

# NORTHERN PASSAGES

VOLUME 18 | ISSUE 2

## REHABILITATION SCIENCES

CREATES NEW PLACEMENT OPPORTUNITY

## NEW RESIDENCY STREAM

TRAINS DOCTORS IN  
EABAMETOONG FIRST NATION

## OUT OF THE CLASSROOM

AND INTO THE KITCHEN



Northern Ontario  
School of Medicine  
École de médecine  
du Nord de l'Ontario  
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Newsletter of the Northern  
Ontario School of Medicine



**Northern Ontario School of Medicine**  
Lakehead University

935 Ramsey Lake Rd.  
Sudbury, ON  
P3E 2C6  
Tel: +1-705-675-4883  
Fax: +1-705-675-4858



**Northern Ontario School of Medicine**  
Lakehead University

955 Oliver Rd.  
Thunder Bay, ON  
P7B 5E1  
Tel: +1-807-766-7300  
Fax: +1-807-766-7370

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Cover photo:-David Peterson at the Anishnawbe-Mushkiki Aboriginal Health Center in Thunder Bay

Jennifer Turcotte-Russak with David Peterson, Manager of Health Services at Anishnawbe Mushkiki Aboriginal Health Access Centre and Peter Jordan, Physiotherapist and Clinic Owner at the Lakehead University Sports Medicine Clinic at the Anishnawbe-Mushkiki Aboriginal Health Access Centre in Thunder Bay.

# ANISHNAWBE MUSHKIKI

## DEFINING THEIR OWN ROLE: REHABILITATION SCIENCES CREATES NEW PLACEMENT OPPORTUNITY

The Rehabilitation Sciences Unit at the Northern Ontario School of Medicine has created a new placement opportunity for occupational therapy and physiotherapy students from the Northern Studies Stream at the Anishnawbe-Mushkiki Aboriginal Health Access Centre (AMAHAC) in Thunder Bay.

The new initiative is a collaboration between AMAHAC, NOSM, the Lakehead University Sports Medicine Clinic and the School of Rehabilitation Science at McMaster University.

Occupational therapy and physiotherapy students from McMaster will be placed at AMAHAC in Thunder Bay in a role-emerging format, meaning students will have the opportunity to develop their respective roles within the organization, says Jennifer Turcotte-Russak, Manager of Community Engagement and Integrated Clinical Learning at NOSM.

The placement, which welcomed its first students in June 2018, will focus on needs assessment with AMAHAC stakeholders. The role will focus on Indigenous health, and students will need to consider the social determinants of health affecting First Nation peoples in the North when considering how they can best address the needs of their clients. Learners will also identify relevant resources and evidence to support the proposed roles and approaches to meet these stated needs.

"Occupational therapy and physiotherapy are both very broad areas of practice," says Turcotte-Russak. "This placement will offer students a unique, exciting and challenging opportunity to—with assistance from on and off-site preceptors—determine how their role can best reflect the current needs and priorities of clients and the health team that serves them."



The placement opportunity will also promote collaboration between the existing AMAHAC team and the learners in order to build working relationships and capacity, according to Turcotte-Russak. "A key part of this placement is promoting interprofessional approaches to care, and improving knowledge about the role occupational therapists and physiotherapists can play in a team setting like that of the Anishnawbe-Mushkiki Aboriginal Health Access Centre," she says.

The Northern Studies Stream is a tripartite agreement between NOSM, McMaster University and the Ministry of Health and Long-Term Care. The agreement has been in existence since 1989, predating the founding of NOSM by 16 years.

Through the Northern Studies Stream, hundreds of physiotherapy and

occupational therapy students from McMaster have participated in academic and clinical education in Northern Ontario. These opportunities focus specifically on advancing clinical understanding and skill development related to Indigenous health and northern practice, including remote and rural environments.

"This strategy aligns with many of the shared key priorities of both the Northern Ontario School of Medicine and McMaster including social accountability, interprofessionalism and Indigenous health," says Turcotte-Russak. "The new placement at AMAHAC is another step forward in working towards those priorities."

Stakeholders at AMAHAC, the Northern Studies Stream and in the Rehabilitation Sciences at NOSM will use the knowledge

and evidence obtained from the pilot placement to inform the next stages of the initiative, which will focus on broadening the number of partnerships across Northern Ontario.

