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**Northern Ontario School of Medicine**

**Contributions Dossier**

The following form is designed to assist you in documenting your contributions to the Northern Ontario School of Medicine and to assist the NOSM Joint and Stipendiary Faculty Promotions applications and/or eligibility for reappointment.

*A summary of the acronyms, sessions and modules referred to in the Contributions Dossier can be located at* [*www.nosm.ca/dossier*](http://www.nosm.ca/dossier)*.*

**Do not feel compelled to complete all the tables. This form is extremely comprehensive and very few individuals have contributions in all the areas listed.**

**IMPORTANT: Before exiting, please remember to SAVE THIS DOCUMENT on your computer!**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount of time you will be practicing in Northern Ontario:**

**50% or more Less than 50%**

**Date Completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Teaching:**

**Please note: one block is equivalent to 28 teaching days.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017/2018** | | **2016/2017** | | **2015/2016** | | **Previous Years** | |
|  | # of Learners | # of Teaching Days | # of Learners | # of Teaching Days | # of Learners | # of Teaching Days | # of Learners | # of  Teaching Days |
| NOSM Undergraduate (includes 108, 110, CLS, SES) |  |  |  |  |  |  |  |  |
| NOSM Resident |  |  |  |  |  |  |  |  |
| Learners from other Universities (excludes NOSM Elective Program) |  |  |  |  |  |  |  |  |
| Physiotherapy or Occupational Therapy Learner |  |  |  |  |  |  |  |  |
| Speech Language Pathology or Audiology Learner |  |  |  |  |  |  |  |  |
| Dietetic Learner |  |  |  |  |  |  |  |  |
| Physician Assistant  Learner |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic Teaching:** | **List Module Number(s)** | **2017/2018**  # of Sessions Delivered | **2016/2017**  # of Sessions Delivered | **2015/2016**  # of Sessions Delivered | **Previous Years**  # of Sessions Delivered |
| Case-Based Learning **(CBL)**  Topic Oriented Sessions **(TOS)**  Structured Clinical Skills **(SCS)** |  |  |  |  |  |
| Whole Group Sessions **(WGS)**  Laboratory Sessions **(LAB)**  Distributed Tutorial Sessions **(DTS)**  Virtual Academic Rounds **(VARS)** |  |  |  |  |  |
| Community & Interprofessional  Learning Sessions **(CIL)** |  |  |  |  |  |
| Objective Structured  Clinical Examination **(OSCE)** |  |  |  |  |  |
| Academic Teaching of Clinical Clerks |  |  |  |  |  |
| Journal Club |  |  |  |  |  |
| Remediation |  |  |  |  |  |

**Academic Teaching for the Northern Studies Stream:**

\*No longer available

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2017/2018**  # of Sessions  Delivered | **2016/2017**  # of Sessions Delivered | **2015/2016**  # of Sessions  Delivered | **Previous Years**  **#** of Sessions  Delivered |
| Problem Based Learner  Tutor **(PBL)**  Community Learning  Instructor **(CLI)**  Inquiry Integration Instructor **(I&I)** |  |  |  |  |
| Objective Structured Clinical Examination **(OSCE)** |  |  |  |  |

**Academic Teaching for the Northern Ontario Dietetic Internship Program:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2017/2018**  # of Sessions  Delivered | **2016/2017**  # of Sessions Delivered | **2015/2016**  # of Sessions Delivered | **Previous Years**  # of Sessions Delivered |
| Research Development Workshop Tutor **(RDW)**  Practice Focused Sessions  Tutor **(PFS)**  Skill Enhanced Sessions **(SES)** |  |  |  |  |

**Academic Teaching for the Postgraduate Medical Education Programs:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2017/2018**  # of Sessions  Delivered | **2016/2017**  # of Sessions  Delivered | **2015/2016**  # of Sessions  Delivered | **Previous Years**  # of Sessions  Delivered |
| Resident Academic Half Days |  |  |  |  |
| Simulated Office Orals **(SOO)** |  |  |  |  |
| Academic Rounds |  |  |  |  |
| Objective Structured Clinical Examination **(OSCE)** |  |  |  |  |

