

**2012-2013 Multi-Year Accountability Agreement (MYAA) Report Back**

|                          |  |
|--------------------------|--|
| <b>Institution Name:</b> | <b>Northern Ontario School of Medicine</b> |
|--------------------------|--|

**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 previous MYAA Report Backs, the 2012-2013 MYAA Report Back maintains the system-wide performance indicators that reflect current government priorities for postsecondary education in Ontario. In addition, the 2012-2013 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 2012-2013 MYAA Report Back process, the Ministry pre-populated **Northern Ontario School of Medicine's** 2012-2013 MYAA Report Back with data from a variety of confirmed institutional sources, including reports (e.g. Key Performance Indicators, 2011-2012 Report Backs) and data sources (e.g. Full-Time Enrolment Headcount). Data that was pre-populated by the Ministry of Training, Colleges and Universities (the Ministry) in **Northern Ontario School of Medicine's** 2012-2013 MYAA Report Back is denoted with the symbol (+).



**1) Enrolment - Headcount\***

*\*DEFINITION: Headcount is the actual enrolment for Fall 2012 as of November 1, 2012 including full-time undergraduate and graduate students eligible for funding as reported to the Ministry for the 2012-2013 fiscal year (enrolment reported in 2012-2013 remains subject to audit and/or correction).*

**Northern Ontario School of Medicine's** total Headcount enrolment count in 2012-2013 = **387**<sup>(+)</sup>.

Please indicate the number of students aged 18-24 (age as of November 1, 2012) from the total Headcount enrolment reported by **Northern Ontario School of Medicine** to the Ministry for 2012-2013 = **100**.

Please indicate the number of students aged 25+ (age as of November 1, 2012) from the total Headcount enrolment reported by **Northern Ontario School of Medicine** to the Ministry for 2012-2013 = **287**.

Please indicate the number of students under the age of 18 (age as of November 1, 2012) from the total Headcount enrolment reported by at **Northern Ontario School of Medicine** to the Ministry in 2012-2013 = **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 387, 93 learners are undergraduate students aged 18-24, 155 are undergraduate students aged 25+, 132 are postgraduate residents aged 25+, and 7 are postgraduate ages 18-24.

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 2012-2013 to manage enrolment.

Through the NOSM Recruitment Working Group, NOSM takes a whole school approach to recruitment and engaging with our committees for the purpose of recruitment and retention. This group shares recruitment planning and needs across the school so that we can pool our resources to have maximum impact in all our endeavours.

The Office of Admissions and Learner Recruitment, Aboriginal Affairs and Francophone Affairs Units work closely with our host institutions (Lakehead and Laurentian University) to promote NOSM programs and increase application to and ultimately enrolment at NOSM.

Some examples of recruitment events NOSM participates in with the host institutions are: Grade 11 day, APSEP Tour, Career Fairs, Guidance Counsellors Day, Open House (s), Liaison Training Sessions, Parent Reception, Amazing Race for IB students, and the Ontario Universities Fair.

Further to working with the host institutions, NOSM hosts their own recruitment events as well. Some examples of these events are: Admissions Information Sessions, the Aboriginal Multiple Mini Interview (MMI) Workshops, our own MMI process, tours of the school 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, healthcare careers, obtain hands-on experience.

**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 2012-2013= <u>10</u></p> <p>Please calculate the total indicated above as a comparative % of <b>Northern Ontario School of Medicine's</b> 2012-2013 Enrolment Headcount: (Insert Total From Above) <u>10</u> ÷ <u>387</u><sup>(+)</sup> (2012-2013 Enrolment Headcount) x 100 = <u>2.6</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 2012-2013 = <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 2012-2013= <u>0</u></p> <p>Please calculate the total indicated above as a comparative % of <b>Northern Ontario School of Medicine's</b> 2012-2013 Enrolment Headcount: (Insert Total From Above) <u>0</u> ÷ <u>387</u><sup>(+)</sup> (2012-2013 Enrolment Headcount) x 100 = <u>0</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 2012-2013 = <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 2012-2013= <u>14</u></p> <p>Please calculate the total indicated above as a comparative % of <b>Northern Ontario School of Medicine's</b> 2012-2013 Enrolment Headcount: (Insert Total From Above) <u>14</u> ÷ <u>387</u><sup>(+)</sup> (2012-2013 Enrolment Headcount) x 100 = <u>3.6</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 2012-2013 = <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.

