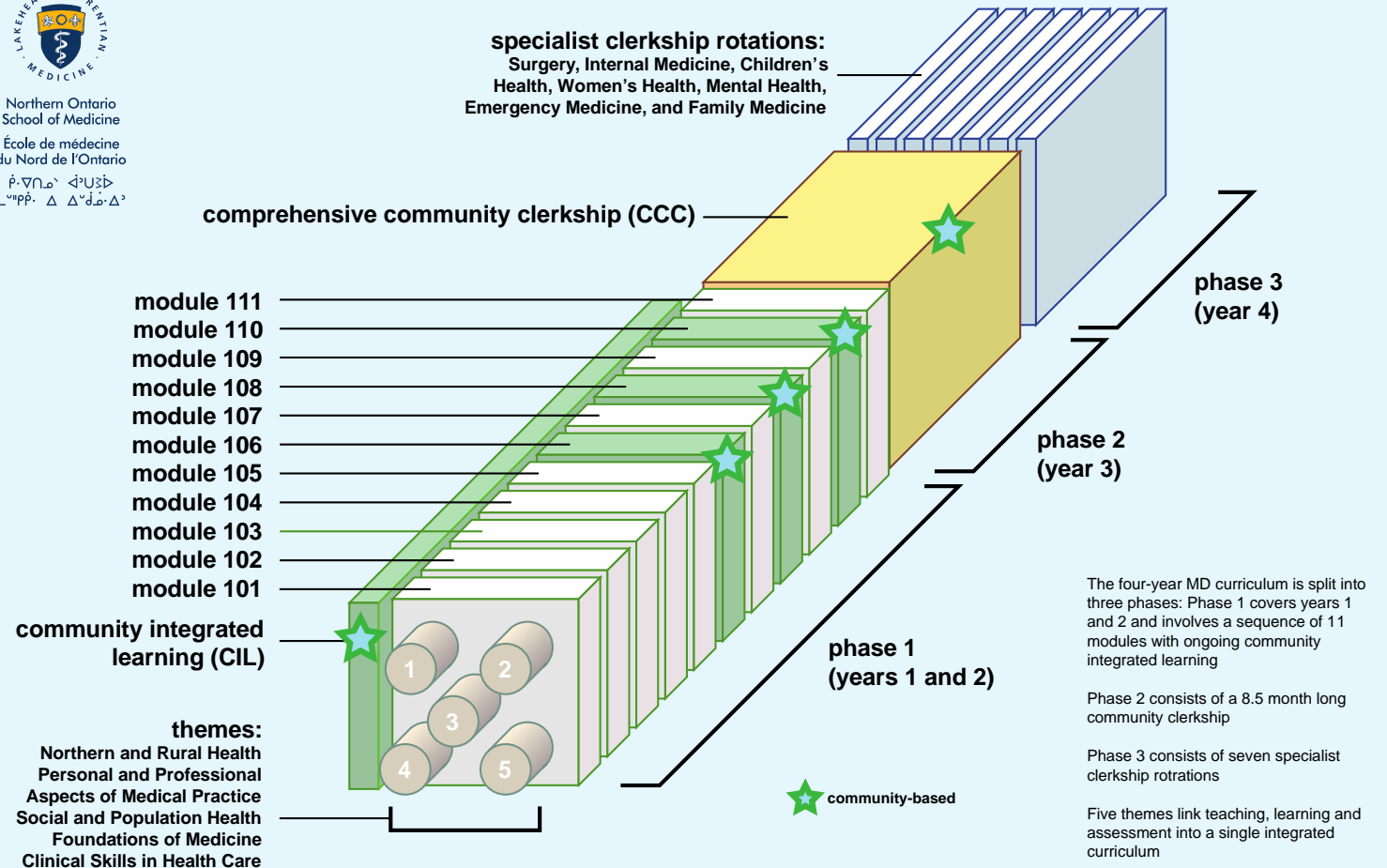
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NOSM Undergraduate Curriculum



