

TIME	#	ITEM	PRESENTER	PAGE	OUTCOME		
					Recommendation / Action	Discussion	Consent Agenda
4:00	1.0	Call to Order and Welcome <ul style="list-style-type: none"> Quorum Land Acknowledgement and Reflection 	David MacLean				
4:10	2.0	Adoption of Agenda Agenda Review, Declarations of Conflicts ⁱ , additions or edits and approval	David MacLean		X		
4:12	3.0	Consent Agendaⁱⁱ A) Minutes of the Meeting – June 17, 2021 B) Reports for Information <ul style="list-style-type: none"> Division of Clinical Sciences Report Division of Medical Sciences Report (<i>no report</i>) Division of Human Sciences Report Report - UME Committee Report - PGME Committee Report - Admissions Committee Report - Research Committee Report - CEPD Advisory Committee Report - Graduate Studies Committee Report – Academic Indigenous Health Education Committee (<i>no report</i>) Report – Governance and Nominations Committee C) Items for Information <ul style="list-style-type: none"> UMEC Annual Report D) Items for Approval <ul style="list-style-type: none"> Phase 2 Syllabus UMEC Terms of Reference 2022-2023 UME Program Course Descriptions 2022-2023 UME Program Calendar of Academic Events PGME Terms of Reference – updated Academic Council Membership - updated 	Barb Zelek Doug Boreham Elizabeth Levin Lee Toner Rob Anderson Owen Prowse TC Tai James Goertzen Alain Simard Joseph LeBlanc David MacLean	1-7 8-10 - 11 12-16 17-19 20 21-22 23-26 27-28 - 29-30	X		X
	4.0	Items for Action	Lee Toner Lee Toner Lee Toner Lee Toner Rob Anderson David MacLean	31-37 38-60 61-66 67-85 86-87 88-95 96-98			

4:18	4.1	Student Assessment and Promotions Regulations	Lee Toner	99-125	X		
	5.0	Presentation					
4:30	5.1	Orientation to Academic Council	David MacLean			X	
4:43	5.2	Supporting Faculty Gender Diversity at NOSM by Drs James Goertzen, Sara Newbery and Harshad Telang	James Goertzen	126-129		X	
5:05	6.0 6.1	Dean, President and CEO Presentation and Report TRANSFORMATION - Dean's Report & Strategic Plan Status, Fall 2021 Read online or download in English and French .	Sarita Verma	online		X	
	6.2	NOSM University information and engagement session	Sarita Verma			X	
6:15	7.0 7.1	Other Business					
6:20	8.0	Information/Announcements					
	8.1	Vaccination Policy					X
	9.0	Date of the Next Meeting – December 16, 2021	David MacLean				
6:30	10.0	Adjournment	David MacLean		x		

ⁱ **Conflict of Interest** - A complete copy of the NOSM Board of Directors approved [Board Conflict of Interest Policy](#) and [COI with Commercial Entities](#) is available for viewing.

ⁱⁱ **Consent Agenda:** To allow the Academic Council to complete several matters and devote more of its attention to major items of business, the agenda has been divided between items that are to be presented individually for discussion and/or information and those that are approved and/or received by consent. A Consent Agenda is not intended to prevent discussion of any matter by Council, but items listed under the consent sections will not be discussed at the meeting unless a Member so requests. All Members are supplied with the appropriate documentation for each item, and all items on the Consent Agenda will be approved by means of one motion.



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NORTHERN ONTARIO SCHOOL OF MEDICINE

Minutes of the ACADEMIC COUNCIL Meeting

Thursday, June 17, 2021

4:00 pm – 6:00 pm ET

WebEx/Phone Only

Members in Attendance:

David MacLean (Chair), Ex-Officio: Sarita Verma (Dean, President and CEO), Catherine Cervin, Lee Toner, David Marsh, Harshad Telang, James Goertzen, Owen Prowse, Patty Fink, Barb Zelek, Rhonda Koster, Alain Simard, TC Tai, Stephen Cooper, Joseph LeBlanc, Elaine Hogard, Patricia Smith, Bruce Weaver, Ryan Tonkens, William Hettenhausen, Ashley Hurley, Frances Kilbertus, John Lanthier, Emmanuel Abara, Paolo Sanzo, Darrel Manitowabi, Pascale Brown and Adriana Bressan

Guests in Attendance: Yolanda Wanakamik, Simon Lees, (OPSEU 1 Observer), Marion Maar and Lorrilee McGregor

Administrative Resources in Attendance:

Gina Kennedy (Secretary) and Susan Shawera (Recorder)

Regrets: Robert Anderson, Douglas Boreham, Elizabeth Levin, Marie-Josée Berger, Britton Sprules, Neelam Khaper, Popuri Krishna, Christopher Winn, Dave Savage, Rayudu Koka, Elaine Innes, Kona Williams, Chris Kupsh, Roni Atoui, Paul Miron, Laura Piccinin, Alison Lewis, Émilie Tremblay St-Aubin, Yue Sun, and Andres Griborio-Guzman

#	Minutes of the Meeting
1.0	Call to Order Roll Call and Welcome David MacLean, Chair welcomed members and guests to the meeting. Quorum was attained.
2.0	Adoption of Agenda Agenda Review, Declarations of Conflicts, additions or edits and approval The agenda and materials were circulated in advance of the meeting. No items were discussed or moved from the Consent Agenda. No conflicts of interest were declared. Moved (Elaine Hogard/Alain Simard) Be it resolved that the agenda and consent agenda be approved as presented. CARRIED
3.0	Consent Agendaⁱ A) Approval of the previous meeting minutes (April 8, 2021) B) Reports for Information <ul style="list-style-type: none">• Division of Clinical Sciences• Division of Medical Sciences• Division of Human Sciences• Report - Undergraduate Medical Education Committee

	<ul style="list-style-type: none"> • Report - Postgraduate Medical Education Committee • Report - Admissions Committee • Report - Research Committee • Report - CEPD Advisory Committee • Report - Graduate Studies Committee • Report - Academic Indigenous Health Education Committee • Report - Governance and Nominations Committee <p>C) Items for Information</p> <ul style="list-style-type: none"> • UMEC 2021-2022 UMEC Work Plan updated <p>D) Items for Approval</p> <ul style="list-style-type: none"> • 2022 Phase 1 Syllabus • 2022 Phase 3 Syllabus • 2021-2022 Phase 1-3 Curricular Changes • MMS Course Descriptions • MMS Calendar of Academic Events
4.0	Recommendations/Action Items
4.1	<p>Academic Council Meeting Dates for 2021-2022</p> <p>David MacLean referred to the Academic Council Meeting Dates for 2021-2022 included in the meeting materials. He highlighted the upcoming Special Meeting on August 19, 2021, 4:00pm to 6:00pm EDT and the Orientation Session for New and Current Members and Committee Chairs on Friday, September 17, 2021, 9:00am to 11:00 am EDT, RSVPs will be circulated.</p> <p>Moved (Lee Toner/Alain Simard)</p> <p>Be it resolved that the 2021-2022 Academic Council Meeting Dates be approved as presented.</p> <p>CARRIED</p>
4.2	<p>Academic Council Membership – Elections and Membership Report</p> <p>David MacLean referred to the Academic Council Membership – Elections and Membership Report included in the meeting package. He thanked departing members Christopher Winn, Paul Miron and Yue Sun for their participation and contributions. He indicated Gina Kennedy had highlighted in the report the new members and the current vacancies that are actively being populated and encouraged members who are aware of faculty who have an interest to serve on Academic Council to contact him or Gina Kennedy.</p> <p>Moved (Catherine Cervin/Lee Toner)</p> <p>Be it resolved that the Election and Membership Report be accepted and further that the 2021-2022 Academic Council Membership be approved as presented.</p> <p>CARRIED</p>
4.3	<p>Dissolution of the HS IPE Committee – For Approval</p> <p>On behalf of Rob Anderson, Catherine Cervin outlined the rationale for the motion for the Dissolution of the HS IPE Committee included in the meeting materials. She indicated with the structure and delivery of each of the health sciences programs being unique, it is more functional to dissolve the HS IPE Committee and establish separate committees for each of the</p>

	<p>programs to report to the Associate Dean PGME and Health Science to manage decisions at the program level guided by the accreditation standards. All accreditation or academic changes to be forwarded to Academic Council for approval and financial issues forwarded to the Executive Group for approval.</p> <p>In the interim, the Education Deans Group to establish an Interprofessional Education (IPE) Working Group to make recommendations to Academic Council on the structure of an Interprofessional Education Academic Council Committee who will make recommendations on IPE matters and ensure development of IPE and best practices of all NOSM's educational programs. Terms of reference for Working Group being finalized.</p> <p>Moved (Catherine Cervin/William Hettenhausen) Be it resolved that the Health Sciences and Interprofessional Education (HSIPE) Committee be dissolved and in its place the program governing committees will report to Academic Council through the Associate Dean PGME and HS, and an Interprofessional Education (IPE) Working Group will determine the leadership of, and support for, IPE activities across all programs at NOSM. CARRIED</p>
4.4	<p>Graduate Studies Academic Integrity Policy and Procedure (Second Reading – For Approval) David MacLean referred to the Graduate Studies Academic Integrity Policy and Procedure for second reading and approval included in the meeting package. Dr. Alain Simard reminded members it was developed to ensure NOSM's Graduate Students were treated equally and fairly because current NOSM Graduate Students enrolled in the Program are governed by the Academic Integrity or Code of Conduct Policy and Procedure of their respective University at which they are registered, i.e., Laurentian or Lakehead University and each University had similar policies but the procedures to handle academic integrity violations were considerably different. Based on the suggestions made at the last Academic Council meeting and further review of NOSM's partner Universities Policies and other institutions policies; revisions were made to the procedures outlined in the Policy, specifically 7.4.1 (b), to alleviate the concern of the level of decision power of the Assistant Dean.</p> <p>A discussion followed.</p> <p>Dr. Simard responded to questions confirming that the language in the policy is general and flexible. He clarified that the initial meeting provides further discussion and investigation of the issue and if there was no breach/violation or it was a misunderstanding, the process to allow for a mutually agreed resolution to occur and if no resolution obtained or there was a breach/violation to bring it forward to the next step of the process, the Graduate Studies Academic Integrity Review Committee.</p> <p>Moved (David Marsh/Alain Simard) Be it resolved that the Graduate Studies Academic Integrity Policy and Procedure be approved as presented. CARRIED</p>

4.5	<p>UME Program Policy on the Development, Functioning, and Approval of Streams</p> <p>David MacLean referred to the UME Program Policy on the Development, Functioning, and Approval of Streams included in the meeting materials. Lee Toner indicated the policy was developed in parallel with the two streams that had been developed, the Rural Generalist Pathway Stream approved at the last Academic Council meeting and the new Indigenous Peoples' Health and Wellness Stream, expected to be approved later in the agenda.</p> <p>He indicated the Policy to regulate the development of new streams in the future, i.e., leadership stream, research stream, Francophone Health Stream, etc., and to ensure all streams are reviewed at the initial proposal stage by UME's Curriculum Committee. Streams to support accreditation goals and the needs of NOSM's learners and their communities.</p> <p>Moved (William Hettenhausen/Catherine Cervin) Be it resolved that the UME Program Policy on the Development, Functioning, and Approval of Streams be approved as presented. CARRIED</p>
4.6	<p>Indigenous Peoples' Health and Wellness Stream Proposal (First Reading – Request to Waive – For Approval)</p> <p>David MacLean referred to the Indigenous Peoples' Health and Wellness Stream Proposal for approval and the request to waive first reading included in the meeting package. He highlighted the importance from a governance perspective of the first reading which allows Academic Council members to do their due diligence and discuss and make comments and/or suggestions to the policy which is then brought forward for second reading for further discussion and approval. He added that there are exceptional circumstances where first readings are waived, i.e., urgency or timing, but it is not the normal practice and stressed the value of following the proper processes.</p> <p>The report and supporting materials were circulated in advance of the meeting.</p> <p>The Chair acknowledged Drs. Marion Maar and Lorrilee McGregor to provide additional information on the submission.</p> <p>Moved (William Hettenhausen/Catherine Cervin) Be it resolved that the first reading is hereby waived for the approval of the Indigenous Peoples' Health and Wellness Stream. CARRIED</p> <p>Dr. Toner indicated corrections were made and the updated IPHW Stream Proposal uploaded to the SharePoint folder. Darrel Manitowabi indicated the name changed from Indigenous Health and Cultural Safety Stream (IHCSS) to the Indigenous Peoples' Health and Wellness (IPHW) Stream.</p> <p>Dr. Lorrilee McGregor commented that the IPHW Stream to provide recognition for the extra learning and supplemental activities performed by some students, to be instrumental in elevating student's learning and to have the potential for NOSM to be a world leader in addressing Indigenous People's Health and Wellness.</p>

	<p>Dr. Maar stressed an important element of the Stream is to welcome both Indigenous and non-Indigenous students and to expose them to Indigenous People who require optimal healthcare by every physician Northern Ontario and students to engage with Knowledge Keepers and Traditional Healers.</p> <p>Dr. Manitowabi indicated the Stream proposal is a new beginning to address the reports that were critical of NOSM's work and to demonstrate NOSM's continued commitment to social accountability for Indigenous peoples in Northern Ontario that moves beyond the CBM 106 Placement.</p> <p>NOSM to measure the impact and identify their successes and areas that require change for both the IPHW and RR Streams.</p> <p><i>Moved (William Hettenhausen/Alain Simard)</i> Be it resolved that the Academic Council approve the implementation of the Indigenous Peoples' Health and Wellness Stream as presented. CARRIED</p> <p>David MacLean congratulated and thanked everyone involved for all their hard work in the development of IPHW Stream Proposal. He commended them on how they very effectively brought forward the Proposal and addressed the rationale for waiving the first reading.</p> <p>Dr. Verma suggested at NOSM's official meetings to open with an acknowledgement and a reflection on what is currently happening in society and what it means for and how it affects NOSM. David MacLean indicated NOSM's Indigenous colleagues were contacted, and discussions had occurred to determine how to open the meeting from a traditional perspective. David MacLean to follow-up and he encouraged members to forward their comments and suggestions.</p>
5.0	Other Reports and Items
5.1	<p>Report from the Dean, President and CEO</p> <ul style="list-style-type: none"> • Dean's Report • COVID-19 Update <p>David MacLean referred to the Dean's Report that was uploaded to the portal and circulated before the meeting.</p> <p>Sarita Verma indicated the Dean's Report in a new interactive magazine format based on the word COMMUNITY, with an important element, UNITY and highlighted the key areas:</p> <ul style="list-style-type: none"> • Dean's Performance Goals, Strategy of Engagement, Strategic Directions - advancing health human resource planning and the anti-racism strategy. • Strategic Plan Dashboard - under development - demonstrates how NOSM is performing through performance metrics rather than traditional metrics. To lead in this area as a medical school and University. NOSM's primary mandate to address the physician crisis and to demonstrate ROI and social accountability to communities throughout Northern Ontario through KPIs and OKRs.