| Students With Disabilities  | First Generation Students   | Aboriginal Students  |
|---|---|--|
| <p>In the space below, please provide one or more highlights of an activity in 2012-2013, 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 2012-2013, 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 2012-2013, 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 2012 admission cycle, Learner Affairs continued our successful strategy 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. 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. Also in 2012, NOSM utilized its Accessibility Plan for the Northern Ontario School of Medicine which included the following administrative commitments: - an allocation of operational funding for accessibility program development; - the creation of an Accessibility Working group to undertake a comprehensive</p> | <p>N/A</p>  | <p>NOSM's Aboriginal Affairs unit strives to develop all of their programming through the aboriginal world-view lens. NOSM is fortunate to have 20 Aboriginal Elders who assist, provide direction &amp; guidance, and facilitate cultural understanding through many different venues. The continued involvement of the Elders assists NOSM in making improvements on initiatives for the Aboriginal Students. The Aboriginal Affairs unit has an Elder on Campus Program which involves the students in various events, such as: Ceremonial Tobacco, Cedar as a Medicine, Sweetgrass as a Medicine, Sweatlodge Teaching &amp; Ceremonies, Medicine Wheel Teachings, and Aboriginal Language.</p> <p>Aboriginal Affairs unit has Support Workers who maintain and improve internal initiatives for the betterment of the aboriginal students through a number of activities: Recruitment Working Group: NOSM Admissions &amp; Recruitment (CE Portfolio), &amp; Post-Grad; CEWG (Cultural Enrichment Working Group); 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. Other unit-related activities are: the development and distribution of the Elders Handbook</p> |

|  |  |  |
|--|--|--|
| <p>review of NOSM's current activities, protocols and programs and develop and Accessibility Program Plan; - the establishment of an Accessibility Advocate position to implement school-wide accessibility initiatives and to support learners, staff and faculty; - the undertaking of an Equity Audit as a partial environmental scan to identify accessibility issues; - the implementation of accessibility training for staff and faculty; and – the development of an orientation program for new employees and learners. 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).</p> |  | <p>– How the Medical School Engages and Works with the Aboriginal Elders; the Aboriginal Affairs Unit Booklet that provides information on the services &amp; support for new, current and potential Aboriginal students; Recruitment Post Cards that reflect aboriginality &amp; process student- related activities; Aboriginal Learners Group continuation; Assist and Tutor Support; and Ceremonial information for Post Grad Residents.</p> |
|--|--|--|

### 3) Student Access Guarantee

Through its signed MYAA, **Northern Ontario School of Medicine** committed to participate in the Student Access Guarantee (SAG). For 2012-2013, this meant meeting students' tuition/book shortfall in allocating financial aid, as set out in the 2012-2013 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 9, 2013.*

| 2012-2013 TUITION / BOOK SHORTFALL AID:                                     | TOTAL \$     | # of STUDENT ACCOUNTS |
|---|--------------|-----------------------|
| <b>SAG Expenditures towards Tuition/Book Shortfalls</b>                     | \$407,038(+) | 131(+)                |
| <b>Other SAG Expenditures (towards other assessed shortfalls)</b>           | \$140,815(+) | 29(+)                 |
| <b>Total SAG Expenditures Reported by <i>Northern Ontario School of</i></b> | \$547,853(+) | 160(+)                |

Did **Northern Ontario School of Medicine** meet students' tuition/book shortfall in allocating financial aid, as set out in the 2012-2013 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 2012-2013.

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 2012.

| Year | Total Applications | Total Registrations | Transfer Applications* | Transfer Registrations* |
|------|--------------------|---------------------|------------------------|-------------------------|
| 2008 | 0(+)               | 0(+)                | 0(+)                   | 0(+)                    |
| 2009 | 0(+)               | 0(+)                | 0(+)                   | 0(+)                    |
| 2010 | 0(+)               | 0(+)                | 0(+)                   | 0(+)                    |
| 2011 | 0(+)               | 0(+)                | 0(+)                   | 0(+)                    |
| 2012 | 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 |
|------|--|---|---|--|
| 2011 | 1932(+)  | 64(+)   | 0(+)  | 0(+)   |
| 2012 | 1974   | 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 2012-2013 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 2012 Common University Data Ontario (CUDO) report for Fall 2011, 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 2012-2013, 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 2011-2012 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 2012-2013.