Other clinical stakeholders will also be invited to join the pilot placement planning committee in order to facilitate expansion of these opportunities.

"We're excited not just about this pilot project, but also about the opportunity to further develop this initiative, which ultimately will help to provide increased access to rehabilitation services here in the North, specifically for Indigenous people," says Turcotte-Russak.





Dr. Claudette Chase, Site Director for the Remote First Nation Family Medicine Residency stream, and Dr. Deepak Murthy, the first resident accepted to the program stream.

## NEW RESIDENCY STREAM TRAINS DOCTORS IN EABAMETOONG FIRST NATION

The Northern Ontario School of Medicine, Matawa First Nations Management and Eabametoong First Nation signed an agreement in 2016 to create a new Remote First Nations Family Medicine Residency stream.

The new stream allows medical school graduates to complete their Family Medicine residency in a remote First Nation community in Northern Ontario. It also includes a return of service commitment to serve in Eabametoong or another Matawa community for four years following the completion of the residency.

The residency stream began as a pilot in December 2016 with the selection of the first resident, Dr. Deepak Murthy who began in July 2017. Two more residents are starting this July.

The application process for prospective residents is one hallmark of community direction to this new stream. Candidates participate in two rounds of interviews: the first with a selection panel that includes family medicine faculty and a resident representative from NOSM, as well as members of the First Nation community, to ensure the candidates meet the benchmark requirements for a family medicine resident in Canada; and a second with a selection panel that is made up almost entirely of Eabametoong community members.

Dr. Claudette Chase, Site Director for the Remote First Nation Family Medicine Residency stream, is present during the second interview, but does not have a say in the final decision about which resident will be accepted into the stream.

"Our goal for this residency stream is to produce culturally competent residents who can deliver culturally safe care in a First Nations community," says Dr. Chase. "The partnership is not in name only. Power is actually being shared, and that is different from most other things I've ever been involved in."

Molly Boyce, Family Medicine Community Residency Liaison Coordinator in Eabametoong First Nation, says she is excited about the community's involvement in both the selection process and the curriculum design. "With this new program, we make that choice on who we're going to allow to come into the community and who's allowed to assist us in our health care," she says. "Our traditional medicines and way of life were put down for so many years, and it's so exciting that there is recognition that there is a need for our traditional medicine, and the choice that this presents for us now as Native people."

Murthy came to Canada approximately five years ago. He says he has worked in rural and remote areas in India, and was drawn to the idea of working in a similar environment





Molly Boyce (centre) participates in a sharing circle with representatives from NOSM, Matawa First Nations Management and community members from Eabametoong.



Matawa First Nation Management CEO David Paul Achneepineskum, NOSM Dean and CEO Dr. Roger Strasser and Eabametoong First Nation Chief Elizabeth Atlookan sign the agreement establishing the Remote First Nations Family Medicine Residency Stream.

Eabametoong First Nation, with a population of 1,500, is one of the larger communities in the Matawa First Nations Management Tribal Council and was selected as the initial site for the new residency stream because it has the resources to host a full-time physician.

in Canada. "It's a totally different culture, and I've enjoyed my time in Eabametoong so far," he says. "I believe with acceptance from the community earned through my training program and offering culturally safe care, I will quite like living and practising there."

Medical graduates accepted into the Remote First Nations Family Medicine Residency stream undergo additional training in order to meet the needs of the communities, says Dr. Chase. Dr. Murthy has done obstetrics training, as well as a plastic surgery repairs rotation, and will spend extra time on urgent care skills in order to be prepared to practice independently in geographic isolation. Additional curriculum on cultural safety and trauma informed care is also provided.

During their week-long visits, the residents will also have a half day devoted to community engagement and cultural teachings. As the Community Residency Liaison Coordinator, Boyce is responsible for organizing this part of the program, including arranging meetings with Elders and taking the residents out on the land.

"The program provides a unique opportunity to train physicians in a non-institutional setting where collaborative medicine is a

necessity with a limited team of allied health professionals and where mental health, addiction, culture, community and history all intersect," says Paul Capon, a Policy Analyst with Matawa First Nations Management. "We look forward to its development and expansion."