	<p>All of these measures including research, faculty, equity and diversity data determine how NOSM is doing, and information used to make the case for expansion, additional resources and support, and funding from the government, and demonstrates NOSM's excellence and impact.</p> <p>UME Accreditation: Dr. Sarita Verma indicated received communication from CACMS, with an official letter to be sent next week. NOSM to receive full accreditation status with 23 out of 96 elements, 10 unsatisfactory and 13 satisfactory with monitoring and limited review next October, further details to follow.</p> <p>She highlighted two main areas to address:</p> <ol style="list-style-type: none"> 1. Future of the NOSM's governance, and the uncertainty of the NOSM's financial viability because of Laurentian University's insolvency that will have to address. 2. Student treatment in the learning environment is unsatisfactory. Need the learning environment positive and healthy and safe for students/learners. Some improvements made, i.e., developed wellness office, learner affairs and accommodations. To look at the learning environment outside of NOSM's control, i.e., in the clinical settings, in placements, and the interactions with faculty. <p>All areas to be further discussed at a future Academic Council meeting.</p>
5.2	<p>Update and Discussion - Bill 276 and Schedule 16, the Northern Ontario School of Medicine University Act, 2021</p> <p>Sarita Verma provided an Update on Bill 276 and Schedule 16, the Northern Ontario School of Medicine University Act, 2021. She indicated a whole school webinar was presented on the transition from the NOSM Medical School to NOSM University on June 15, 2021.</p> <p>A discussion ensued, Sarita Verma confirmed that there is work to be done over the summer and everyone's input and advice is welcome.</p> <p>Dr. Abara thanked and congratulated the Dean, President and CEO of NOSM on the first Canadian Medical University and her team who have made history. He commented that the performance metrics are superb and expect the new NOSM University's faculty, learners, community to continue to work together and review the metrics and continue to emphasize social accountability, community engagement and innovative ways of doing what NOSM does best. Looking forward to the new NOSM University in Canada.</p>
6.0	<p>Other Business</p> <p>There was no other business.</p>
7.0	<p>Information/Announcements</p> <p>No information or announcements shared.</p>
8.0	<p>Date of the Next Meeting</p> <ul style="list-style-type: none"> • Thursday, August 19, 2021 - Special Meeting (4:00pm – 6:00pm EDT)-Mark your calendars! • Orientation – Friday, September 17, 2021 (9-11am) – Save the date • October 7, 2021 – Academic Council regular meeting.
10.0	<p>Adjournment</p> <p>David MacLean thanked members for their input and participation and reminded members of the Special meeting on Thursday, August 19, 2021 – 4:00pm to 6:00pm EDT – please hold.</p>

	With no further business, the Chair adjourned the meeting at 5:25 pm.
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Current Activities

1. Membership

- The Clinical Sciences Division (CSD) has 1746 members as of September 16, 2021

2. Faculty Appointments

- For the first time in the history of the School we have launched an online CSD faculty appointment form!
 - Website link here: <https://www.nosm.ca/faculty/clinical-sciences/appointment-application-and-information/>
- We continue to recruit new faculty as interest in the School expands. Currently there are approximately 44 applicants being considered for appointment which includes 6 academic registrants.

3. Academic Licenses

- There current 48 physicians on academic registration with us.

4. Reappointments for Clinical Faculty

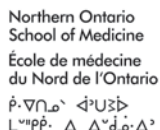
- For the first time in the history of the School we have launched an online reappointment form!
- We have sent out reappointment offers to 303 faculty out of the 347 who were eligible this year.

5. Promotions for Clinical Faculty

- The submission deadline for the 2021-2022 promotion cycle is September 30, 2021.
 - Website link here: <https://www.nosm.ca/faculty/clinical-sciences/promotion-application-and-information/>

7. Faculty Recognition

- The CSD webpage now includes a list of all CSD faculty who published on the 2019 year. Congratulations to all CSD faculty who are successfully conducting research.
 - Website link here: <https://www.nosm.ca/faculty/clinical-sciences/clinical-sciences-division-faculty-publications/>
- Two new award categories have been added to the NOSM Awards of Excellence and Scholarship Program: Mentor, Community Champion. Nominations for these and the other internal awards will be collected in Dec 2021.
 - Website link here: <https://www.nosm.ca/faculty/awards-and-recognition/>



- The Office of Faculty Affairs receives information via faculty and NOSM Communications regarding nominees/recipients of awards external to NOSM. This information is only shared at the discretion of the faculty, or as we come across it.

2021-2022 NOSM External Faculty Award Recipients (thus far)			
Title	Last Name	First Name	Award Received
Dr.	Baron	Tara	Community Partnership Award 2021 (Sudbury.com)
Dr.	Hirvi	Edward	CAME Award
Dr.	Kennedy	Brent	PCTA Leadership Award
Dr.	Kirkpatrick	Roy	Rural Specialist Merit Award (SRPC)
Dr.	Mason	Michael	PARO Excellence in Clinical Teaching Award
Dr.	McElhaney	Janet	Jonas Salk Award
Dr.	Newbery	Sarah	Rural Medical Education Award (Society of Rural Physicians of Canada) (Dr. Newbery received this award n behalf of NOSM)
Dr.	Rajendran	Venkadesan	Centenary Medal of Distinction (Canadian Physiotherapy Association)
Dr.	Verma	Sarita	Medical Post Canadian Healthcare Network 2021 Physician Power List
Dr.	Viherjoki	Stephen	Rural Service Award (SRPC)
Dr.	Zelek	Barb	Rural Mentorship Award

- Faculty evaluations are currently being reported on two software programs. Phase 1 UME faculty evaluations are still in the One45 while PGE, Phase 2 and Phase 3 UME have transitioned into Elentra. Faculty Affairs continues to work closely with the Elentra support team to ensure a smooth transition for all programs.



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NORTHERN ONTARIO SCHOOL OF MEDICINE

9. Future Initiatives

- Thanks to faculty who responded to the FA Services questionnaire. Responses will be used to inform the FA strategic plan.
- The CSD webpage has been updated to include information related to teaching opportunities and answers to frequently asked questions. We have also created a Welcome Area on the webpage for new faculty.
 - Website link here: <https://www.nosm.ca/faculty/clinical-sciences/>
- We are working closely with our Information Technology unit to create an online promotion application.
- We will be hosting a CSD faculty orientation session in Oct. Details will be sent to CSD faculty.
- We are in the midst of establishing a CSD faculty wellness program. We will keep the CSD informed as the initiative continues to evolve.

NORTHERN ONTARIO SCHOOL OF MEDICINE

Division of Human Sciences - Academic Council Quarterly Report

Head of Human Sciences: Dr. Elizabeth Levin

Date: September 22, 2021

The Human Sciences Division actively participates in all areas of the school. Its members contribute to teaching, governance and other scholarly activities and serve on numerous Northern Ontario School of Medicine (NOSM) committees. The full-time members of the Division are all heavily involved in various research projects. The majority of these full-time members only have part-time teaching responsibilities in the Division due to the administrative contributions elsewhere at NOSM or to heavy research responsibilities.

1. Membership

a) Full-Time Faculty: Due to other commitments, several of these members only provide half their time to their Division.

West Campus: 4

East Campus: 3

b) Joint Faculty: This is a half time appointment.

West Campus: 1

c) Emeritus Faculty:

West Campus: 1

d) Stipendiary Faculty:

West Campus: 7

East Campus: 23

e) Cross-Appointed Faculty:

West Campus: 3

East Campus: 1

f) Professional Librarians:

West Campus: 2

East Campus: 2

g) Administrative Assistant:

Ms. Kirsten Hysert

2. Teaching Activities

3. Research Activities

4. Sabbatical Leave(s)

5. Reappointments

Human Sciences recently had 23 reappointments to the Division.

6. Divisional Seminar Series 2021-2022

The planning for the Human Sciences Seminar Series is underway, with one being held October 26 and another on November 24. The Series will pick up again in January of 2022.

The Northern Ontario History of Health and Medicine Group held their first seminar on September 17, 2021 with Martina Osawamick, who presented on the Resilience of a Residential School Survivor. The next seminar is scheduled for October 20, 2021.



Date: September 16, 2021

Committee Name: Undergraduate Medical Education Committee (UMEC)

**Submitted by: Lee Toner, MD, Interim Associate Dean UME
for the October 7, 2021 AC meeting**

UMEC has met once (August 5, 2021) since submitting its previous regular report to Academic Council for the June 17, 2021 Academic Council meeting. The next meeting of the Committee is scheduled for November 4, 2021.

Report from the UME Committee (UMEC) since UMEC's last report to Academic Council:

At the August 5 meeting:

The following documents were approved:

- [Revised Medical Student Performance Record \(MSPR\) Policy and Procedure](#)
- Revised UME Curriculum Committee (UMECC) Terms of Reference
- Revised Student Assessment and Promotion Regulations (included in October 7, 2021 AC agenda for vote on approval)
- Revised Phase 2 Duty Hours and On-Call Policy
- [\(New\) Fair and Timely Summative Assessment Policy and Procedure](#)
- (New) Phase 1 ICE Site Selection Procedure
- (New) Phase 2 Site Selection Procedure
- (New) Phase 3 Student Clinical Accommodation Implementation Procedure
- Revised UME Committee (UMEC) Terms of Reference

The following documents were provided for information:

- Accreditation Elements requiring formal meeting minutes (to support Administrative Support for Committees within the UME Portfolio Policy document approved at the May 6 UMECC meeting)

The following reports or updates were received:

- Accreditation
- NOSM U
- Strategies to improve communication about UMEC policies and procedures (NOSM Well app, infographics, and social media)
- Assessment Working Group
- Curriculum Renewal and Curriculum Renewal Steering Committee
- The use of "streams" in the NOSM context – UME will replace P3 streams with P3 rotations and will replace streams in focused areas of interest experiences (e.g.

Rural Generalist stream and Indigenous Peoples' Health and Wellness stream) with Collaborative Specializations

- NOSM Academic Certificate Policy
- Process for culturally appropriate recognition and remuneration for work done by Indigenous faculty, performers, elders, and other curricular contributors
- NOSM Advisory Council on Climate Change - UME Planetary Health Curriculum
- Checklist of "lenses" for UME
- NOSM Lactation guidelines
- Status of *Responding to student concerns of mistreatment policy and procedure*
- Report from Program Evaluation Committee (PEC)
- Report from Student Assessment and Promotion Committee (SAPC)
- UME Curriculum Committee (UMECC)
- Curriculum mapping in Elentra

Report from the UME Curriculum Committee (UMECC) since UMEC's last report to Academic Council:

UMECC has met once (June 3, and September 2) since UMEC submitted its previous regular report to Academic Council for the June 17 Academic Council meeting. The Committee plans to meet next on October 7, 2021.

At the June 3 meeting

The following were approved:

- Revised 2021-2022 Theme 5 Introduction to Clinical Medicine Work Plan to include incorporation of enhanced nutritional curriculum (as mentioned in UMEC's regular report for the April 8, 2021 AC meeting)
- Revised 2021-2022 Theme 3 Committee Work Plan (same reason as above)
- Revised UME Policy on the development, functioning, and approval of ~~streams~~ Collaborative Specializations (formerly UME Program Streams Policy) (approved by AC at their June 17, 2021 meeting)
- Revised UMECC Terms of Reference (included in October 7, 2021 AC agenda for vote on approval)
- Revised Theme 3 Committee Terms of Reference
- Revised Phase 1 Committee Terms of Reference
- Revised 2021-2022 Phase 3 Promotion and Reassessment/Remediation Plan
- (New) 2021-2022 Phase 1 Promotion and Reassessment/Remediation Plan
- (New) 2021-2022 Phase 2 Promotion and Reassessment/Remediation Plan
- (New) Indigenous Peoples' Health and Wellness Collaborative Specialization (approved by AC at their June 17, 2021 meeting)
- (New) 2021-2022 Phase 1 Syllabus
- [\(New\) Revised plan for the design and delivery of CLS in the 2021-2022 academic year](#)

The following were received for information:

- (New) Phase 3 Non-Clinical Electives Policy and Procedure
- (New) Phase 3 Non-Clinical Elective Assessment form
- (New) Phase 3 Research Elective Assessment form

The following reports or updates were received:

- Office of Institutional Intelligence and UMECC Data and Dashboards
- Phase 1 Committee

There was discussion of:

- The Virtual and Alternative Clinical Learning Working Group (formed to respond to develop new ways to deliver curriculum during the pandemic) no longer meets however will be reconvened if needed in the future.
- 2022-2023 UME Program Academic Curriculum Schedule (first reading)
- Planetary Health

At the September 2 meeting

The following were approved:

- (New) 2022-2023 UME Program Calendar of Academic Events (included in October 7, 2021 AC agenda for vote on approval)
- (New) 2021-2022 Phase 2 Syllabus (included in October 7, 2021 AC agenda for vote on approval)
- (New) 2021-2022 Phase 2 Required Clinical Learning Experiences (RCLEs)
- (New) 2021-2022 Phase 2 Promotion and Reassessment/Remediation Plan
- (New) 2022-2023 UME Program Course Descriptions (included in October 7, 2021 AC agenda for vote on approval)
- [\(New\) Curriculum Renewal Steering Group Terms of Reference](#)
- (Revised) Committee to Support Student Professionalism Terms of Reference
- (New) Transition Curriculum Lead job description

The following were received for information:

- (Revised) 2021-2022 UME Program Academic Curriculum Schedule (to reflect that CBM 111 is now eight weeks long)
- [2020-2021 UMECC annual report to UMEC](#)
- 2021-2022 Phase 2 Assessment forms (for review by, and feedback from, UMECC)
- The use of “streams” in the NOSM context – UME will replace P3 streams with P3 rotations and will replace streams in focused areas of interest experiences (e.g. Rural Generalist stream and Indigenous Peoples’ Health and Wellness stream) with Collaborative Specializations

The following reports or updates were received:

- COVID operational update
- Curriculum Renewal and Content Monitoring (gaps and redundancies)
 - Palliative Care Working Group

- Theme 4 Committee
- Committee to Support Student Professionalism
- Family Medicine Clinical Discipline
- Phase 1 Committee

There was discussion of:

- Monitoring MCC objectives updates
- Strategies to improve communication about UMEC policies and procedures (NOSM Well app, infographics, and social media)
- Spring 2021 CARMS match results (reported to AC previously)
- Update on the status of NOSM U – Consultation and Engagement, Dr. Verma

Upcoming scheduled meeting dates (UMEC and UMECC meetings are staggered):

October 7 (UMECC)
November 4 (UMEC)
December 2 (UMECC)
January 6, 2022 (UMECC)
February 3 (UMEC)
March 3 (UMECC)
April 7 (UMECC)
May 5 (UMEC)
June 2 (UMECC)