### **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 2012-2013:

| <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 400+ academic sessions that run annually, nearly half of them rely on video conferencing technology between Thunder and Sudbury. 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 2012-2013, 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 student assessment, program and faculty evaluation, and clinical encounter tracking online 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 2012-2013:

- 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 participating in student exchanges/study abroad/internships/international experiences at an Ontario college/university to receive academic credit towards a credential granted by their home institution.*

Please provide the gross revenue from international student tuition in Ontario in For-Credit academic programs at **Northern Ontario School of Medicine** in 2012-2013 = **\$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 2012-2013 = **\$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 2012-2013, including city, country, programs offered, and total enrolment in each program offered at each campus:

| <b>Campus Name</b> | <b>City/Municipality/Country</b> | <b>List all programs offered at the Campus, Partner Campus or Partnership in 2012-2013</b> | <b>2012-2013 Total Enrolment by Program</b> |
|--------------------|----------------------------------|--|---|
| 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 2012-2013, **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 2012-2013 = (\*).

*\*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, 2012, 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** 2012-2013 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 2012-2013, 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 as a Second Language**

Please provide the total number of *International students* who were enrolled in an English as a Second Language (ESL) course or program at **Northern Ontario School of Medicine** in 2012-2013 = 0

Please provide a highlight in the space provided below of an initiative, strategy or practice that **Northern Ontario School of Medicine** used in 2012-2013 to create pathways for *International students* from **Northern Ontario School of Medicine's** ESL programming to postsecondary studies.

N/A

**7.4 French as a Second Language**

Please provide the total number of *International students* who were enrolled in an French as a Second Language (FSL) course or program at **Northern Ontario School of Medicine** in 2012-2013 = 0

Please provide a highlight in the space provided below of an initiative, strategy or practice that **Northern Ontario School of Medicine** used in 2012-2013 to create pathways for *International students* from **Northern Ontario School of Medicine's** 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 2011-2012 MYAA Report Back that it **had** adopted the Government of Ontario's Supply Chain Code of Ethics. Please confirm, that in 2012-2013, **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 2011-2012 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 2012-2013, **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 2011-2012 MYAA Report Back that it **had** participated in the Ontario Education Collaborative Marketplace (OECM). Please confirm, that in 2012-2013, **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 2012-2013: 351,600



Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2012-2013, which contributed to maintaining or improving **Northern Ontario School of Medicine's** supply chain 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.

During 2012-2013 NOSM adopted the use of standardized templates developed by OECM for formal competitive procurement. The templates streamlined the process by using standardized forms for evaluation process and the final agreement. The process was very cohesive which resulted in efficiencies.

NOSM continues to review OECM new contracts and in fiscal 2014 we have entered into contracts for Smart technology, interactive learning.

**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 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.



By checking this box, **Northern Ontario School of Medicine** confirms that it was compliant with the BPS Procurement Directive and all of its mandatory requirements as of March 31, 2013.

Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2012-2013, 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 belongs to the local purchasing consortium (LPC) to pursue collaborative purchasing opportunities. These include the travel services through Thomas Cook and purchasing of paper.

NOSM has entered into an agreement with MERX for electronic bid submissions. The e-bids and receipt of RFPS electronically will lead to further efficiencies and electronic documentation of an open, fair and transparent competitive process.



**BPS Expenses Directive**

The 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.



By checking this box, **Northern Ontario School of Medicine** confirms that it was compliant with the BPS Expenses Directive and all of its mandatory requirements.

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://www.nosm.ca/uploadedFiles/FN%202.0%20Travel%20Managment%20and%20General%20Expenses%20\(2\).pdf](http://www.nosm.ca/uploadedFiles/FN%202.0%20Travel%20Managment%20and%20General%20Expenses%20(2).pdf)

Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2012-2013, 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.

In order to increase adherence to the BPS Expenses Directive, NOSM has updated its travel expense forms to facilitate the submission of travel claims. The revised electronic forms included automatic calculations which reduced calculation errors and decreased processing times. As well recognition of electronic signatures also reduced submission and reimbursement timelines without compromising the delegated authorities for the approval of the claims. To ensure that claims adhered to the BPS directives, a subsequent review is being conducted on an ongoing basis.

### **BPS Perquisites Directive**

The 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.



By checking this box, **Northern Ontario School of Medicine** confirms that it was compliant with the BPS Perquisites Directive and all of its mandatory requirements.