Boyce says she hopes the residents who enter the program can manage the challenges of living and working in the community. "Some people in the community are excited about the program, but some are really not sure yet," she says. "We open our hearts and we open our minds, and we allow people to come here, so we hope that the residents feel that, and embrace their training and life here."

*"The partnership is not in name only. Power is actually being shared, and that is different from most other things I've ever been involved in."*



## A DECADE OF MAKING A DIFFERENCE: CITY OF LAKES FAMILY HEALTH TEAM CELEBRATES 10<sup>TH</sup> ANNIVERSARY

In 2008, the new City of Lakes Family Health Team (CoLFHT) clinic in Val Caron had its first patient walk through the doors. Ten years later, that patient is one of 20,000 who are served by the CoLFHT in one of four clinics in Sudbury, Val Caron, Walden and Chelmsford.

"Many of the patients we've rostered over the past ten years didn't have a family physician, so we've been able to help close the gaps in access to primary care in the Greater Sudbury community," says David Courtemanche, the Executive Director of the CoLFHT.

As the clinic celebrates its tenth anniversary this year, Courtemanche and the team at CoLFHT are reflecting on the milestone, and the impact the clinics have had on the community.

According to Courtemanche, of the approximately 125 family physicians in Sudbury, about 100 are located in the core of the city. Only 25 are located in surrounding areas, despite the fact that half the population of Sudbury lives there.

"Of those 25 physicians, 12 are part of our team," he says. "People living in the outlying areas of Greater Sudbury now have better access to primary care because our clinics are where they live. We think that's important."

In Sudbury, as in many communities in Northern Ontario, recruiting and retaining physicians and other health-care professionals was a challenge for decades. From the beginning, there was a desire among CoLFHT leadership to make the clinics teaching sites for NOSM as a solution to the shortage, says Courtemanche.

"Having students and residents come in from the Northern Ontario School of Medicine has really helped us increase our health workforce," he says. In fact, the past seven new physicians hired by the CoLFHT have all been graduates of NOSM, according to Courtemanche.

"Many residents and students from the Northern Ontario School of Medicine find clinical placements with us," he says. "The CoLFHT provides an attractive place for family physicians to establish a practice, particularly for new physicians who are drawn to team-based care."

The CoLFHT was approved by the Ontario Ministry of Health and Long-Term Care in 2005 as part of the first wave of new family health teams in Ontario.

At that time, most family physicians in Ontario worked alone or in small practices. Family health teams were a new model of primary care organizations that would include an interdisciplinary

team of family physicians, nurse practitioners, registered nurses, social workers, dietitians, and other professionals who would work together to provide primary health care for their community.

The CoLFHT is also a NOSM-designated clinical teaching site for health disciplines, with nurse practitioners, registered nurses and dietitians serving as preceptors for clinical learners.

And the interdisciplinary team is only one piece of the family health team puzzle. The CoLFHT offers after-hours clinics for patients with urgent concerns, as well as a variety of programs addressing priority health issues including geriatrics, diabetes, smoking cessation, mental health and addictions in which the patients have the opportunity to enroll.

"The establishment of multiple clinics delivering team-based care has redefined primary care in our community, and has helped to build a more sustainable local health-care infrastructure," says Courtemanche. "The Northern Ontario School of Medicine has played a major role in that, and I believe it will continue to for the next ten years to come."





Medical students from the Northern Ontario School of Medicine learn about nutrition and improve their cooking skills during one of the School's new Culinary Medicine Labs.

## OUT OF THE CLASSROOM AND INTO THE KITCHEN

A new initiative at the Northern Ontario School of Medicine is taking medical students from the classroom to the kitchen.

During the 2017-18 academic year, optional Culinary Medicine Labs were offered to undergraduate medical students with an interest in learning more about nutrition.

"Research shows that the greatest predictor of patient nutrition counselling by physicians is the physician's own perceptions of nutrition and eating habits," says Lee Rysdale, Registered Dietitian (RD), Associate Professor in the Clinical Sciences Division and Practice Education Research and Evaluation Lead in the Health Sciences and Interprofessional Education Unit at NOSM.