UME Committee membership as of September 16, 2021

Voting member position	Name		Term (if applicable)	Present
Global Health Coordinator	Anawati, Alex	MD	Ends 2021 11	
UME Administrative Director, Curriculum and Learning Environment	Bachiu, Jeff	EdD		
Assistant Dean, Clinical Education	Baldisera, Tara	MD		
Director, Francophone Affairs	Barbeau-Rodrigue, Danielle			
ID representative (one)	Migneault, Alisha			
UME Administrative Manager, Educational Resources	Boyd, Tamara			
UME Administrative Manager, Program and Delivery	Camilli, Sherrie-Ann			
Theme 6 Chair	Carrier, Morgan	MD		
Theme 5 Introduction to Clinical Medicine Cmte Co-Chair	Clark, Sarah or Robinson, Anne	MD MD		
Year 4 student representative	D'Angelo, Shannon		May 21-Apr 22	
Director, Health Sciences Library or designate	Fink, Patty			
Senior Director, UME Administration	Friesen, John			
Associate Dean, CEPD or designate	Goertzen, James	MD		
Theme 5 Clinical Medicine and Therapeutics Cmte Chair	Hirvi, Ed	MD		
Chair, Program Evaluation Committee	Hogard, Elaine	PhD		
Director, Assessment and Program Evaluation	Hogard, Elaine	PhD	Has only one vote	
Theme 2 Co-Chair	Hudson, Geoff or Allain, Michelle	PhD PhD		
Phase 2 Director or Phase 2 Committee Vice Chair	Istvan, Peter	PhD		
Year 3 student representative	Kelly, Dayton		May 21-Apr 22	
Director IT or designate	Kelly, Steve			
Medical Sciences Division Head or designate	Lanner, Carita	PhD		
Theme 4 (or Vice Chair)	Lees, Simon	PhD		
Human Sciences Division Head or designate	Levin, Elizabeth	PhD		
Theme 1 Chair	Maar, Marion	PhD		
Phase 3 Director or Phase 3 Committee Vice Chair* or Asst Director	Garnett, Meghan or Montpellier, Renee-Anne	MD MD		
Clinical Sciences Division Head or designate	Osman, Elrasheed	MD		
Assistant Dean, UME, Learner Affairs or designate	Shack, Jason	MD		
Phase 1 Assistant Dean or Phase 1 Committee Vice Chair	Suntres, Zach		As of 2021 09 10 no P1C Vice Chair has been identified who would fill this spot on UMEC	
UMECC Co-Chair, Phase 1 Assistant Dean	Suntres, Zach	PhD	Has only one vote	
Chair, SAPC (or Vice Chair)	Suntres, Zach	PhD	Has only one vote	
Year 2 student representative	Thomas, Sophie		May 21-Apr 22	
Year 1 student representative	Thomas, Sophie		Nov 20-Oct 21 Has only one vote	
Associate Dean, UME and UMEC Chair	Toner, Lee	MD		
Theme 3 Co-Chair	Urajnik, Diana or Smith, Pat	PhD PhD		
Director, Indigenous Affairs	Wanakamik, Yolanda			

To: Academic Council

From: Dr. Robert Anderson - Chair, Postgraduate Education Committee

Meeting Date: October 7, 2021

Subject: PGMEC Report

PGMEC Policy Updates

PGME Safety Policy

The PGME Office and PGMEC reviewed the policy both within PGMEC meetings and in consultation with PARO. Updates can be summarized as:

- Updated the policy to align with the [General Standards of Accreditation for Institutions with Residency Programs](#);
- Removed language referencing host Universities;
- Adding a section on the new *Fatigue Risk Management Policy*
- Adding a section on Incidents of *Mass Casualty and Extraordinary Circumstances*
- Adding links for resources and websites available to residents

The final policy was approved September 2nd, 2021 at our PGMEC meeting. The policy can be found on our website [HERE](#).

PGME Resident Wellness Program Confidentiality Policy and Procedure

Last updated in 2019, the PGME Resident Wellness Program Confidentiality Policy and Procedure was due for revision. Revisions have been made by Dr. Louise Logan, Wellness Lead Clinician and input sought from the Wellness Advisory Group, Associate Dean and Senior Director PGME. A one year review date has been set given the evolution of the NOSM's Registrar's Office and a whole-school Learner Support Office under the Registrar. A summary of the policy changes are:

- Comments under section 4.2 have been added related to Clinical Psychologist referrals and sharing of information in confidence with the Wellness Program
- A new insertion about the Resident Support Network being an extension of the Wellness Program and the Wellness Lead Clinician. Members can share information with the Wellness Lead Clinician within the boundaries of the Wellness Program.
- To facilitate implementation of Accommodation Plans, information needs to be effectively shared between the programs, PGME Office and the Wellness Program while protecting personal health information. In section 4.2 Sharing of Confidential Information the following edits have been approved by PGMEC:

- Accommodation recommendations may require consultation with the Program Director, Associate Dean PGME and in some cases other experts as required to support the Wellness Lead Clinician.
- Information regarding accommodations can be disclosed to relevant individuals such as Site Directors, Program Coordinators, and supervisors.
- The Resident Wellness Program operates at arm's length from the PGME Office with no disclosure of personal health information to PGME personnel without the resident's explicit consent. The Resident Wellness Program does however operate in consultation to the PGME Office and the Academic Programs.

The final policy was approved September 2nd, 2021 at our PGMEC meeting. The policy can be found on our website [HERE](#).

Accreditation

November 21-27th, 2021

NOSM PGME Website and Resources:

Accreditation website within the NOSM PGME site found [HERE](#). This site can help stakeholders navigate links to the Standards of Accreditation, AMS Login, NOSM PGME Resource Toolkit and important dates and deadlines.

Preparation Sessions:

The accreditation team will be facilitating preparations with all institutional stakeholders listed below:

- PGME Sub-committees (Budget, Accreditation, EAB, Wellness Advisory)
- Associate Deans
- Section Chairs
- Faculty Town Hall
- Wellness Leads
- Program Directors/PGMEC
- PGME Program Administrators/ Office Staff
- Regional Health Reps (Regional hospital liaisons for PGME)
- Representatives from the local Medical Regulatory Authority = CPSO
- Additional specific medical education roles (ie CBME leads, Simulation)
- Chief operating officer or CFO (PGME budgetary responsibility)
- CEO /Medical Education Directors at Sites
- Residents (Led by PARO, RDoc and CanERA)*

PGEMC Events

Postgraduate Education Committee Fall Retreat

The Postgraduate Education Committee is hosting it's annual PGME fall faculty leadership retreat on October 2nd 2021 (virtual). The content of the event will be focused around three parts:

1. Curriculum Renewal – Equity Inclusion and Diversity focus
2. Transition to NOSM University
3. Accreditation Preparations

Leadership Updates

New Program Director Transition Public Health and Preventive Medicine

PGME welcomes Dr. Emily Groot as the incoming Program Director of the Public Health and Preventive Medicine residency program effective October 18, 2021.

Dr. Groot is a public health physician, born and raised in Sault Ste. Marie on the territory of Garden River and Batchewana First Nations. She completed medical school at McMaster University and completed her residency in public health and preventive medicine at Queen's University. In addition, Dr. Groot holds a Master of Public Health from the University of Toronto.

Currently, she is an assistant professor at both NOSM and Queen's University and an adjunct professor with Laurentian University's Forensic Science program. She is transitioning to the program director position from her current role as the Regional Supervising Coroner for the Northern Region Sudbury Office. Previously, Dr. Groot served as the Associate Medical Officer of Health at the Thunder Bay District Health Unit.

An active academic researcher, her interests include public health applications of death investigation data, syndemics, and public health informatics.

We extend thanks to Dr. George Pasut, outgoing program director, who will remain in his role and support this transition until December 31, 2021. Dr. Pasut's commitment to the residents, dedication to the program, and contributions to the profession are sincerely appreciated.

Academic Council Standing Committee Report

Committee Name: Admissions Committee

Chair: Dr. Owen Prowse

Date: October 7, 2021

I -Report of the Chair	Action by the Council
<p>➤ Our entering class of 2021 has now been finalized Total admitted = 69 (5 MMTP Stream students)</p> <ul style="list-style-type: none">• 46 Females (68%)• 17 Males (25%)• 5 undeclared (7%)• 12 Indigenous (17%)• 16 Francophone (23%)• 25 Average Age• 3.82 Average GPA <p>The following stats do not include the MMTP students admitted. Total admitted = 64</p> <ul style="list-style-type: none">• 54 Northern Ontario (91%)• 26 Rural Northern Ontario or Rural Rest of Canada (40%) <p>➤ First group of students have been admitted to both the Rural Generalist and the Indigenous Peoples Health and Wellness Collaborative Specialization for this Fall 2021.</p> <ul style="list-style-type: none">• 5 – Rural Generalist Collaborative Specialization• 8 - Indigenous Peoples Health and Wellness Collaborative Specialization <p>➤ The Application cycle for the entering class of 2022 is well underway. The cycle opened on July 9th, 2021 and will close on October 1, 2021 at 4:00 pm</p>	

Date: September 22, 2021 (for AC meeting on October 7, 2021)

Committee Name: Research Committee

Submitted by: Dr. T.C. Tai (Assistant Dean, Research, *Chair – Research Committee*)

The Research Committee reviews the development of research programs on behalf of the Academic Council in a manner that encompasses the NOSM Academic Principles embodied in the Strategic Directions and Mission of the School.

Meetings

This report covers the Research Committee meeting held on September 1, 2021. This was the first meeting of the Research Committee for the 2021-2022 academic year.

Membership

- **Kona Williams** joined the committee on June 1, 2021 in the role of Graduate Student Representative. As per the Terms of Reference, learner representatives on the Research Committee serve a term of 1 year.
- **Eli Orrantia** (Faculty Member, Clinical Sciences) and **Erin Cameron** (Faculty Member, Human Sciences) have recently expired terms on the Research Committee. Gina Kennedy has been contacted to begin the process with Unit 1 to conduct elections (as per the Collective Agreement) to fill these positions. Both Eli and Erin have agreed to remain on the committee (non-voting) in the interim, to ensure continuity of information to the divisions regarding the Research Committee.
- **Summary of vacant positions:** 2

Committee Updates

- (i) **Research Support Fund (RSF)** – A meeting was held on June 30, 2021 between the Research Office, Division Heads and Research Committee faculty representatives to discuss how best to utilize Research Support Funds. A draft proposal following the meeting was sent to the Divisions for review. The proposal was not fully supported. For the current year, the Divisions will continue to provide their recommendations for allowable RSF expenses to the Research Office. The group was reminded that yearly RSF allotments must be spent by March 1st. The 2021-2022 RSF allocations from Lakehead have been sent to the Divisions, with the allocations from Laurentian pending.
- (ii) **Research Committee Terms of Reference** – The committee was asked to consider revising the terms of reference to include additional representation from the clinical sciences division. There was consensus among the group to invite a Physician Clinical Teachers' Association (PCTA) representative as a non-voting guest, to the 2021-2022 meetings. The committee will undergo a full review of the terms of reference once NOSM University is proclaimed in force.
- (iii) **COVID Pandemic** – NOSM continues to receive evolving recommendations from the Ministry of Health that affect researchers on campus, and to ensure all research teams are provided with updated information. Critical researchers will still be able to access campus.
- (iv) **Research Funds held at Laurentian** – The committee was reminded that faculty are able to access research funds held at Laurentian. Expenses related to research funds received prior to the CCAA filing (budget accounts beginning with 40) continue to require approval by the external monitor. Research funds received at Laurentian since the CCAA filing (budget accounts beginning with 45) must be spent before a researcher can access funds within their 40 budget account. Faculty are able

to move their grant funds at anytime, however funds received prior to the CCAA filing become part of the unsecured funds on the creditor list.

- (v) **Animal Care** – Work is underway to establish an animal care program and animal care committee. It is not yet clear if an animal care facility in Sudbury will be opened, however discussions continue on the regulations, policies, and budget this would require. Establishment of an animal care facility would require decisions made by the NOSM University Senate. Faculty in Sudbury who require animal care will need to use the animal care facility in Thunder Bay or collaborate with another University.
- (vi) **Tri-Council Grants** – Work continues to pursue the ability for NOSM to hold and administer Tri-Council grants. The ability to do this requires NOSM University to be proclaimed in force. It is anticipated that the Research Committee will assist with the policies and procedures related to holding and administering these grants.
- (vii) **Health Research Town Hall** – Sessions were put on pause for July to September, and will resume on October 12, 2021. The committee was encouraged to promote the series with faculty and students.
- (viii) **NOSM Advisory Council on Climate Change** – The advisory council identified two areas of priority which have an impact on research: (1) Reducing NOSM-related greenhouse emissions, and (2) identifying research priorities related to climate change and its impact on health. The Research Committee is tasked with providing a proposal to NACCC on how to address these two areas (i.e., reduction in: consumables, plastics, transportation of goods, travel, lab policies).
- (ix) **ROMEO** – Beginning in the fall, any new grants held at NOSM, as well as internal NOSM awards will need to be captured in the NOSM ROMEO platform. When applying for a grant held at Laurentian or Lakehead, faculty will follow the current process of completing and submitting a NOSM Research Approval Form (RAF).
- (x) **NHRC 2021** – conference planning for 2021 Northern Health Research Conference is underway. The conference will be held on October 15, 2021 from 1 to 6:30 pm. Abstract submission has closed, and the conference committee has selected 23 oral presentations and 24 poster presentations. The keynote speaker will be Dr. Muhammed Shurrab, Research Lead in Cardiovascular Health at the Health Sciences North Research Institute. The conference website is up, and includes conference abstracts and the agendas. Registration will open in mid-September.

Reports from Sub Committees

Research Awards Committee

The Research Awards Committee promotes the overall research goals of NOSM through the development and distribution of internal awards and prizes generated, or received, by the School for research purposes.

To date in 2021, the committee has awarded a total of \$173,425 to students and faculty as follows:

- 20 Summer Medical Student Research Awards totaling \$116,000
- 5 Mach-Gaensslen Summer Medical Student Research awards totaling \$23,800
- 1 Rene Guilbeault Research Awards (faculty) totaling \$8,000
- 4 NOSMFA Research Development Fund (faculty) awards totaling \$35,625
- 2 UME Studentships in Medical Education Research totaling \$13,200

The committee is currently reviewing applications for the Education Research Fund with results expected to be announced on October 15, 2021.

Supporting documents

None.



NORTHERN ONTARIO SCHOOL OF MEDICINE

ACADEMIC COUNCIL REPORT

CEPD Advisory Committee Report – June 10 & September 16, 2021

To: Academic Council

Academic Council Meeting: October 7, 2021

From: Dr. Stephen Cooper, Chair, CEPD Advisory Committee and Dr. James Goertzen, Associate Dean, CEPD

CEPD ADVISORY COMMITTEE REPORT APR 2021 - MAY 2021

MEETING DATES

September 16th was the fifth scheduled meeting for 2021. There is one additional meeting scheduled for 2021, on November 11.