Please provide one or more highlights in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2012-2013, which contributed to comply with the BPS Perquisites Directive in the 2012-2013. 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.

All requests for approvals required by this directive are administered by the Office of the Dean of the School.

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

As part of the Government's PSE Transformation agenda, 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 2012-2013 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 2012-2013:

|  | <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 2012-2013, 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 learningcentered 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 2012-2013 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. Student satisfaction is constantly measured through the UME Program Evaluation Office and Faculty Affairs Office which conduct surveys on student satisfaction on many program components and faculty teaching performance.

Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2012-2013, 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.

Since the fall 2012, NOSM's Learner Affairs unit, through its Assistant Dean and Director, has been meeting monthly 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, Learner Affairs has implemented several initiatives designed to improve learner satisfaction at the school with one of the initiatives involving our 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

\*The graduation rate shown involves the selection of all First Year, New to the Institution, Undergraduate students from the Fall 2004 enrolment file who were seeking a Bachelors or First Professional degree, for whom an FTE value of 0.4 or greater is recorded, and who also have a valid Student ID number. This subset of Year one enrolments is then matched against records of students who received a Bachelors or First Professional degree from the same institution during the period 2005 - 2011 (subsequent 7 years). For students who received two or more degrees during this seven year period, every effort was made to use the initial degree awarded (based upon the year in which degree was awarded).

Please indicate any methods, in addition to the KPI survey results reported in 2012-2013, that **Northern Ontario School of Medicine** used in 2012-2013 to measure graduation rate.

N/A

Please provide one or more highlights, in the space provided below, of an activity that **Northern Ontario School of Medicine** used during 2012-2013, 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.

Since our Charter Class in 2005, NOSM has graduated 276 MD graduates and of this number, two students have dropped out, two students were held back due to leaves of absence, and one learner was held back for remediation.



**12) Graduate Employment Rate**

Please indicate any methods, in addition to the KPI survey results reported in 2012-2013, that **Northern Ontario School of Medicine** used in 2012-2013 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 2012-2013, 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.

Fourth-year NOSM medical students were successful this year in matching to residency programs at NOSM and across the country. Nearly 50% of this year's graduating class has chosen to complete training in residency programs offered by NOSM. This is the highest percentage to date choosing to complete both undergraduate and postgraduate studies at NOSM. Sixty-five percent have matched to family medicine (predominantly rural medicine) residency programs, while others have matched to general specialties, including internal medicine, general surgery, and pediatrics. Six percent of NOSM's 2013 graduating MDs has been matched to subspecialties, specifically to dermatology and ophthalmology. Ninety-eight percent of this class matched to the programs of their choice in the first round.



**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 | 2008 Cohort         | 2009 Cohort          | 2010 Cohort          | 2011 Cohort        |
|-----------------|---------------------|----------------------|----------------------|--------------------|
| 1st to 2nd Year | 100% <sup>(+)</sup> | 96.9% <sup>(+)</sup> | 96.9% <sup>(+)</sup> | 98.4%              |
| 1st to 3rd Year | 100% <sup>(+)</sup> | 100% <sup>(+)</sup>  | 96.9%                | 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 2012-2013, 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 the fall of 2012, NOSM's Learner Affairs unit, through its Assistant Dean and Director, has been holding 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 Learner Affairs unit has implemented several initiatives designed to improve learner satisfaction at the school. The Faculty Advisor 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. This change has been favourably received by the students.

#### **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 2012-2013, 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.)**

The 2012-2013 year for NOSM highlighted two activities that promoted teaching excellence. In August 2012, NOSM's Faculty Affairs Unit created an opportunity for NOSM faculty to highlight the contributions made by their faculty peers. The Faculty Awards Program has been designed to recognize faculty who have exhibited excellence in the following categories: Clinical Scholar, Medical Educator, Clinical Teacher, Academic Leader, and Scholar. These awards were presented at the second annual Northern Constellations Conference on January 18 - 19, 2013. This conference had over 155 health-care professionals from across Northern Ontario; and the school provided charters and travel support to ensure all faculty members who were interested could attend. The conference also included a keynote session given by Dr. James Rourke, Dean of Medicine, Memorial University of Newfoundland, and various professional development sessions including mentoring, research ethics, simulation, and understanding learning styles. This conference allowed NOSM faculty to join together, build relationships, collaborate on projects, and discuss future opportunities for those who are committed to the education of high quality physicians and health professionals in Northern Ontario. In 2012-13, NOSM entered its second year of voluntary service learning projects for our learners. Service learning involves medical students learning through engagement with community service providers (CSPs). Since its inception, several medical students have been engaged with community partners both to respond to community identified needs and learn about their roles as citizens. Student projects have included topics such as, 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. This service learning component will expand beyond first and second year and will be offered to learners in years 3 and 4, as well.