"By supporting medical students and teaching these skills early on, we can foster healthy lifestyle habits which can be translated into physician practice and ultimately increase patient awareness of nutrition and healthy eating," she says.

Some Canadian medical schools have implemented voluntary or brief amounts of nutrition education into the undergraduate curriculum but there are currently no nutrition-related curriculum guidelines or pertinent objectives in the Medical Council of Canada licensing exam, according to Rysdale.

"Diet is the number one risk factor for chronic diseases, and plays a huge role in the prevention and management of these diseases," she says. "The Culinary Medicine Labs are a way to educate our future health-care providers about food and nutrition so they're able to competently and confidently approach and address these health issues," she says.

Rysdale organized the Culinary Medicine Labs with the help of fellow RD faculty and current interns with the Northern Ontario Dietetic Internship Program (NODIP) at NOSM.

The four labs were held in teaching kitchens at local high schools in Sudbury and Thunder Bay. Each lab focused on a specific theme: fad diets, weight stigma, and nutrition and the art of eating.

Registered dietitians and the dietetic interns presented a holistic approach to culinary medicine, and in each session the medical students were taught a combination of nutrition education, food skills and preparation, as well as counselling skills.

Students learned to appraise dietary patterns to determine whether they promote the "diet" mentality or flexible, individualized eating; to compare and contrast weight-focused versus weight-neutral approaches to care; and to understand how food can help with the

prevention and management of chronic conditions.

"Food and nutrition and diet are all part of lifestyle, and if physicians don't understand these lifestyle factors that influence chronic diseases, they can only help their patients to a certain extent," says Nicole Selman, one of NOSM's dietetic interns who assisted with the labs.

Another purpose of the labs was to educate medical students about the roles of registered dietitians.

"Not only do we want to improve their nutrition competence, we also want them to better understand the roles of registered dietitians in health care, as well as who to refer a patient to when it comes to nutrition and health," says Rysdale.

By bringing together medical students and dietetic interns, the labs also present an opportunity for interprofessional learning between two groups here at NOSM.

"It can be somewhat intimidating at first, because they're medical students, but it was a great opportunity for us to show that while we both have our own unique skill set, we do a better job for patients if we work together as a team," says Selman.



## BUILDING A COMMUNITY OF PRACTICE: NOSM HOSTS FIRST PAN-NORTHERN PHYSICIAN LEADERSHIP FORUM

In February 2018, the Northern Ontario School of Medicine hosted Northern Lights, Northern Ontario's first Pan-Northern Physician Leadership Forum.

Northern Lights was the result of collaborations involving NOSM, the Ontario Medical Association (OMA), and the Associated Medical Services (AMS) Phoenix Fellowship Program, all of which share a commitment to physician leadership development.

"Developing leaders focuses on individuals, but leadership development is when we develop models of leadership within organizations," says Dr. James Goertzen, Assistant Dean of Continuing Education and Professional Development at NOSM and AMS Phoenix Fellow. "With Northern Lights, we are shifting towards leadership development in Northern Ontario."

The transition from leader development to leadership development requires a shift in the culture of collaboration and engagement within and between organizations, according to Dr. Goertzen. The goal of Northern Lights was to create a model of leadership development that specifically addressed the unique needs of physicians and health-care organizations in Northern Ontario.

"A lot of what we do in Ontario in terms of health care is pretty Toronto-centric, including leadership development, so we were looking at how we can take the existing models and make them work for Northern Ontario," he says. "One of our

biggest considerations in the North is geography, so bringing people together via a pan-northern physician leadership forum was a way in which we could address the isolation many physician leaders face due to the geographical challenges of living and practicing in Northern Ontario."

When organizing the forum, Dr. Goertzen says there was also a specific focus on ensuring those attending represented a cross section of communities, genders, career levels, as well as various hospitals and health-care organizations in Northern Ontario.

Northern Lights included 37 residents, new graduates, physicians in their early careers and experienced physician leaders from communities across the North, including Kenora, Dryden, Thunder Bay, Marathon, Sault Ste. Marie, Sudbury, Timmins, North Bay, Parry Sound and Manitoulin Island. It also included representatives from a range of health-care organizations including NOSM, the Northern Ontario Academic Medicine Association, the Physician Clinical Teachers' Association, OMA, Local Education Groups and Northern Ontario academic health sciences centres and teaching hospitals.