COMMITTEE UPDATES

Dr. Cooper will be stepping down from his role as Medical Director of CME at the end of October. A succession plan is being developed with the role posted publicly. Dr. James Goertzen will be assuming the chair role of the CEPD Advisory Committee.

Dr. Sarita Verma provided an update on the transition to NOSMU to the CEPD Portfolio, with discussion on the opportunities that NOSMU offers for CEPD and time for questions and clarification.

CEPD Portfolio

CEPD unit staffing updates include:

- The AA position permanently held by Lindsey Lemieux was vacant over the summer as qualified candidates accepted other jobs due to term being very short. The term was recently extended to 18 months due to Lindsey accepting a contract in the new Registrar's office; a new round of recruiting is taking place
- Interviewing is taking place for an additional contract Instructional Designer to assist in developing specific priority online modules.
- Pam Haight has left her project manager role within CEPD to accept a project manager role within the office of the Vice Dean Academic, focusing on HHR Planning and initiatives

The CEPD Office staff continues to meet virtually for one hour on a biweekly basis.

Strategic Plan Review: A successful full-day systematic review of the Strategic Plan was held June 17th. Key faculty informants and NOSM leadership involved in the creation of the strategic plan met with the Portfolio to review progress made during the first year and to prioritize areas for action in Year 2.

Operational Plan: An operational plan has been developed as a result of the strategic plan review that took place June 17th. The plan has been reviewed by leadership, the CEPD team, and numerous stakeholders, and is in the process of being finalized.

CEPD Office Medical Reviewers

Dr. David Allen retired at the end of June. Dr. Natasha St. Onge in Sudbury was appointed to replace him and was onboarded over the summer.

The Medical reviewers met September 13th. During review of recent applications, reviewers identified that it is often difficult to evaluate content against learning objectives for series, since there is no requirement to submit content. The office is looking at how to support applicants to provide some information, e.g., from previous applications, to demonstrate how content is being developed.

To support identification of scholarly opportunities in CPD, the Medical Reviewers will pilot an additional question in their review form that allows them to identify innovative and/or scholarly potential in applications that the office may want to support. The goal is to increase transparency and build relationships around CPD scholarship.

Review of CACME Standard 3.1 included the external program review process and tool box.

The NOSM CEPD Office will begin receiving training on accrediting CFPC higher-level credit initiatives – Mainpro+ 2 and 3 credit per hour in November

CEPD Office Accreditation Updates

The NOSM CEPD Office continues to develop its Internal Quality Review (IQR) process for CACME accreditation purposes, with a working deadline of June 2022. The IQR process and results remain internal to NOSM, but must involve at least one external partner, and must be signed off by the Dean. NOSM CEPD has entered a collaborative partnership with Dalhousie CPD whereby Dalhousie will serve as NOSM CEPD's external partner for 2022, and NOSM CEPD will serve as Dalhousie CPD's external partner the following year. Dalhousie CPD has a relatively similar size and target audience compared to NOSM CEPD.

The office has elected a full review of all CACME accreditation standards. The office has a four-part approach, including the Strategic Plan 1-year review (complete); NOSM CEPD Office team Strategic priority review, CQI training (complete); CEPD Quality Improvement & Research Working group standard review (ongoing); and a formal internal review (upcoming).

The formal review includes three parts:

- Draft responses to all standards will be written and shared with Dalhousie on a rolling basis October-December 2021
- Revised responses will be submitted to Dalhousie end of January 2022
- Virtual IQR visit will be held February 2022.

The CFPC will now be allowing university CEPD offices to certify conferences with a national target audience. In addition, they have clarified the requirements for certifying recorded sessions so that physicians can receive CME credit for asynchronous viewing and learning.

Advisory approval:

The CEPD Conflict of Interest Policy and the CEPD Sponsorship and Exhibition Policy have been revised. Revisions were made to streamline and clarify the process and requirements, and to incorporate updates reflecting current

standards. The revised policies were approved by CEPD Advisory during the September meeting.

Program Planning Working Group (PPWG)

The Program Planning Working Group met Sep 14th. They welcomed their newest member of the group, a patient adviser with personal experience with medical care in Northern Ontario as well as a background in medical technology.

Primary discussion of the group was identification of gaps in CME that could be addressed by CEPD Office program development. A key gap that was raised from several perspectives and sources was in provider-patient communication, with discussion on how this can be integrated. LEG-identified needs were identified as a key source that the group will continue to utilize.

Program Updates

- To date, 66 participants have completed the Overcoming Barriers to Safe Opioid Prescribing module. Analysis of program evaluation data has shown that it has had strong impact on its participants. Impacts include new awareness and intent to use tools that promote safe prescribing; new knowledge and intention to change prescribing habits; tapering processes; and communication with patients; and a shift towards patient-centered outcomes in participants' attitudes towards prescribing and de-prescribing.
- The LEG Evaluation program successfully delivered workshops to four Local Education Groups, all virtually. These groups represent 86 faculty members. 83% released their evaluations; 57% attended. Common strengths and areas for improvement were identified across the LEGs. These workshops also represent successful collaboration between NOSM CEPD, Faculty Affairs; PGME; and UME portfolios in bringing together multiple sources of data to improve teaching practice.
- The Pan-Northern Clinical Rounds continues to offer a one-hour sessions on the second Wednesday of each month at noon. The planning committee has worked hard to increase the representation of its membership, adding allied healthcare providers; northwestern Ontario care providers, and a rural practitioner. Additional priorities have been to increase the attendance, and to create more interactive sessions, including multiple presenters, and making each session center around a case-presentation. Each session will include a learning objective addressing Communicator needs.
- NOSM CEPD has continued to offer advanced virtual program support, and will be supporting multiple virtual conferences in Fall 2021, including the MSK conference, the Northwestern Women's Health Conference, the Northern Health Research Conference, and the NOAMA Annual LEG meeting.

Faculty Development Committee

Sarah McIsaac has finalized a Faculty Development proposal aligning faculty development programming with the NOSM and CEPD strategic plans, based on the core elements of Effective Teachers and Learners; Leadership Development; Equity, Diversity, and Inclusion; and Career Progression.

Program Updates

- The first planning meeting for Northern Constellations 2022 took place. Dates have been decided as May 6-7, 2022. Format (in-person vs. virtual) will be decided closer to the date. The call for abstracts is slated for end of October.

- Pan-Northern Leadership Rounds are being held monthly.
- The Phase 2 Feedback project is planning to run in 8 clerkship communities for 2021-2022, with sessions being held October – January. Format will vary by community request and subject to COVID restrictions as there are now successful protocols for both in-person and virtual delivery.
- The LEG Learner evaluation program has transitioned from a research project (now complete) to on-going QI-focused faculty development, with a goal of delivering to six LEGs in the 2021-2022 year. One session has already been held; and two more have confirmed a date before the end of the calendar year. Sessions are being held either virtually or in-person.

CEPD QI and Research Working Group (QIRWG)

The QI & Research Working Group met in June and September and is welcoming new members from MERLiN and from the Library. The group has continued to reviewing key accreditations standards and provide insight into areas for improvement with an external lens

- June focussed on Program Effectiveness, including how to effectively disseminate the CEPD strategic plan and foster meaningful engagement.
- September meeting focussed on Evaluation Strategies

Scholarly activity project updates

- CEPD has had scholarly projects accepted in multiple conferences include
 - 4 poster presentations at the Northern Health Research Conference, including:
 - A workshop at the National Accreditation Conference on the foundation of psychological safety for successful continuous quality improvement. The workshop will focus on the IQR process that NOSM CEPD is currently undergoing and which all other university CPD offices will be also undergoing.
 - A poster presentation at the Royal College's Simulation Summit, sharing the development, delivery, and impact of the COVID-19 Virtual Critical Care simulation sessions in Northwestern Ontario.
- CEPD Office has established a collaborative relationship with MERLiN to advance scholarly activity, including:
 - Final reports and infographics for the Phase 2 2020-2021 academic year completed
 - Draft of protocol paper for Phase 2 project
 - Ongoing draft of results paper for LEG Evaluation Project



Date: September 22, 2021 (for AC meeting June 17, 2021)

Committee Name: Graduate Studies Committee

Submitted by: Dr. Alain Simard (Assistant Dean, Graduate Studies, *Chair – Graduate Studies Committee*)

The Graduate Studies Committee reviews, considers, and recommends matters for overall academic development of policies and practices pertaining to the graduate programs offered by NOSM.

The Graduate Studies Committee oversees NOSM's graduate programs and reviews all proposed course offerings to ensure they encompass the School's vision, mission, values, and key academic principles as well as meeting the requirements of both Lakehead and Laurentian University Senates.

Meetings

This report covers the Graduate Studies Committee meetings held on June 16 and September 8, 2021. The committee now meets from 4 to 5 pm every second Wednesday of the month during the academic year.

Membership

- **Mark Thibert** finished his second term and stepped down as Academic Council Representative in August 2021. Gina Kennedy was contacted to follow the process to fill this vacancy with Academic Council.
- **Emmanuel Abara** was confirmed by Gina Kennedy as the Academic Council Representative on September 14, 2021, for a term of 3 years.
- The Graduate Studies Committee voted to extend the terms of the following members until June 30, 2022: **Marina Ulanova** (Member-at-Large), **Darrel Manitowabi** (Human Sciences Division Representative), **Dave Savage** (Member-at-Large), and **Alex Moise** (Medical Sciences Division Representative).
- **Summary of vacant positions:** 0

Committee Updates

Masters of Medical Studies (MMS)

- (i) **Approval Letter** – An updated approval letter (with tuition and basic income units) from the Ministry or Colleges and Universities (MCU) has not yet been received for the MMS Program.
- (ii) **2021-2022 Admissions** – The MMS Program Committee reviewed 6 applicants to the program for a September 2021 start and recommended that all 6 be offered entry into the program. Offers of admission were made to 6 students, with 5 accepting the offer. There are now 8 students enrolled in the MMS program as of September 2021, 7 fulltime and 1 parttime.
- (iii) **2022-2023 Applications** – Applications for the 2022-2023 academic year will open in January 2022, and will include the opportunity for international students to apply.

- (iv) **2021-2022 Faculty and Course Development** – Division Heads have confirmed faculty to teach and develop 2021-2022 course offerings as follows:
Fall 2021: MEDS 5815 Introduction to Research in Medical Studies (required) – Alex Moise (delivery)
MEDS 5855 Critical Appraisal (elective) – Diane Urajnik (development & delivery)
Winter 2022: MEDS 5835 Bioethics and Research Integrity (required) – Penny Moody-Corbett & Ryan Tonkens (delivery)
MEDS 5850 Research Grant Writing (*elective*) – Sujeenthara Tharmalingam (development & delivery)
- (v) **2021-2022 Orientation** – The 2021-2022 Orientation session was held on September 7, 2021. All incoming students attended the session, along with representatives from the Graduate Studies Office and additional NOSM portfolios.
- (vi) **International Stream** – Work continues by the Graduate Studies Office to ensure policies and procedures related to international students are in place.
- (vii) **Website and Advertising** – Changes to the website will be made to ensure requirements for international students are included. Activity continues to promote the program, including a virtual booth at the Association for Medical Education in Europe (AMEE) conference, program poster sent by Contact North, Towards Unity for Health (TUFH) newsflash, Google and Facebook ads, and promotion with The Training for Health Equity Network (THENet) and the Society of Rural Physicians of Canada (SRPC).
- (viii) **2021-2022 Workshop** – The group will begin discussing the upcoming workshop in the coming months.
- (ix) **NOSM University & Graduate Studies Considerations** – The Graduate Studies Committee has begun discussion related to the possible impact and changes NOSM University may have on graduate studies at NOSM, including prioritization of what work needs to be completed first.
- (x) **Weekly MMS Review Meetings** – Research and Graduate Studies Office staff continue to meet to discuss the administrative work to be completed to move the MMS Program forward.
- (xi) **Graduate Studies Committee Approvals** – The Graduate Studies Committee has approved the following documents since the last report to Academic Council:
 - GS-004 Graduate Studies Student Handbook_2021.09.08
- (xii) **Academic Council Committee Approvals** – Academic Council approved the following documents at the June 17, 2021 Academic Council meeting:
 - GS-001 Academic Integrity Policy and Procedure.2021.05.19
 - MMS 2022-2023 Calendar of Academic Events_2021.05.19
 - MMS 2022-2023 Course Descriptions_2021.05.19

Reports from Sub Committees

Master of Medical Studies Program Committee

The Master of Medical Studies Program Committee (MMS Program Committee) is a committee of the Graduate Studies Committee (GSC), a standing committee of Academic Council. The MMS Program Committee will review and consider applications for admission to the Master of Medical Studies program at the Northern Ontario School of Medicine. This committee will also review and consider faculty applications for supervisory status in the Master of Medical Studies (MMS) program.

The MMS Program Committee met on June 8, 2021 to review an additional 3 applicants for a September 2021 start. The committee recommended admission to all three applicants. The group will meet next on November 18, 2021 to review supervisory privileges applications for the MMS Program.

Supporting documents

None.



Date: September 29, 2021

Subject: Governance and Nominations Committee Report

- Proposal Generative Discussion – Dr. James Goertzen – Supporting Gender Diversity
- Confirmed request for the October meeting – Accreditation Update by Dr. Lee Toner
- Dean’s Update, Strategic Plan Report and Consultation
- Sarita Verma provided a brief update on the Laurentian University CCAA as well as the NOSM University Act, 2021.
- Review of reports and items for approval.

- Governance and Nominations Committee – membership recruitment - 1 member stepped down
- Vice Chair – position still vacant

If you wish to participate on the Governance and Nominations Committee [Terms of Reference](#), please notify Gina Kennedy by email.

The updated membership and motion included in the consent agenda.

Council Meeting Schedule

The dates online 2021-2022 Academic Year. <https://www.nosm.ca/about/governance/academic-council/meeting-information/>

Secretary's Reading Recommendations

This book is for those who want to learn more about and to participate in university governance.

[An Introduction to University Governance](#), by Cheryl Foy

"Effective governance is now more important than ever to ensure that universities preserve the autonomy fundamental to the vital role they play in our society. These exciting institutions are at the forefront of research and teaching and are expected to be drivers and facilitators of social and technological change, innovation, commercialization, and knowledge transfer. As educators and recipients of significant public funds, they are the focus of public opinion and close financial scrutiny and must work to comply with ever-changing government policy and increasing regulation."

Helpful Information

Meeting Information can be found online [Meeting Information](#)

[Meeting Procedures, Agenda and Presentations](#)

Secretary's Memorandum – [Consent Agendas – The Use of Consent Agendas to Run Efficient and Effective Meetings](#) (February 2021)

2020-21 Undergraduate Medical Education Committee (UMEC) Annual Report to Academic Council

Prepared by

Lee Toner, UMEC Chair and Judy Depatie, Administrative Coordinator UME

September 17, 2021

UME/UMEC Overview

UMEC met on four occasions over the past academic year (November 5, February 4, May 6, and August 5). Meeting information and minutes can be accessed [here](#).