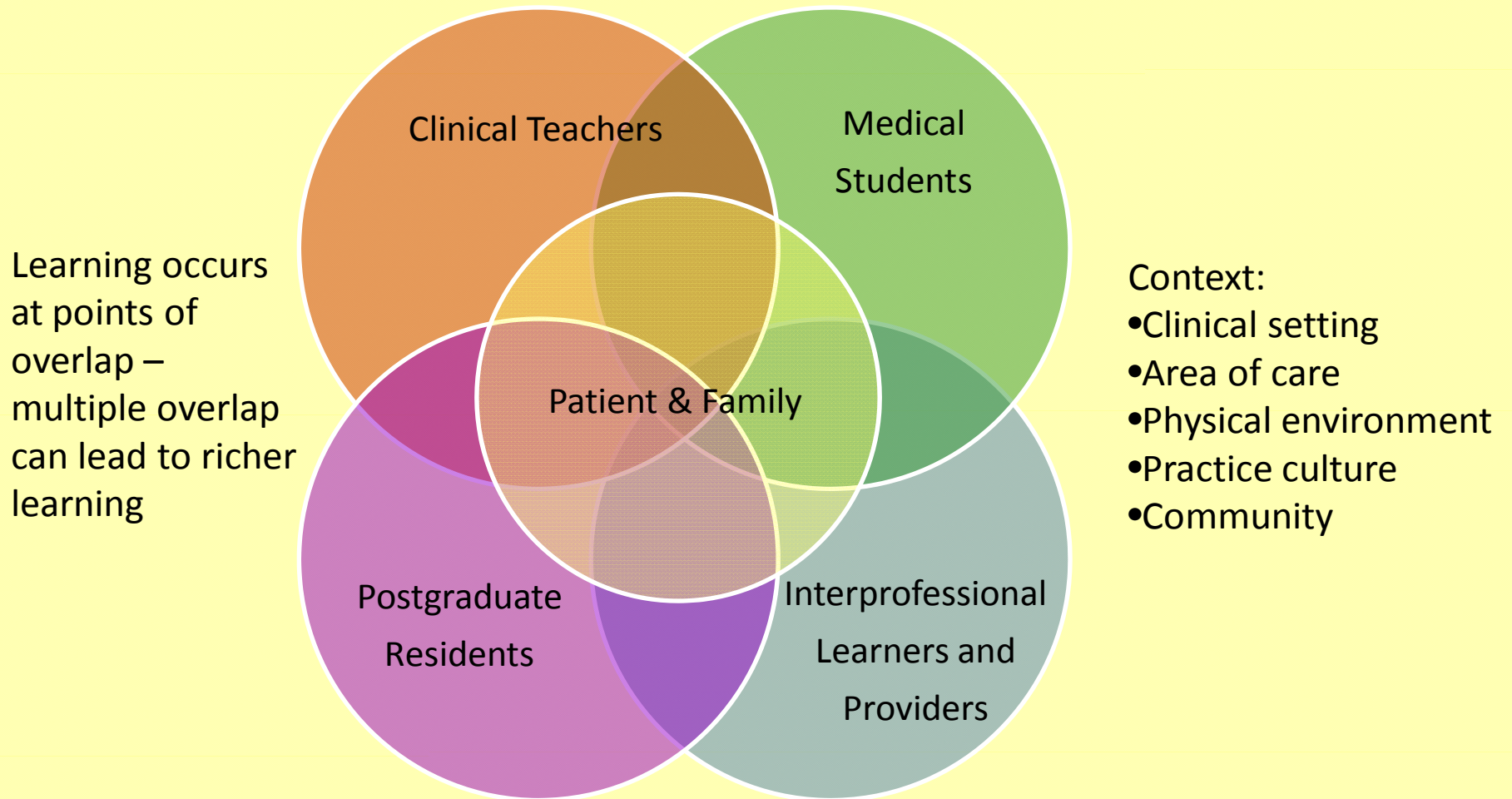
R. Ellaway, 2011

Northern Ontario School of Medicine MD Program Curriculum Structure

Innovative education and research for a healthier North.

www.nosm.ca

Integrated Clinical Learning





Report of the NOMS Aboriginal Workshop

June 10th - 12th, 2003
Wauzhushk Onigum First Nation

"Follow Your Dreams."



Lorena Schep-1/05



Miikwen Daan

Keeping the Vision



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Partnership
Opportunities
in Research

GATHERING

November 4 - 5 - 6, 2008 - Thunder Bay, Ontario

ealthier North.

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NOSM Outcomes

- CaRMS - 100% matched
- 65% rural family medicine
- 35% general specialties
- 11 medical schools (of 17)
- 40% residency with NOSM
- “deep roots” in Northern Ontario
- >65% of NOSM residents stay



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