The rare opportunity to network and make face-to-face connections with other Northern Ontario physician leaders was the highlight of the event for many in attendance, according to Dr. Goertzen.

"Building collaborations is crucial to leadership development, and part

of that is bringing people together and giving them the opportunity to develop relationships," he says. "At Northern Lights, physicians at different phases of their leadership journeys were able to share perspectives, learn from each other, and start a dialogue for the development of a supportive community of Northern Ontario Physician leaders."

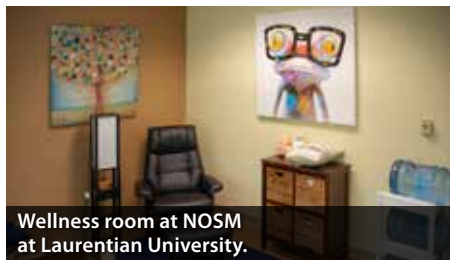
During the two-and-a-half-day event, participants completed the Physician Leadership Institute Course titled Engaging Others. The forum also featured guided discussions exploring strategies to support mutual engagement with guests from OMA, the Ontario Hospital Association and Health Quality Ontario, as well as the relationships between physician engagement, resilience, and burnout along with strategies to promote physician wellness.

Planning for Northern Lights 2019 is already underway, says Dr. Goertzen, with the continued focus on creating a system-wide, collaborative network of physician leaders in health-care settings and organizations across the North.

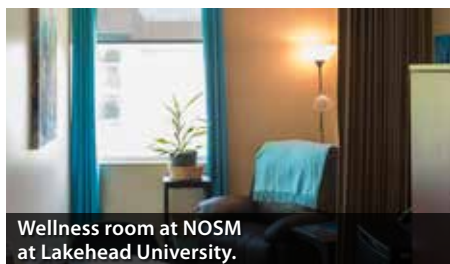
"The ultimate goal is to develop a community of practice of Northern Ontario physician leaders," he says. "As we have a mandate to improve the health of people living in the North, we need to be using leadership development to assist us, and that means looking at a model of leadership development that's more collaborative and more responsive to the needs of people in our care."



# ROOM TO BREATHE: PROMOTING MEDICAL STUDENT WELLNESS AT THE NORTHERN ONTARIO SCHOOL OF MEDICINE



Wellness room at NOSM at Laurentian University.



Wellness room at NOSM at Lakehead University.

Two new wellness rooms at the Northern Ontario School of Medicine are offering students and learners a space to help them cope with the day-to-day stresses of academics as well as home and family life.

"When you go into medicine, there are rewards, but there are also occupational hazards," says Cathy Schroeder, Senior Learner Affairs Officer at NOSM. "Students may have dealt with or seen things that have affected them, or they could be feeling burned out from a combination of academics, clinical and volunteer work."

This includes burnout, depression, and anxiety. She says the rooms are part of the NOSM Learner Affairs Unit's ongoing strategy to promote overall health and wellness among medical students.

"It is really important to have space for students that puts wellness at the

forefront," she says. "When your job is caring for others, it can be emotionally draining and very tough mentally. The whole field of medicine is dealing with this issue, and we want to show students it's okay to be having conversations about personal wellness and mental health; they need to take care of themselves and their colleagues."

There is one wellness room in each of the two NOSM medical school buildings. Existing office space was converted to student wellness space with the help of a generous donation to the School.

Both rooms have a reclining chair, which can be sectioned off by a curtain for privacy, a small table and chairs, a phone, a fridge and a small open space where students can practice yoga or mindful meditation. They also offer a private, comfortable space for learners who are breastfeeding.

"We've had a number of learners who are nursing mothers, and we're happy that the wellness rooms offer a comfortable space to pump, or to breastfeed if they have their child on campus with them," says Schroeder. "Wellness is broad, and we wanted to take a holistic approach so that these rooms cater to a wide range of needs."

Clare Shields, the donor who funded the two rooms, says she wanted to focus on student wellness because it's an underserved area for medical students, as well as those studying other health professions.