The 2020-21 academic year started in the midst of the pandemic and in the setting of virtual learning for all of the Phase 1 (Year 1 and 2) students. The Phase 2 (Year 3) and Phase 3 (Year 4) students returned to the clinical learning environment under restrictions and conditions imposed by learning sites. For the new academic year, UME students have returned to in-person, on-campus learning while closely following all provincial guidelines, vaccination mandates, and public health recommendations.

The NOSM UME program received its Full Site Visit Accreditation in June which confirmed full accreditation status. Of the 96 required elements, NOSM was rated satisfactory by the CACMS on 73, satisfactory with monitoring on 12 and unsatisfactory on 11. The uncertainty around the Laurentian insolvency proceedings led to 11 elements being deemed “satisfactory with monitoring” after they had been initially rated “satisfactory”. The CACMS will be conducting a limited site visit in October of 2022 to address some of the identified concerns around diversity, mistreatment, curricular management, career planning, and student services.

NOSM students continue to succeed academically. NOSM students achieved a 100% match rate in the CARMS residency match (only school in Canada to do so). The pass rate for NOSM students on the MCC Part 1 exam was 97%.

The UME program has added the Rural Generalist and Indigenous Peoples’ Health and Wellness Collaborative Specializations and hopes to add others in the future. Many other curricular initiatives have also been undertaken as detailed in the accompanying report from the UME Curriculum Committee (UMECC).

The UME program has admitted and enrolled five additional students from the Military Medical Training Program for the upcoming year – increasing our enrolment from 64 to 69 for the entering class of 2021.

Moving forward, UMEC will collaborate with other units to address the concerns identified by accreditors and update and/or develop policies and procedures to meet the accreditation requirements. Whole school assessment practices will be reviewed through the Assessment Working Group. A Curriculum Renewal Steering Committee has been struck to coordinate curriculum renewal in UME program.

Further details of the work of the UME Committee have been provided under the appropriate headings of The NOSM Challenge Strategic Plan 2021-25.

Strategic Direction # 1: Transform Health Human Resource Planning

G1.02. Integration of rural, remote and community needs into our education programs.

- **G1.02.1** - Northern Ontario is a preferred destination for learners seeking electives.

Visiting student electives have been cancelled by the AFMC for the Class of 2022 students. A new electives portal is being developed. Discussions around whether visiting electives will be permitted for Class of 2023 students are still ongoing. One of the effects of cancellation of visiting electives in 2021 was that we saw a 60% increase in rural and remote electives overall at NOSM. Our rural and remote community electives are a popular choice amongst our NOSM learners.

G1.04. A system to support Clinical faculty in their academic work.

- **G1.04.3** - Support the development of academic careers for clinical faculty.

A Theme 6 (Medical Career Advising) Chair has been selected (Dr. Morgan Carrier) and the Theme 6 Committee has started to develop and implement the Theme 6 curriculum for all three phases. Career advising also continues to be provided by Learner Support Services and faculty members.

A new policy on how UME provides administrative support to committees has been developed and is being implemented. It has three tiers of support available to committees to help them focus on their academic duties by supporting administrative tasks.

Strategic Direction # 2: Advance Social Accountability

G2.02. Social Accountability in everything we do.

- **G2.02.1** - Align education programs with societal and community needs.

More than 50% of our graduating students have matched to Family Medicine residency programs – many of them in remote and rural residency programs.

- **G2.02.2** - Graduates are leaders that transform health-care systems and improve population health outcomes.

Our graduating students recently completed a very successful CaRMS match in which 100% of our students matched to a residency program. Many students have matched to competitive programs at other centers across the country and it is the hope that many of them will return after their training, bringing back some of that expertise to Northern Ontario.

G2.03. Recognition as change agents for social accountability.

- **G2.03.1** - Lead advocacy and community engagement that is grounded in the community under a true co-creation model.

UME is continuing to develop curricular structures to ensure the success of the Phase 3 advocacy projects for 2021-22. Advocacy projects that received national attention over the past year included the “Naloxone North App” and a sustainable menstrual product drive for fly-in communities.

- **G2.03.3** - Curriculum renewal to embed socially accountable content, research into disease determinants, and advances in models of health-care delivery in Indigenous, rural, and remote areas.

A curriculum renewal steering committee has been struck to lead curriculum renewal and ensure that socially accountable content is embedded in new initiatives.

Strategic Direction # 3: Innovate Health Professions Education

G3.01. Excellence in Health Professions Education.

- **G3.01.1** - Maintain the highest standards of accreditations across all our programs.

The NOSM UME program received its Full Site Visit Accreditation in June which confirmed full accreditation status. Of the 96 required elements, NOSM was rated satisfactory by the CACMS on 73, satisfactory with monitoring on 12 and unsatisfactory on 11. The uncertainty around the Laurentian insolvency proceedings led to 11 elements being deemed “satisfactory with monitoring” after they had been initially rated “satisfactory”.

The CACMS will be conducting a limited site visit in October of 2022 to address some of the identified concerns around diversity, mistreatment, curricular management, career planning and student services.

- **G3.01.2** - Prepare our students for certifying and national examinations.

Phase 3 students completed a NOSM MCC Qualifying Exam Part 1 Boot Camp in preparation for their national licensing exam. NOSM also provided access to online preparatory products from the MCC to further enhance student preparation. The success rate for NOSM students on this exam written in the spring of 2021 was 97% with many of our students scoring in the top quartile amongst their Canadian peers.

We are also developing sessions to help students with transition to clerkship and transition to residency.

G3.O2. Leading-edge Curricula.

In UME, PGME, HS and CEPD programs:

- **G3.O2.1** - Address emerging technology, incorporating virtual care (particularly for remote communities), innovative online curriculum, artificial intelligence, digital health, virtual reality.

UME supported a recent student-led initiative where graduating students worked with Phase 1 (Year 2) students to help teach some of the skills required in clerkship and allay fears of not being well-prepared for Phase 2.

Virtual care teaching sessions have been added to orientation week in Phases 2 and 3.

Incremental changes to the curriculum are being planned for 2021-22 in Microbiology and Pharmacology based on student and accreditation feedback.

A curriculum renewal steering committee has been struck to update the NOSM curriculum and address some of the new trends and technologies in medical education.

G3.O3. Program Expansion.

- **G3.O3.1** - Expand enrolment in the MD and PGME programs.

Enrolment for September 2021 will increase by five Military Medical Training Program students to a total of 69 students. Discussions are ongoing at UME with respect to expanding our capacity to accommodate these five additional students and the possibility for further expansion.

NOSM UME has enrolled its first Year 1 students in the newly formed Collaborative Specializations in Rural Generalism and Indigenous Peoples' Health and Wellness. Work continues to form other Collaborative Specializations in Francophone Health and other areas with a focus on recruitment, retention, and expansion

G3.O4. New Pathways to health education.

- **G3.O4.3** - Establish defined outreach to Northern Ontario communities and schools at primary, secondary, and postsecondary levels.

Work continues in Admissions to recruit students through the Francophone and Indigenous Admissions Streams. CampMed, an admissions recruitment tool targeting high school students in the North continues to be very successful and well received. The virtual format allowed for a more diverse and distributed group of high school students to engage in some of the sessions.

The NOSM FutureMDS instagram account was established by the NOSM medical student social media influencer team led by the Officer of Admissions and Learner Recruitment. The content is meant to appeal to youth and to inspire interest in health sciences.

G3.05. Admissions program that meets the needs of Northern Ontario communities.

- **G3.05.1** - Admission standards and processes are reflective of Northern Ontario.

As part of the accreditation process, UME will formalize a policy that will describe our goals and outcomes to ensure that our admission standards and process are reflective of Northern Ontario.

- **G3.05.2** - Build upon and lead socially responsive opportunities.

NOSM UME students were involved in Operation Remote Immunity partnership with ORNGE to provide vaccines to Northern Communities as part of their elective experiences.

G3.06. A healthy and safe learning and working environment.

- **G3.06.1** - Explore how curricular structures and wellness/resiliency programming can enable and support the health and wellbeing of learners, faculty, and staff.

UME Theme 6 (Medical Career Advising) has a focus on wellness curriculum in the UME program. The content will be taught and student learning in the area will be assessed. This is an enhancement to the curricular structure aimed at improving student wellness, with the end goal of wellbeing as a student and in medical practice.

UME is expanding the “Mindful Self Compassion” program to Phase 2 and Phase 3 students based on the success of the program in Phase 1 last year.

The Learner Wellness Committee at NOSM has provided some useful feedback based on a survey of students to help guide further wellness initiatives.

Strategic Enabler # 1: Valuing Our People

E1.03. Build A culture of continuous learning and mentorship.

- **E1.03.2** - Prepare teachers and support faculty and students in academic career progression to become leaders and change agents.

As part of the Phase 3 Advocacy Projects, students are required to take part in “Agents of Change” workshops to help them become leaders.

E1.04. Value work-life balance and wellness across the entire school.

- **E1.04.1** - Build a culture with a focus on wellness and work-life balance and inclusive learning and working environments.
- **E1.04.2** - Make NOSM a culturally and psychologically safe place to work and learn.
- **E1.04.3** - Confront racism and bigotry at all levels.

UME continues to promote the “Respect the Difference” campaign and is addressing some of the curricular content around 2SLGBTQIA+ health that requires updating.

E1.06. Manage our talent.

- **E1.06.1** - Create leadership opportunities for staff, faculty, and learners.

UME will engage students in upcoming opportunities related to curriculum renewal and accreditation.

- **E1.06.2** - Reward high achieving faculty, staff, and students.

UME encourages and facilitates the recognition of some of our top students for national awards and recognition. Recently, Danica Desjardins, a third-year student, was presented with the Canadian Medical Hall of Fame award.

Strategic Enabler # 3: Investing in Our Infrastructure

E3.01. Manage space, technology and reduce our carbon footprint.

- **E3.01.2** - Invest in new cutting-edge technology to help us do our work – virtual reality, new web platforms, video interviewing and advanced communication platforms.

A new curriculum management system and curriculum map (Elentra) is currently being rolled out and populated as part of our efforts to address accreditation issues.

New software technology has been used to deliver UME assessments online.

- **E3.01.3** - Develop a space master plan that incorporates expansion and increased needs along with modern HR approaches for shared workspaces, alternate work arrangements and healthy workplace.

The pandemic has led to updated HR approaches for UME staff who want to work from home.

- **E3.01.4** - Become a leader in internal practices that address ‘climate change’ and environmental health.

Planetary Health Curriculum has been discussed at UMECC and will be included in Curriculum Renewal discussions.

Strategic Enabler # 4: Sustaining Our Resilience

E4.O1. Build a culture of wellness, respect, and equity.

- **E4.O1.2** - Develop strategies to advance health, wellbeing, and resilience throughout the School.

The Responding to Concerns of Mistreatment procedure has been updated and communicated to our students to ensure that students are more comfortable reporting mistreatment if and when it occurs.

The “Respect the Difference” campaign will be leveraged to enhance the awareness of mistreatment amongst faculty, residents, support staff, and other health care workers involved at the School.

- **E4.O1.3** - Demonstrate that input from NOSM partners and stakeholders is valued and an integral aspect of our planning and execution.

UME has continued the practice of meeting regularly with our Academic Health Sciences Centers first established to deal with the uncertainty around the evolving pandemic.



Northern Ontario
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École de médecine
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NORTHERN ONTARIO SCHOOL OF MEDICINE

Briefing Note

To: Academic Council

Date of meeting: October 7, 2021

Submitted By: Lee Toner, MD, Interim Associate Dean UME

Responsible UME

Portfolio:

Subject: Vote of approval of the 2021-2022 Phase 2 Syllabus

For: Discussion and/or Direction ☐

Decision (formal approval/motion) ☒

Information Only ☐

RECOMMENDATION

Moved that the Academic Council approve the 2021-2022 Phase 2 Syllabus as presented.

BACKGROUND/EXECUTIVE SUMMARY

Revisions to the previous year's version:

- Added definition of Medical Career Advising and Practice (MCAP) Sessions
- Added description of the Medical Career content
- Edited Specialty Enhancement Sessions (SES) definition

INPUT FROM OTHER SOURCES

The revisions have been approved by Phase 2 Committee and the UME Curriculum Committee (UMECC)



**École de médecine
du Nord de l'Ontario**

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20210-20221

Phase 2 Syllabus

See approvals history on last page

Table of Contents

LEARNING OUTCOMES	3
INSTRUCTIONAL MODEL	5
Academic Sessions	5
Practicum Sessions	6
Theme 1 – Northern and Rural Health	9
Learning Outcomes	9
Theme 2 – Personal and Professional Aspects of Medicine	11
Learning Outcomes	11
Theme 3 – Social and Population Health	13
Learning Outcomes	13
Theme 4 – Foundations of Medicine	16
Learning Outcomes	16
Theme 5 – Clinical Medicine and Therapeutics	17
Learning Outcomes	18
Theme 6 – Medical Career	20
Phase 2 Syllabus revision history	Error! Bookmark not defined.

LEARNING OUTCOMES

The NOSM MD Program curriculum provides a framework which outlines the learning outcomes, the educational methods, and curriculum content, as well as a system of formative and summative assessments of student performance.

An expert team skilled in medical education, curriculum development, instructional design, and health information resources collaborated in the development of the curriculum. Much of the curriculum draws on materials available from established medical schools, both North American and international. In addition, the NOSM Medical Program includes a rural and northern value-added component, developed through the contribution of local physicians, university faculty, Indigenous groups, health professionals, and members of communities across Northern Ontario. Student input on a variety of curriculum committees and work groups has provided valuable insight as well.

The development and implementation of the curriculum for Phase 2 is consistent with the academic principles which are the foundation of the Northern Ontario School of Medicine.

It is presumed that all students promoted to Phase 2 will have successfully mastered the content of Phase 1. The outcomes that follow are a continuation of the outcomes of Phase 1 at a higher level of performance and competence.

Comprehensive Community Clerkship

The Phase 2 Comprehensive Community Clerkship (CCC) at NOSM provides students with longitudinal clinical experiences. Students are assigned to primary care practice settings. During the CCC students live and learn in small groups of up to eight students in a Northern Ontario community for an eight-month period. The aim of the Phase 2 curriculum is to:

- Provide academic and professionally relevant learning opportunities.
- Participate in small group sessions and clinical practice which exemplify reflective learning and comprehensive inter-professional care.
- Continuity of Care - opportunities to care for patients, safely, effectively, efficiently - close to their home. In addition, an integration into the local health care team.
- Increases knowledge of medical care through caring for the patient in clinical encounters and through the socio-cultural context in which the patient and their family cope and adapt to their health care needs.
- Enhances personal and professional identity development.
- Promotes critical thinking and life-long learning skills.

The CCC provides an opportunity to enhance knowledge, skills, and attitudes conducive to an understanding of medical practice in remote, rural, and/or underserved communities and urban practice. The student observes the skills and attributes of health professionals in stimulating environments, furthering their consideration of career choices including clinical practice and research. Rather than specific sequential rotations in each of the seven disciplines focused on in Phase 2 (including Family Medicine, Emergency Medicine, Children's Health, Internal Medicine, Mental Health, Surgery, and Women's Health), students engage in parallel exposure to these areas of medicine.