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

NOSM hosted Rendez-Vous 2012 in October 2012 in which the School hosted five world conferences in one, involving over 850 participants from almost 50 countries including 150 health professional schools. There were over 400 presentations including an inspirational keynote address, plenary and parallel sessions, Francophone Symposium, NOSM all residents retreat, community site visits and conference on the move. With the theme "community participation in education, research, and service", the accredited conference highlighted the collaboration of six international organizing partners and their ability to bring together many perspectives from around the world. A specific Student Program engaged all NOSM learners and in addition to students from around the world. A Student Organizing Committee, led by Co-Chairs and NOSM MD students Derek Bos, Vanessa Ellies, and Emily Robinson, organized parallel programming for more than 300 NOSM and international students from many countries, including Australia, Belgium, Nepal, and the Philippines attending Rendez-Vous 2012. The student program included a preconference workshop, site visits, and social events designed to stimulate dialogue among students from around the globe about current healthcare issues affecting people worldwide. The Rendez-Vous conference concluded with adoption of the conference declaration, the Thunder Bay Communiqué about new ways of thinking about Community Participation in Health Professional Education, Research and Service.

Orientation Week was changed in 2012 to reflect the CANOE research. Each campus hosted their learners for a day on their home campus to become familiar with the school and Phase 1 of the program. Dr. Lisa Graves, Associate Dean, Undergraduate Medical Education, spoke to the learners about professionalism and its obligations with imparting knowledge to both individual patients and the general public while the learners were still on their home campus. It gave learners the opportunity to begin to think about how NOSM incorporates social accountability into their formal training as well as how they might incorporate it into their practical training and continuing it throughout their careers in areas such as aboriginal and francophone health, rural under-serviced areas, gender and equity, and global health. Learners travelled to Dryden then on to

the aboriginal community of Lac Seul. While in the community the learners met with local community members, learned about the history, listened about the experiences of residential school survivors and the current youth experience. The learners enjoyed a fish fry feast in the local community centre and then bunked in a resort operated by the community. The entire group bused back to Sioux Look Out, then on to Dryden for the evening. In Dryden, the learners learned more about the social accountability mandate via NOSM's Equity Office, Kate Beatty and then participated in the Dryden Rotary Club Meeting and dinner where they discovered the activities the club members support in the community, provincially, nationally and internationally. The Oath ceremony took place late afternoon on Thursday at historical Old Fort William with dinner afterwards. Aboriginal Affairs, Francophone Affairs, Advancement and Equity were quite involved throughout all stages of Orientation so that there was a cohesive flow throughout the week entwining learner engagement and social accountability. On the final day the learners will be spending time with the upper year student volunteers (Orientation Week Student Committee and Student Society) in activities that will familiarize themselves with each other.

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

During the 2012-13 academic year, students are supported through many activities and events delivered by the Learner Affairs unit. A variety of events, such as: Career on Track, Charting Your Direction, Faculty Advisor Evening, Electives information, and personal career counselling help support our students both personally and professionally. During the 2012-13 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 2012-2013 academic year, the program was available as a pilot to Phase 2 students during their Comprehensive Community Clerkship and 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 2012-2013 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** 2012-2013 MYAA Report Back please contact -

- Name: Grace Vita
- Telephone: 18077667396
- Email: gvita@nosm.ca

Please indicate the address on **Northern Ontario School of Medicine's** website where a PDF copy of this 2012-2013 MYAA Report Back will be posted once it has been approved by the Ministry (the Ministry will contact the individual listed above once the 2012-2013 MYAA Report Back has been approved):

- [http://http://www.nosm.ca/uploadedFiles/About\\_Us/Governance/Board\\_of\\_Directors/2011-2012%20Multi-Year%20Accountability%20Agreement%20Report%20Back.pdf](http://http://www.nosm.ca/uploadedFiles/About_Us/Governance/Board_of_Directors/2011-2012%20Multi-Year%20Accountability%20Agreement%20Report%20Back.pdf)