"In medicine, we tend to look at the patient, and focus on making them well and offering them the support they need, but we don't typically offer that same support to our colleagues," says Shields.

Shields, a former nurse whose late husband was a doctor and practiced in the Sudbury area, says she saw firsthand throughout her career and her marriage how little support there was for health-care professionals who were struggling with the stresses of their jobs.

"My hope is that these rooms give students the space they need to take a step back when they are feeling overwhelmed, as well as provide the necessary tools to cope in a healthy way with the stress of being a health-care provider and student," she says.

She says that supporting mental health and overall wellness among health-care professionals also serves as a contribution to the community.

"At the end of the day, if doctors and other health-care providers are healthy, they can provide better care for their patients," says Shields.

**Research shows that medical students experience higher rates of psychological distress relative to age-matched peers. If you would like to support learner wellness, please contact NOSM's Advancement Office at [advancement@nosm.ca](mailto:advancement@nosm.ca) or 1-800-461-8777.**



Even before the Northern Ontario School of Medicine's (NOSM's) Charter MD class walked through the doors in 2005, the School engaged First Nations and Métis peoples from communities across Northern Ontario as part of its mandate to be accountable to the cultural diversity of the region.

Indigenous organizations were at the forefront of the widespread community movement advocating for the establishment of NOSM. Indigenous Partnership Gatherings were established as a way to ensure that Indigenous peoples of Northern Ontario have regular opportunities to provide formative input into the School's administration, education and research. The Gatherings regularly bring together stakeholders from treaty organizations, Elders, physicians, nurses and other health-care professionals with experience in Indigenous health settings to learn from their invaluable experience, and hear their feedback and ideas to move the School forward.

## THE HISTORY OF THE SCHOOL'S INDIGENOUS PARTNERSHIP GATHERINGS, FROM THE FIRST GATHERING IN 2003 TO THE PRESENT.

### 2003

In June of 2003, NOSM hosted its first Indigenous Partnership Gathering in the Anishnaabeg community of Wauzhushk Onigum First Nation, near Kenora. The three-day gathering brought together over 130 delegates from Indigenous communities across the North. The report from this first "Follow Your Dreams" Gathering served as a blueprint for the establishment of the Indigenous Affairs Unit and the Indigenous Reference Group, as well as the development of partnerships with Indigenous communities so that all NOSM medical students have a mandatory four-week cultural immersion experience in their first year.

### 2006

NOSM and our Indigenous partners came together for the second time at Fort William First Nation in August 2006, after the School's Charter Class had just completed their four-week immersive Indigenous community placement. Nearly all of the Indigenous Local Community Coordinators were on hand to share their experiences of having medical students in their communities.

### 2008

In 2008, NOSM hosted its first Indigenous Research Gathering in Thunder Bay. This Gathering provided an opportunity for Indigenous peoples and health researchers—including researchers who themselves are Indigenous—to come together to acknowledge past experiences, conduct ceremonies for healing, generate future opportunities for positive and respectful relationships between Indigenous communities and researchers, and plan a new and positive path forward.

### 2011

NOSM and the Métis Nation of Ontario (MNO) co-hosted the School's third Indigenous Partnership Gathering in May 2011 in Sudbury. The MNO and NOSM have a range of common goals, and following the opening of the workshop, the two organizations officially announced and signed a historic collaboration agreement.



## 2014

In August 2014, Chapleau Cree First Nation hosted NOSM's fourth Indigenous Community Partnership Gathering. NOSM senior leaders, faculty and staff gathered to report on the tangible progress NOSM had made in implementing recommendations from previous partnership gatherings, and sought recommendations about how the School could refine its practices, activities and outcomes to ensure that NOSM continues to meet the needs of Indigenous peoples across Northern Ontario.

## 2016

NOSM welcomed delegates from Indigenous communities of Northern Ontario to the second Indigenous Research Gathering in 2016 in Sault Ste. Marie on the traditional lands of the Anishinabek Peoples of Baawaating. The two-day Gathering was organized to review past and present research practices, what researchers have learned about the important aspects of conducting Indigenous community research, and also reflect on the findings of the Truth and Reconciliation Commission as they relate to research.