The focus of the CCC experience is on delivery of primary care in rural and Northern Ontario communities. Learning takes place in the environment of the hospital and on an out-patient basis at community-based clinics and doctors' offices.

The students apply the knowledge, skill and professional attitudes introduced in Phase 1 as they become members of the health team and participate with graduated responsibilities and under supervision to the care of patients. Please refer also to the document *of The College of Physicians & Surgeons of Ontario's Policy on [Professional Responsibilities in Undergraduate Medical Education](#)*.

The scope of activities comprises at the minimum:

- Documentation of a patient's history, physical examination and diagnosis and progress notes;
- Orders concerning the investigation or treatment of a patient written under the supervision or direction of a physician-preceptor;
- Clinical activities of controlled medical acts under supervision, depending on the student's level of competence;
- Follow up care in the primary care environment.

In addition, students will also gain an understanding of the values of the profession, as well as their individual duties to the patient, collective duties to the public, and duties to themselves and colleagues.

INSTRUCTIONAL MODEL

The delivery of the curriculum content can be broadly divided into two categories: (a) **Academic Sessions** and (b) **Practicum Sessions**.

Academic Sessions

Clinical Academic Rounds

The organization of the academic core content follows closely that of “*The Medical Council of Canada (MCC) Objectives for the Qualifying Examination*¹” that serves as the basis for the MCC Evaluating Examination, the Qualifying Examination Part I and the Qualifying Examination Part II.

Clinical Academic Rounds (CARs) are weekly academic sessions based on student presentation of a patient case. The content of a CAR is organized according to a patient’s presentation or complaint. Emphasis is placed on the most common conditions associated with the patient’s main concern or presentations seen in the primary care setting. Less common ones are also included but with less emphasis.

Session objectives describe the elements of the clinical, laboratory and imaging information the student should gather and analyse in order to elaborate a differential diagnosis or confirm a diagnosis and develop an initial management plan. Emphasis is placed on recognizing patients in need of emergent or urgent attention and those who need referral for specialized care. During CAR sessions, students meet with a facilitator in groups of up to eight for three hour sessions.

A CAR case is identified by the presenting student prior to session. The group is to come prepared to discuss the identified case and share the knowledge gained through independent research by considering cases identified from their own clinical experiences in the community. These sessions explore specific objectives from all five Themes which have been selected to guide discussions related to the student’s case presentations.

Refer to CAR case template and rubric, CAR rubric for assessment, and CAR Facilitator and Students guides which are available electronically on MyCurriculum.

Distributed Tutorial Sessions

A Distributed Tutorial Session (DTS) is a session developed by a NOSM faculty member related to specific learning objectives. Information and resources related to the DTS session are made available to each student via their online learning environment (MyCurriculum) prior to the

¹ See Medical Council of Canada website <http://mcc.ca/objectives/> accessed March 16, 2018.

scheduled delivery of the DTS. Students then have the opportunity to review the session related material as many times and whenever suitable, prior to and after the session.

Dates and times are posted in the Phase 2 timetable and attendance for these sessions are mandatory. Content related to DTS sessions are assessed as part of the Phase 2 progressive assessments.

Some DTS sessions are delivered and led locally by community preceptors. Preceptors and learners in all communities are supplied with the same set of session learning objectives and resources. The session is then conducted locally in small groups.

Self-Directed Online Cases

The Phase 2 curriculum includes online, self-directed, interactive cases with a focus designed to assist students acquire critical reasoning, diagnostic, and communication skills. The cases are delivered through the resource Aquifer. The cases take students through a series of steps, prompting them to answer questions or complete a number of interactive activities. In most instances, feedback to these activities are generated immediately to facilitate learning.

The assessment of activities within the online cases is formative, however, the completion of a predetermined amount of cases is mandatory and is a requirement of Phase 2. Student's progress will be monitored using the online resource by the office of UME. Progress reports will be provided to SLCs.

Medical Career Advising and Practice (MCAP) Sessions

In Phase 2, students transition to learning clinical medicine as part of their Comprehensive Community Clerkship. Through the MCAP, students will continue their exploration of medical specialties and begin to think about the application process to matching to residency programs (CaRMS). These sessions encourage them to continue to engage in honest and accurate self-assessment in order to better develop an understanding of what medical specialty is the best fit for them.

Practicum Sessions

Primary Care Sessions (PCS)

These sessions, which occur on a weekly basis, are scheduled for five half-days in a typical week. They provide students with opportunities to develop and refine their communication and physical examination skills, and management approaches, under the supervision of experienced clinicians. Students participate in the care of 2 to 4 patients per half day session. Using available resources, including electronic texts and evidence-based materials, students are to

conduct independent research regarding their patients. They are expected to use their findings as part of the clinical encounter reviews they will be discussing with the supervising clinician. During these discussions, the clinicians will also appraise and help students revise their suggested management plans for the patients they encounter.

Often the students are seeing the patients alone or with preceptors, presenting their findings to the preceptor, completing the encounter together, and then doing the research afterwards to tie in the encounter with their academic sessions.

Hospital Care Sessions (HCS) / On-call Sessions

The hospital-based sessions include in-patient rounds, emergency room care, and obstetrical care, with on-call responsibilities. Students participate under supervision in the daily care of in-patients. The students participate in the patient's admission and subsequently follow the patient in the continuity of care, within the community, the emphasis being continuity of care.

Sessions scheduled in the emergency room and obstetrical care units are assigned by the site liaison clinician while the students' participation in the care of these patients will be supervised by a supervising physician.

The student participates in on-call as negotiated with their preceptor. The expected frequency is one night per week and one weekend (which may be two half weekends) every 4 weeks approximately. The pattern of on call is different in different communities and may include office and hospital settings as well as home visits. Refer to the Phase 2 Student On-Call Responsibilities for more information regarding expectations and guidelines.

Specialty Enhancement Sessions (SES)

These three hour sessions will be scheduled twice weekly in a typical week. They are dedicated to providing students with a wide range of clinical experiences related to the six core disciplines of Family Medicine, Children's Health, Emergency Medicine, Internal Medicine, Mental Health, Surgery, and Women's Health. Students will examine patients and assist with the management of their illnesses or conditions under the guidance of health care professionals. These sessions will include participating in surgical assists, specialty clinics, physician's offices and a variety of hospital and community-based programs related to the core clinical disciplines. These experiences will explore the content of all [of the five six](#) themes, and provide a focus for interprofessional learning.

~~Throughout the year, students are expected to complete a total of 50 SES sessions. This will be made up from scheduled SES sessions and burst sessions. Because of the number of atypical weeks in the academic year, some SES sessions may be undertaken in the evening. These are still expected to be roughly three hours in duration. No more than 3 SES sessions (whether scheduled as SES or Burst) can be claimed in a day, with a maximum of 15 per week. SES sessions should be distributed throughout the year to maximize learning opportunities relating the SES to patients seen in the Primary Care Sessions (and vice versa). Of the 50 sessions, 30 sessions are completed in a hospital-based program, 10 sessions are completed in a community-based program, and the remaining 10 sessions are completed in either a community or hospital-based program depending on the learning objectives of the student.~~

Students are required to complete 50 SES sessions

30 Sessions	Hospital-based program
Sessions	Community-based program
10 Sessions	Either hospital/community based

Theme 1 – Northern and Rural Health

Learning Outcomes

By the end of Phase 2, students should be able to:

CONCEPT 1: THE SETTING FOR PRACTICE IN A NORTHERN AND RURAL SETTING

- Incorporate knowledge of the geography of Northern Ontario and its health care resource distribution to diagnostic assessment and case management planning.

CONCEPT 2: THE DELIVERY OF PRIMARY HEALTH CARE IN NORTHERN ONTARIO

- Recognize issues around confidentiality as a potential barrier to accessing health care in northern and rural communities. Describe the role of the physician as a community health advocate in northern, rural and remote settings.

CONCEPT 3: ACCESS TO DIAGNOSTIC, TREATMENT, SPECIALIST EXPERTISE AND SUPPORTIVE SOCIAL SERVICES

- Apply knowledge of the unique geography and health care resource issues faced by Northern, rural and remote communities to effectively assist with the management and potential transfer of patients.

CONCEPT 4: PRIORITY POPULATIONS

- Demonstrate an understanding of the impact of policy decisions on priority populations in Northern Ontario.
- Demonstrate an understanding of resource limitations in care planning for priority populations in Northern Ontario.

CONCEPT 5: THE INTERPROFESSIONAL HEALTH TEAM IN NORTHERN ONTARIO

- Demonstrate their ability to collaborate with interprofessional members of the health care team.

CONCEPT 6: THE ROLE OF TECHNOLOGY IN THE DELIVERY OF HEALTH CARE

- Demonstrate their development in the competencies of scholar, manager and communicator by effectively and safely employing technological resources in both the delivery of care and education for patients.
- Choose and utilize appropriate technologies for their own learning needs in the competencies of scholar and medical expert.

CONCEPT 7: CULTURE AND CARE IN NORTHERN ONTARIO

- Apply an understanding of the influences of culture on patient's interactions with the health care system to their various clerkship learning opportunities.
- Demonstrate the ability to respectfully consider and accommodate diverse cultural needs in the delivery of health care in Northern Ontario.

- Identify ways in which your own personal assumptions and biases affect your approach to patient care and on the ways in which your personal and professional positions of power and privilege may be interpreted by diverse patients in Northern Ontario.
- Demonstrate cultural competence including awareness, sensitivity and safety.

CONCEPT 8: INDIGENOUS PEOPLES HEALTH

- Demonstrate the ability to work with Indigenous peoples in a culturally safe manner.
- Demonstrate how to respectfully enquire whether an Indigenous patient is taking traditional herbs or medicines to treat their ailment and how to integrate that knowledge into their care.
- Identify ways of redressing inequity of access to appropriate health care and health information with Indigenous patients and populations.
- Demonstrate the ability to establish a positive therapeutic relationship with Indigenous patients and their families.
- Describe ways of respectfully conducting research with and acquiring knowledge and information about Indigenous people and communities.

CONCEPT 9: THE HEALTH OF FRANCOPHONES

- Demonstrate an understanding of the importance of providing culturally and linguistically appropriate health care services, including the active offer of French language services.
- Demonstrate cultural competence in patient encounters with Francophone patients.

CONCEPT 10: HEALTH IN NORTHERN ONTARIO

- Demonstrate knowledge of population health statistics and determinants of health that require special attention in the Northern, rural and remote health care settings.

CONCEPT 11: HEALTH RESEARCH IN NORTHERN ONTARIO

- Apply their research skills to identify information that responds to community health problems.
- Develop a better understanding of particular issues faced by northern and rural communities, and health care systems through deep and generous listening to what the community identifies as their health/health service or other community priorities.
- Identify and where possible act on, opportunities to explore and promote policy and other permanent solutions to health inequities.
- Explore reflection and research as a method of professional exploration and growth.
- Identify ways in which they can make contributions in communities and the impact they can have on the life of individuals.
- Mature as a health professional who is aware that morally appropriate action will follow from following ethical principles while striving to exhibit traits of good character.
- Develop professional strategies that support lifelong and self-directed learning.

Theme 2 – Personal and Professional Aspects of Medicine

Learning Outcomes

By the end of Phase 2, students should be able to:

Concept 1. Personal development as a medical profession

- Conduct morally appropriate actions by applying and adhering to ethical principles and exhibiting traits of good character, that includes virtues of altruism, compassion, benevolence, courage, integrity, trustworthiness, respect
- Demonstrate respect for others, including patients, their families and professional colleagues.
- Explain the fundamental role that respect plays in enhancing collegiality among medical professionals.
- Develop strategies to self-assess and improve one's professional conduct.
- Apply self-reflection as a method of professional exploration and growth.
- Develop professional strategies that support lifelong and self-directed learning.
- Demonstrate a commitment to service and recognize one's responsibility as a professional.
- Consistently demonstrate and maintain the highest standards of behaviour related to professional practice including:
 - Maintaining confidentiality,
 - Being fair and truthful,
 - Keeping one's word,
 - Being punctual,
 - Meeting commitments.
 - Integrity.

Identify, respond to, and resolve conflicts between ethical, legal, and professional norms, values and/or principles.

Concept 2. Professional Attitudes in Patient Care

- Identify ways in which they can make contributions in communities and the impact they can have on the life of individuals.
- Subscribe to making a conscientious effort to exceed professional expectations and to make a commitment to possessing the highest level of knowledge and skill.
- Demonstrate advocacy for the best interests of others including patients, colleagues, mentors and trainees, above self-interest.
- Demonstrate accountability for the health care needs of patients, colleagues, and society as a whole
- Portray how the practice of medicine is a moral enterprise and that many if not most medical decisions include a significant value judgment component.
- Develop appropriate attitudes, values, and behaviours, consistent with those provided by provincial and national medical professional organizations, related to health and wellness, illness and disease, and the physician's role in the lives of individuals, colleagues, families, and communities.
- Demonstrate the practical application of the processes related to:
 - Resource allocation;
 - Ethical principles associated with conducting and participating in research;

- Law;
 - Consent;
 - Confidentiality.
- Respond to the demands of the profession by making oneself available and responsive when needed and accept inconvenience to meet the needs of patients

Concept 3. Medico-Legal and Organizational Aspects of Practice

- Explain the nature and practical implications of negligence, legal liability, medical errors and medical records.
- Recognize possible conflicts of interest and requirement to avoid relationships that allow personal gain to supersede the best interest of the patient and reputation of the profession, including:
 - Respect for physical, emotional and sexual boundaries in regards to treatment of themselves, their families or friends.
 - Obtain informed consent freely and without coercion when implementing advanced care directives.
 - Recognize the moral and ethical concerns regarding the receipt of gifts from patients and industry representatives.
 - Develop and display appropriate relationships with pharmaceutical representatives.
- Develop and display appropriate relationships with pharmaceutical representatives
- Discuss the ways in which provisions in the Mental Health Act and other relevant legislation address the enforcement and treatment of psychotic patients who discontinue treatment.
- Recognize and discuss responsibility of physicians to:
 - seek active roles in teaching and professional organizations, and volunteer skills and expertise for the welfare of the community;
 - participate in professional organizations, community programs, and institutional committees.
 - enhance research skills that will help develop a better understanding of experiences related to Northern rural communities and health care systems.

Theme 3 – Social and Population Health

Learning Outcomes

Basis

The Theme 3 syllabus for Phase 2 is organized around the Medical Council of Canada's Objectives for the Qualifying Examination for the seven aspects of population health:

- 78-1 Concepts of Health and Its Determinants
- 78-2 Assessing and Measuring Health Status at the Population Level
- 78-3 Interventions at the Population Level
- 78-4 Administration of Effective Health Programs at the Population Level
- 78-5 Outbreak Management
- 78-6 Environment
- 78-7 Health of Special Populations
- 78-8 Work-related Health Issues

Each section of the Theme 3 Phase 2 syllabus quotes the Rationale from the relevant MCC objective before outlining the outcomes for Phase 2 under each heading.