**Undergraduate Medical Education Curriculum Development:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2017/2018**  Indicate Module Number(s) Below  (as applicable) | **2016/2017**  Indicate Module Number(s) Below  (as applicable) | **2015/2016**  Indicate Module Number(s) Below  (as applicable) | **Previous Years**  Indicate Module Number(s) Below  (as applicable) |
| Case Writer |  |  |  |  |
| TOS, CBL, SCS or LAB Content and/or Revision |  |  |  |  |
| Remediation Content and Revision |  |  |  |  |
| Curriculum Advisor |  |  |  |  |
| Preparing Instructional Material |  |  |  |  |

**Postgraduate Medical Education Curriculum Development:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2017/2018**  Indicate  Program | **2016/2017**  Indicate  Program | **2015/2016**  Indicate  Program | **Previous Years**  Indicate  Program |
| Curriculum Advisor |  |  |  |  |
| Preparing Instructional Material |  |  |  |  |

**Other Curriculum Development:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2017/2018**  **Indicate Module Number(s) Below**  (as applicable) | **2016/2017**  **Indicate Module Number(s) Below**  (as applicable) | **2015/2016**  **Indicate Module Number(s) Below**  (as applicable) | **Previous Years**  **Indicate Module Number(s) Below**  (as applicable) |
| Dietetic Internship |  |  |  |  |

**Research Supervision:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2017/2018**  Number  Supervised | **2016/2017**  Number Supervised | **2015/2016**  Number Supervised | **Previous Years**  Number  Supervised |
| Summer Student |  |  |  |  |
| Undergraduate Student |  |  |  |  |
| Masters or PhD Student |  |  |  |  |
| Post-doctoral Fellow |  |  |  |  |
| Resident |  |  |  |  |
| Dietetic Internship |  |  |  |  |

**Research and Scholarly Activity:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Title (if applicable)** | **2017/2018** | **2016/2017** | **2015/2016** | **Previous Years** |
| (Indicate Quantity for Each Type Below) | | | |
| Publications of Books |  |  |  |  |  |
| Contributions to Edited Books |  |  |  |  |  |
| Scholarly Presentations |  |  |  |  |  |
| Success in Grant Competitions and Research Contracts |  |  |  |  |  |
| Participation of Panels |  |  |  |  |  |
| Editorial and Refereeing Duties |  |  |  |  |  |
| Creative Works and Performances |  |  |  |  |  |
| Other Publications |  |  |  |  |  |

**Committee and Governance Work:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please List Committee Name(s) of Interest** | **Role(s)**  **on**  **Committee** | **2017/2018** | | **2016/2017** | **2015/2016** | **Previous Years** (List) |
| (Select tick boxes below) | | | |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |

**Professional or Academic Services:**

|  |  |  |
| --- | --- | --- |
|  | **Describe Affiliation** | **Term**  (e.g. 2017-2018) |
| Administrative Role at NOSM |  |  |
| List Memberships or Professional Associations |  |  |
| Mentor Faculty Member |  |  |
| Peer-Review Granting |  |  |
| Positions of Leadership |  |  |

**Other:**

|  |  |  |
| --- | --- | --- |
|  | **Please Describe** | **Term**  (e.g. 2017-2018) |
| Developing / Giving Academic Courses |  |  |
| Assessments  OSCE Examiner,  Create Examination Questions |  |  |
| Creative Excellence and Professional Innovation  (e.g. develop new technique or program) |  |  |

**Additional Notes: This area can be used to include additional teaching information that was not requested elsewhere on the form or to provide additional information where reporting space above was insufficient.**

**Continued Professional Education: please provide evidence of your continued professional education as well as attending courses offered by NOSM for educators, identify year and participation i.e. presenter, attendee.**