## 2018

The fifth Indigenous Partnership Gathering will be hosted near Kenora on September 20, 2018.

## 2015

NOSM's Indigenous Affairs Unit held a historic Elder's Gathering on the traditional lands of Fort William First Nation in 2015, bringing together Elders from First Nations and Métis communities across Northern Ontario. The Elders discussed the purpose, function and responsibility of NOSM Elders and those on the Council of Elders. Through sharing and discussion, it was decided that the newly formed Ogichidaang Gagiigatiziwin—NOSM's Circle of Elders and Traditional Knowledge Keepers—will be guided in their work by the Seven Grandfather teachings: Nibwaakaawin (wisdom); Zaagi'idiwin (love); Minaadendamowin (respect); Aakode'ewin (bravery); Gwayakwaadiziwin (honesty); Dabaadendiziwin (humility); and, Debwewin (truth).

## 2017

On June 28, 2017, NOSM's Indigenous Affairs and Research Units co-hosted a one-day workshop on the traditional territory of the Fort William First Nation. Bringing together youth, Elders, community leaders, and government representatives the Pathways to Well-Being Workshop focused on strategies to promote life and life skills, and identify strengths of communities to address the crisis of youth suicide.





## BEHIND THE SCENES: ELECTIVES

In each issue of *Northern Passages*, individuals share a “behind-the-scenes” look at the Northern Ontario School of Medicine. This edition features two members of the School’s Scheduling Unit, who share with us how they facilitate clinical rotations for NOSM learners, and engage with community stakeholders involved in clinical rotations.

### Can you describe your role at NOSM, and how long you’ve been with the School?



**Elise Rheume (ER):** I’ve been at NOSM for 10 years and coordinating student placement for approximately seven of those years. My role as a Community Engagement Scheduling Coordinator is to facilitate clinical rotations

for Canadian visiting postgraduate residents and third-year undergraduate medical students’ core rotations in the North. I engage with community stakeholders, preceptors and others involved in the organization of clinical rotations, and I’m also involved in the recruitment of clinical placement learners to participate in the Northern Ontario Electives Program.



**Tammy Blouin (TB):** I’ve been with NOSM for almost 12 years, but I’ve been in this role since October 2014. As the Community Engagement Scheduling Coordinator for NOSM Learner Electives, I facilitate and coordinate the

scheduling of NOSM Undergraduate and Postgraduate medical clinical placements within Northern Ontario.

### What is the most rewarding part of your role?

**TB:** The most rewarding part of my role is contributing in a positive way to the area of student support and NOSM Clinical Scheduling Team. My position is the link between learners and the various health-care professionals and groups that provide student support; this is essential in light of the changing settings of a clinical learning environment.

**ER:** One of the most rewarding aspects of my position is hearing from the learners after their rotation, and having them tell us that they had a great experience in one of our communities and would recommend NOSM to their peers.

### In what ways does your work with Electives support the School’s mission and vision?

**ER:** The work in the Scheduling Unit supports NOSM’s vision and mission by providing hands-on clinical experience with knowledgeable faculty in rural, small urban and under-served communities. We also facilitate learner exposure to both Indigenous and Francophone patients.

**TB:** The School has a focus on social accountability, and I believe that as part of our mission we need to be accountable for the learners that embark on NOSM’s elective opportunities. Electives help learners to identify their areas of interest or potential specialty during their undergraduate years. They also can encourage a transition to practice in Northern, rural and under-served communities following residency.

### What has been the most interesting part about your work with students?

**ER:** Seeing a visiting learner complete some of their undergraduate and postgraduate electives with us, and then seeing them become a NOSM faculty appointed physician who is actively teaching in one of our NOSM community has been a great experience for me.

### From your perspective, what impact are NOSM students and learners having in Northern Ontario communities?

**TB:** As learners navigate through the wide variety of elective opportunities that are available to them, they are able to grow as a physician by building positive relationships with hospital staff and NOSM faculty within the communities; these connections also increase the likelihood that they will stay in the North following their residency, which will help increase capacity and build the health-care workforce in Northern Ontario. Through their electives, students and learners are also able to better understand rural settings, as well as recognize the medical needs within our Northern communities, which ultimately allows them to provide better care for their patients.