1: CONCEPTS OF HEALTH AND ITS DETERMINANTS

Rationale: "Concepts of health, illness, disease and the socially defined sick role are fundamental to understanding the health of a community and to applying that knowledge to the patients that a physician serves. With advances in care, the aspirations of patients for good health have expanded and this has placed new demands on physicians to address issues that are not strictly biomedical in nature. These concepts are also important if the physician is to understand health and illness behaviour."

By the end of Phase 2, students will be able to begin to apply as well as:

1. Develop their knowledge of the concepts of health, wellness, illness, disease and sickness, and the determinants of health and the ways in which they affect the health of a population and the individuals it comprises.

2: ASSESSING AND MEASURING HEALTH STATUS AT THE POPULATION LEVEL

Rationale: "Knowing the health status of the population allows for better planning and evaluation of health programs and tailoring interventions to meet patient/community needs. Physicians are also active participants in disease surveillance programs, encouraging them to address health needs in the population and not merely health demands."

By the end of Phase 2, students will be able to begin to apply as well as:

1. Develop their knowledge of the health status of a defined population.
2. Develop their knowledge of measures and record the factors that affect the health status of a population with respect to the principles of causation.

3: INTERVENTIONS AT THE POPULATION LEVEL

Rationale: "Many interventions at the individual level must be supported by actions at the community level. Physicians will be expected to advocate for community wide interventions and to address issues that occur to many patients across their practice."

By the end of Phase 2, students will be able to begin to apply as well as:

1. Develop their knowledge of the three levels of prevention (primary, secondary and tertiary).
2. Develop their knowledge of strategies for community needs assessments, health education, community engagement, and health promotion.
3. Develop their knowledge of the role that physicians can play in promoting health and preventing diseases at the individual and community levels (e.g. prevention of low birth weight, immunization, diabetes, obesity prevention, smoking cessation, cancer screening, etc.).
4. Develop their knowledge of how public policy can influence population-wide patterns of behaviour and affect the health of a population.

4: ADMINISTRATION OF EFFECTIVE HEALTH PROGRAMS AT THE POPULATION LEVEL

Rationale: "Knowing the organization of the health care and public health systems in Canada as well as how to determine the most cost-effective interventions are becoming key elements of clinical practice. Physicians also must work well in multidisciplinary teams within the current system in order to achieve the maximum health benefit for all patients and residents."

By the end of Phase 2, students will begin to apply as well as:

1. Develop their knowledge of the pertinent history, structure and operations of the Canadian health care system.
2. Develop their knowledge of economic evaluations such as cost-benefit / cost-effectiveness analyses as well as issues involved with resource allocation.
3. Develop their knowledge of the approaches to assessing quality of care and methods of quality improvement.

5: OUTBREAK MANAGEMENT

Rationale: "Physicians are crucial participants in the control of outbreaks of disease. They must be able to diagnose cases, recognize outbreaks, report these to public health authorities and work with authorities to limit the spread of the outbreak. A common example includes physicians working in nursing homes and being asked to assist in the control of an outbreak of influenza or diarrhea."

By the end of Phase 2, students will be able to begin to apply as well as:

1. Develop their knowledge of the characteristics of an outbreak and know how to recognize one when it occurs.
2. Develop their knowledge of essential skills involved in controlling an outbreak and its impact on the public, in collaboration with public health authorities as appropriate.

6: ENVIRONMENT

Rationale: "Environmental issues are important in medical practice because exposures may be causally linked to a patient's clinical presentation and the health of the exposed population. A physician is expected to work with regulatory agencies to help implement the necessary interventions to prevent future illness. Physician involvement is important in the promotion of global environmental health."

By the end of Phase 2, students will be able to begin to apply as well as:

1. Develop their knowledge of the implications of environmental hazards at both the individual and population levels.
2. Develop their knowledge of patient concerns through appropriate information gathering and treatment.
3. Develop their knowledge of working collaboratively with local, provincial and national agencies/governments as appropriate to address concerns at a population level.
4. Develop their knowledge of making appropriate recommendations for patients and exposed populations so as to minimize their health risks and maximize their overall function.

7: HEALTH OF SPECIAL POPULATIONS

Rationale: "Health equity is defined as each person in society having an equal opportunity for health. Each community is composed of diverse groups of individuals and sub-populations. Due to variations in factors such as physical location, culture, behaviours, age and gender structure, populations have different health risks and needs that must be addressed in order to achieve health equity. Hence physicians need to be aware of the differing needs of population groups and must be able to adjust service provision to ensure culturally safe communications and care."

By the end of Phase 2, students will be able to begin to apply as well as:

1. Develop their knowledge of how variations in the determinants of health in different populations promotes or harms their health status.
2. Develop their knowledge of how populations may have challenges with respect to access to health services, and how members of the population may rely on traditional or alternative sources of health services that are not commonly used by society as a whole.
3. Develop their knowledge of the implications of different cultural perspectives and how this affects the planning, delivery and evaluation of services (both preventive and curative).
4. Develop their knowledge of how to provide culturally safe care with different populations.
5. Develop their knowledge of the unique roles of government, social agencies, or special groups in providing services to the population (e.g., elderly, differently abled).

8: Work-related Health Issues

Rationale: "Workplace health and safety hazards can contribute to many different health problems. Physicians play an important role in the prevention and management of occupational injury, illness and disability."

By the end of Phase 2, students will be able to:

1. Independently perform an occupational health history in a supervised setting.
2. Explain how to identify the relationship between illness and symptoms of work in a history and physical examination.
3. Identify hazards in a workplace that could have an impact on health, illness, or injuries, including work and exposure, and recommend preventative measures.
4. Explain the procedures and requirements for collaborating with agencies that support workers, such as the Workplace Safety and Insurance Board and the Ontario Disability Support Program, including communicating private information with patients and employers.

Theme 4 – Foundations of Medicine

Learning Outcomes

By the end of Phase 2, students will be able to:

1. Understand the normal structures and functions of the human body, at levels from molecules to cells, to organs, to the whole organism.
2. Describe important pathological processes, which can affect the organ system of interest, including infection, inflammation, genetic, developmental or metabolic abnormalities, ischemia, hypertension, neoplasia, and anatomical derangement.
3. Identify relevant diagnostic examinations, which would be useful to define the diagnosis or detection of disease.
4. Identify pharmacological treatments and other modalities for the amelioration of disease.
5. Integrate basic science and epidemiologic knowledge with clinical reasoning.

Theme 5 – Clinical Medicine and Therapeutics

Basis of Learning Outcomes

The overarching outcome that defines Phase 2 are the for students to have the foundational knowledge, skills and attitudes to develop competencies in family practice/primary care and the core disciplines, necessary to allow them to progress to the Phase 3 clerkship.

Theme 5 learning outcomes focus on what the student should know and realistically be able to do by the end of third year CCC placement. By focusing on the application and integration of the course content, the learning outcomes will more explicitly and directly address expectations of the skills and competencies acquired by students. Session objectives describe several specific actions that, when grouped together, enable students to attain a specific learning outcome. Each session objective focuses on an ability or specific behavior that is measurable and assessable.

CanMEDS is a competency-based framework that describes the principal generic abilities of Canadian physicians oriented to optimal health and health care outcomes². The CanMEDS core values form the basis of the students' learning continuum in Theme 5. Each of the Theme 5 Phase 2 learning outcomes links to one or more CanMEDS roles.

² A full description of the CanMEDS 2015 Physician Competency Framework can be found on the Royal College of Physicians and Surgeons of Canada website:

http://canmeds.royalcollege.ca/uploads/en/framework/CanMEDS%202015%20Framework_EN_Reduced.pdf

Accessed February 2017.

Learning Outcomes

LEARNING OUTCOMES		Medical expert	Communicator	Collaborator	Leader	Health advocate	Scholar	Professional
At the completion of P2 CCC clerkship students will be able to								
P2.T5.1	Independently complete a patient's medical history and perform a physical examination of the various body systems and various patients, in a supervised clinical setting.	X	X					X
P2.T5.2	Formulate an appropriate differential based on patient findings from history and physical.	X						
P2.T5.3	Propose an investigational plan which could include performing (or arranging) and interpreting appropriate diagnostic tests relevant to an established differential diagnosis for conditions (4) and clinical presentations as represented in the Standard 6.2 Clinical list.	X	X	X			X	
P2.T5.4	Identify the clinical features and presentation for both acute and chronic conditions across the age spectrum and between sexes.	X						
P2.T5.5	Identify 'key clinical problems' that require treatment & management following a comprehensive assessment & diagnosis for both acute and chronic conditions.	X						
P2.T5.6	Begin to develop the ability to practice evidence-informed medicine and critically appraise medical literature to inform the diagnosis, investigation & management plan of key clinical problems for acute and chronic conditions.	X					X	
P2.T5.7	Recognize an acutely ill patient that requires urgent care and activate appropriate assistance.	X						

P2.T5.8	Apply a patient-centred approach to communicating relevant information (including difficult situations) to patients, families, and communities.		X	X	X	X		X
P2.T5.9	Document and communicate oral and written information from the findings a patient encounter in supervised clinical setting, to patients, families, health care teams, and third parties including during transitions in care.		X	X	X	X		X
P2.T5.10	Apply knowledge of pharmacology to clinical therapeutics, including indications, contraindications, risks, and benefits, to treat key clinical problems for common acute and chronic conditions.	X						
P2.T5.11	Safely perform clinical procedures at the appropriate level of competence (as outlined in Standard 6.2 list) by applying knowledge of indications/contraindications, risk, benefits and patient consent	X	<u>xx</u>				X	X
P2.T5.12	Contribute and participate in the development and implementation of a patient care plan within a health care team.	X		X				X
P2.T5.13	Establish therapeutic relationships with patients, their families (as appropriate) in their communities by applying the concepts of professionalism including trust, respect, empathy, and confidentiality.	X	<u>x</u>		X	X		X
P2.T5.13	Begin to apply the concepts of preventive care in the clinical practice of medicine	x	x			x	x	

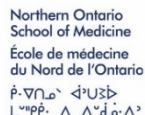
Theme 6 – Career AdvisingMedical Career

The Medical Career Theme is designed to support student learning and skills development in order to equip them in making good career and practice decisions and becoming socially accountable physicians that are able to maintain a state of wellbeing for their own health and the good of their patients. It exists throughout all three phases of the undergraduate medical education curriculum and is informed by career development theory, relevant aspects of career development, best practice in approaches to wellness, and financial and practice management, all in the Northern and Rural context.

Label	MEPO	Label	Phase 2 Outcomes
T6.1	Utilize a structured approach to career planning, residency application(s), transitioning to residency and a career in medicine.	P2.T6.1.A	Engage in a structured approach to exploring career options in preparation for the transition into residency training in the specialty clerkship rotations in Phase 3.
		P2.T6.1.B	Become familiar with the residency application system.
T6.2	Employ appropriate guidance and support regarding career choices and types of financial and practice management, including electives, special education experiences, service learning, and residency.	P2.T6.2.A	Employ the support offered by Learner Affairs Officers and of a mentor.
		P2.T6.2.B	Seek out information about the characteristics of different career options that will lead to making informed decisions about career options.
		P2.T6.2.C	Seek out appropriate guidance regarding the choice of electives.
		P2.T6.2.D	Explore a variety of practice management approaches exposed to during the Comprehensive Community Clerkship.
		P2.T6.2.E	Seek out guidance regarding best approaches to applying for residency.
T6.3	Utilize the concepts of wellness in medical training to take responsibility for one’s overall wellness (e.g. emotional, physical, financial, intellectual, psychological and spiritual) and incorporate into future practice and the care of patients and communities.	P2.T6.3.A	Take steps to learn about the value of stress management strategies (e.g. the practices of mindfulness) and incorporate those into one’s professional practice.
		P2.T6.3.B	Incorporate in patient interviews, when appropriate, questions about the strategies they use to support their overall wellness. <u>Seek out and provide support and/or mentorship? from peers , faculty, and other medical colleagues on the topic of strategies to support personal wellness.</u>
		P2.T6.3.C	Ensure personal financial wellness is evaluated and that seek out additional resources are sought out , as necessary, and explore ways in which physicians address the role finances play in the health outcomes of patients.

		P2.T6.3.D	Develop and practice a personal approach to wellness, including but not limited to social support, work-life balance, nutrition, recovery, and stress management.
		P2.T6.3.E	Reflect on one's own overall wellness, including reflection on related topics (e.g. the patient and physician experience with illness, dealing with difficult experiences), and take steps to make improvements where necessary.
T6.4	Develop a socially accountable approach to the professional practice of medicine.	P2.T6.4.A	Consider training in areas that will enable the development of a socially accountable professional practice.

<i>Phase 2 Syllabus revision history</i>	Date	Approving Body
Document approved	March 26, 2014	Phase 2
2014-2015 version approved	May 1, 2014	UMEC
2014-2015 version approved	June 4, 2014	Academic Council
Document approved	March 25, 2015	Phase 2
2015-2016 version approved	April 2, 2015	UMEC
2015-2016 version approved	June 11, 2015	Academic Council
Document approved	March, 2016	Phase 2
Waived first reading and approved	April 6, 2017	UMEC
Approved	June 15, 2017	Academic Council
2018-19 version	May 17, 2018	Phase 2
2019-20 version	March 20 th , 2019	Presented at Phase 2, 1 st Reading
	May 15 th , 2019	Presented at Phase 2 for approval
	July 24, 2019	Approved by UME Chair's action
2020-21 version	April 22, 2020	Presented at Phase 2 for 1 st Reading
	May 20, 2020	Approved at Phase 2 Committee
	June 4, 2020	Approved by UMECC
2021-2022 version	January, 2021	Added Theme 6
	Aug 17 th , 2021	Theme 6 content approved by T2C
	Aug 17, 2021	Approved via P2C Chair's action
	Aug 17, 2021	Approved by UMECC Chair's action
	Sept 2, 2021	Presented to UMECC for ratification



Briefing Note

Date of meeting: October 7, 2021

Subject: Vote of approval of revisions to UME Committee Terms of Reference

goals of social accountability, CACMS accreditation standards, and that of other relevant standard setting bodies.

- ensure that the UME program has effective processes governing student assessment and promotion.
- refer to the UMECC concerns regarding the implementation of the UME curriculum.
- receive and act on reports and proposals from sub-committees, working groups, other appropriate groups and individuals considering overall policy.
- establish procedures that ensure that all curriculum-related regulations required for the degree program, including those produced and approved by the UMECC, are submitted to the Academic Council or other bodies as required. This includes course descriptions, calendar contents, and course requirements for the MD degree.
- be responsible for the development and review of non-curricular UME policies, regulations, and procedures related to academic matters such as student leave policies, regulations governing student assessment, and regulations governing electives. Policies, regulations, and procedures which are entirely operational in nature shall not be subject to review and approval by the UMEC.
- establish procedures that ensure all course grades, and promotion and graduation decisions are submitted to the appropriate persons or bodies.
- review which types of student records held by UME are to be incorporated into the Medical Students Performance Record (MSPR) and make alterations as required (this should not be interpreted as the UMEC having control over the content of the MSPR of individual students).
- liaise and collaborate with the appropriate persons or bodies to ensure that the UME program meets or exceeds the non-curriculum related CACMS accreditation standards and, via its subcommittee, the UMECC, meets or exceeds all curriculum related CACMS accreditation standards.
- annually, ~~at the September meeting,~~ review and revise (if necessary) the UMEC's Terms of Reference, make recommendations where necessary and provide for ~~recommendations-~~ approval to Academic Council in accordance with the guidelines.

Although the UMEC does not ratify decisions of the UMECC, the UMEC can ask the UMECC to reconsider decisions made by the UMECC in light of specific operational or resource constraints.

4.0 Membership & Quorum

The School invites members on the basis of relevance and direct expertise supportive of the UMEC's mandate. Inactive titles or positions will not be reappointed.

If a new member is added, removed or if a vacancy occurs among the members, the UMEC shall fill the vacancy and/or amend the membership in accordance with the applicable requirements and procedures. Changes will be submitted to the Academic Council at the next available meeting.

Quorum for all meetings will be 10 of the Committee voting members. A vote will pass if 50%+1 of voting members present vote in its favour. The Chair will not vote except to break a tie. In the absence of quorum, no voting may take place.

Members (voting):

Associate Dean, UME

Assistant Dean, Clinical Education

Chair, UMECC (if not a UMECC voting member via another voting member position)

Chair or Vice Chair, Program Evaluation Committee

Chair or Vice Chair, Student Assessment and Promotion Committee

Chairs or Vice Chairs or one Co-Chair from each, Theme/Course Committees 1, 2, 3, 4, and 5 ICMC, 5 CMTC, and 6***

Director, Assessment and Program Evaluation

Assistant Dean, Phase 1 or Phase 1 Committee Vice Chair

Director, Phase 2 or Phase 2 Committee Vice Chair

Director, Phase 3 or Phase 3 Assistant Director

Medical Sciences Division Head or designate*

Clinical Sciences Division Head or designate*

Human Sciences Division Head or designate*

Director, Information Technology or designate*

~~Associate Assistant~~ Dean, Continuing Education and Professional Development or designate*

Director, Health Sciences Library or designate*

Assistant Dean, Learner Affairs or designate*

~~Instructional Design~~ representative appointed by the UME Administrative Director ~~Manager~~, Curriculum and Learning Environment Planning

Senior Director, UME Administration

UME Administrative ~~Manager~~ Director, Curriculum and Learning Environment Planning

UME Administrative Manager, Program Delivery Assessment and Program Evaluation

UME Administrative Manager, Educational Resources

Director, Indigenous Affairs

Director, Francophone Affairs

Global Health Coordinator

Four (4) Undergraduate student representatives

- One student from each year, elected by the NOSM Student Council for a one-year term, on a schedule that ensures four voting members at all times. These representatives will be the same as those who are members of the UMECC

Non-voting invited participants:

UMEC meetings are open to all members of the NOSM community. Whenever possible all non-members should inform the Chair of the UMEC prior to attending save for members attending at the request of a voting member.

*Only one designate may be appointed and must serve for a term of not less than 12 consecutive months. The identity of the designate must be communicated, in writing, to the UMEC Chair.

**Students may send designates as described in UME statement 'Student Participation on Committees'

*** The Chairs of both the Theme 5 Introduction to Clinical Medicine Committee and the Theme 5 Clinical Medicine and Therapeutics Committee are voting members of the UMEC.

It is possible that a UMEC member may hold more than one position on the UMEC. In such cases, the Chair(s) of the affected committees will assign a designate with voting privileges.

The UMEC shall have both a Chair and a Vice Chair. The Chair of the UMEC shall be the Associate Dean UME. The Vice Chair is a member of the UMEC, other than a student member, elected by the UMEC members.

The Vice Chair shall have all the powers and perform all the duties of the Chair in the absence or disability of the Chair, or there being a vacancy in the Office of the Chair and shall perform any other duties as may be assigned by the Chair, from time to time.

The Vice Chair serves a minimum three-year term; renewable once.

5.0 Reporting

The UMEC, via the Chair, will submit regular reports to the Academic Council on the activities of the Committee. Draft minutes of the UMEC, via the Chair, shall be made available to the UMECC as soon as they become available.

Sub-committee(s) of the UMEC:

Student Assessment and Promotion Committee

Program Evaluation Committee

UME Curriculum Committee

[Student Accommodations Committee](#)

Other sub-committees/Working Groups may be convened, as required.

6.0 Meetings

The UMEC will meet bi-monthly, alternating with meetings of the UMECC, and/or at the discretion of the Chair, and will meet no fewer than five times per year. Members may request additional meetings.

Version	Date	Authors/Comments
1.0	2006 03 30	IAC approved version
2.0	2007 12 13	Approved by Academic Council
3.0	2008 12 11	Approved by Academic Council
4.0	2010 02 26	Approved by Academic Council
5.0	2010 11	Revised by Academic Council Chair's action (Committee process document does not require AC approval) and approved by AC
6.0	2011 10 06	Approved by Academic Council
7.0	2013 01 15	Approved by UMEC Constitutional Review Working Group
7.0	2013 04 11	Approved by Academic Council
7.1	2015 03 15	Suggested revisions
7.1	2015 06 04	Approved by UMEC
7.1	2015 06 11	Approved by Academic Council
8.0	2018 12 06	Revised to reflect the initiation of a Curriculum sub committee
8.0	2019 02 07	Approved by UMEC
8.0	2019 04 11	Approved by Academic Council
8.0	2020 08 06	Approved by UMEC
8.0	2020 10 08	Approved by Academic Council
8.1	2021 08 05	Approved by UMEC



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NORTHERN ONTARIO SCHOOL OF MEDICINE

Briefing Note

To: Academic Council

Date of meeting: October 7, 2021

Submitted By: Lee Toner, MD, Interim Associate Dean UME

Responsible UME

Portfolio:

Subject: Vote of approval of the 2022-2023 UME Program Course Descriptions

For: Discussion and/or Direction ☐

Decision (formal approval/motion) ☒

Information Only ☐

RECOMMENDATION

Moved that the Academic Council approve the 2022-2023 UME Program Course Descriptions as presented.

BACKGROUND/EXECUTIVE SUMMARY

There have been no significant revisions to the previous year's version

INPUT FROM OTHER SOURCES

The revisions have been approved by UME Curriculum Committee (UMECC)



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Undergraduate Medical Education Program Course Descriptions 2022-2023

Phase 1 - Year 1 Courses

MEDS 5005: Northern and Rural Health I ♦

Focusing on the knowledge, skills and attitudes required to be a culturally safe and socially accountable physician in a northern and rural community, students begin to develop place-based competence in several domains including communication, collaboration, health advocacy, leadership, and scholarship. They will learn about the practice of medicine in Northern Ontario, explore the delivery mechanisms of primary health care in Northern Ontario, which includes the importance of interprofessional care, and understand rural medicine as it relates to the health of northern, rural, Indigenous, and Francophone populations. In this course they reflect on their understanding of rural medicine in Northern Ontario; develop a personal and professional awareness and responsiveness to the changing needs of communities; and learn about ways to advocate for the health care needs of populations in Northern Ontario. A requirement of this course is mandatory participation in community learning and a four-week Integrated Community Experience in an Indigenous community.

MEDS 5025: Personal and Professional Aspects of Medical Practice I

Focusing on the role of the physician as a communicator, scholar, advocate, and a professional, students will affirm the centrality of the patient-physician relationship, the requirement of a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse population. Effective participation in the course will ensure the development of appropriate skills in critical appraisal of evidence, the appropriate use of information technology, and the development of strategies to support self-directed learning.

MEDS 5045: Social and Population Health I

Students develop their knowledge and understanding of the principles of primary health care and the Canadian health care system. These are namely public health; cultural/social/economic aspects of health and illness; history of disease; health promotion and disease prevention for individuals, communities, and populations; occupational health and safety; environmental health and statistics, epidemiology, research methods and critical appraisal. Particular foci will include the determinants of health, health-related risk factors, interprofessional roles, the health of special populations, and the impact of health policy on health.

MEDS 5065: Foundations of Medicine I

Scientific disciplines basic to the study and practice of medicine are covered. Included are objectives promoting the requirement that a physician must be knowledgeable and that graduates should be trained to a general professional level. Students will be expected to demonstrate a level of knowledge and skill with respect to the topics

considered to be the foundations of medicine and be able to translate these into associated competencies. Specific instruction and learning are related to the gastrointestinal, cardiovascular, respiratory, nervous, muscular, skeletal, and endocrine systems.

MEDS 5085: Introduction to Clinical Medicine I

The focus will be on the taking of a patient's history and performing a physical examination of the body system being studied in each module. Using standardized patients, students will have the opportunity to develop skills in communicating with patients of varying cultural backgrounds and life cycle stages and interacting with patients following a patient-centered model of care. Students will be expected to demonstrate effective clinical competencies, in diagnostic, therapeutic management at an appropriate level.

MEDS 5105: Medical Career I

Focused on the knowledge, skills and attitudes required to take a balanced approach in developing a medical career and becoming life-long learners, students begin to develop relevant aspects of their professional identity, learn about how to function in collaborative practice and learn about the concept of wellness. They will learn and develop skills to equip them in determining their future career and practice goals, make good career decisions and become socially accountable physicians. They will develop an appreciation for the importance of personal wellness, including financial wellness, and the concepts related to wellness in relationship with patients, colleagues and community within the culture and environment of their medical practice. Effective participation in this course will build the foundation necessary for making good decisions about practices that lead to wellness, including financial wellness, relevant aspects of professionalism, career planning opportunities, and the choice of special education experiences.

Phase 1 - Year 2 Courses

MEDS 5205: Northern and Rural Health II ♦

This course facilitates ongoing place-based competency development required to be a culturally competent and socially accountable physician in northern and rural communities. Students will build upon their knowledge and skills in effective communication, collaboration, health advocacy, leadership, and scholarship to respond to the unique health priorities in northern, rural, Indigenous, and Francophone communities. The course will support students in applying the principles of northern and rural medicine to effectively advocate in a socially accountable manner for culturally safe, equitable care. A requirement of this course is mandatory participation in community learning and two four-week Integrated Community Experiences in rural or remote communities in Northern Ontario.

MEDS 5225: Personal and Professional Aspects of Medical Practice II

A continuation of the Year 1 course, students will be expected to continue to develop in their roles as communicator, scholar, advocate, and professional. The two Integrated Community Experiences (ICE) in rural and remote settings will create opportunities to support the development of appropriate professional attitudes and values related to health and wellness; illness and disease; and the physician's role in the lives of individuals, families, and communities. Furthering their skills in self-reflection, students

will continue to develop a sense of themselves as professionals, as life-long learners, as members of the health care team, and members of a community within the context of a host of health, wellness, and illness issues.

MEDS 5245: Social and Population Health II

The course will build on Year 1 concepts. In addition, students will develop their knowledge and understanding of mental health; substance abuse; literacy and health; public health risks and reporting; screening; telemedicine; occupational health; and, palliative care. Students will expand their working knowledge of epidemiology and statistics and use search tools to gather population-level data to profile communities and apply epidemiological data to understand the magnitude of various health conditions and health-related issues such as obesity, diabetes, intimate partner violence, HIV/AIDS, and cancer.

MEDS 5265: Foundations of Medicine II

A continuation of the Year 1 course concepts and will include specific instruction and learning related to the immune and hematology systems; the urinary system; the integumentary system including an introduction to pharmacology and toxicology; the reproductive systems including an introduction to medical genetics and the molecular biology of cancer; and psychiatry. Students will be expected to demonstrate a level of knowledge and skill with respect to the topics considered to be the foundations of medicine. Students will also be expected to continue to develop skills in critical appraisal of evidence, the use of information technology, and strategies to support self-directed learning.

MEDS 5285: Introduction to Clinical Medicine II

The concepts and skills in communication, which were introduced in the first year of the program, are further developed, employing the model used in year 1. These are centered on the body system being studied in that module. Students will begin to develop skills in developing differential diagnoses and investigation and management plans. They will be introduced to disease processes that cross the single-system model. The completion of Year 2 Phase 1 marks the end of the pre-clinical stage of the undergraduate medical education program. At the completion of the first cycle students will be ready to enter the clinical phase of their undergraduate education.

MEDS 5325: Medical Career II

Focused on the knowledge, skills and attitudes required to take a balanced approach in developing a medical career, students continue to develop relevant aspects of their professional identity, learn about how to function in collaborative practice and about the concept of wellness. They will learn about residency opportunities that align with their future career and practice goals, develop fundamental skills, knowledge, and attitudes to function as students in the clinical environment and prepare themselves for maintaining their well-being when facing new and challenging situations. At this stage of the Program, students will also prepare for their first electives experience. Effective participation in this course will build on the necessary skills, knowledge, and attitude for making good decisions about future career options and the experiences necessary to prepare for their electives and focus on personal wellness.

MEDS 5305: Phase 1, Year 2 Elective

A structured learning experience designed to allow students to address their

professional medical interests in a field of medicine or another field related to Clinical, Medical or Human Sciences, approved by NOSM's Clinical Sciences Division, Medical Sciences Division, or Human Sciences Division as well as the Office of Undergraduate Medical Education. This elective is required as part of the core undergraduate curriculum. A single four-week elective or two, two-week electives must be completed prior to the start of the Comprehensive Community Clerkship (CCC) in Year 3 (Phase 2).

Phase 2 - Year 3 Courses

MEDS 5405: Northern and Rural Health III ♦

The course provides opportunities for students to apply their knowledge and skills acquired in Phase 1 (MEDS 5005 and 5205) to advance their place-based competencies in northern and rural medicine and to demonstrate their ability to deliver compassionate and culturally safe care. Through community service learning, research and evaluation activities, and active participation in health care, students will demonstrate competence in their ability to assess and respond to the changing needs of the community; lead and advocate for equitable health care services; collaborate effectively with healthcare teams and community service providers; and engage in scholarly activities that will advance topics relevant to the northern communities in which students live, learn, and work for the eight-month Comprehensive Community Clerkship. Students will gain a deeper understanding of the social, cultural, economic, and environment realities of practicing medicine in Northern Ontario.

MEDS 5425: Personal and Professional Aspects of Medical Practice III

Building on Year 1 and Year 2, this course will focus on the many personal, social, professional, legal, and ethical considerations inherent to medical practice. Students will continue to develop in their roles as communicators, scholars, advocates, and professionals but will develop their roles as collaborators, advocates, and health leaders. The eight-month Comprehensive Community Clerkship (CCC) in rural and northern communities throughout Northern Ontario creates opportunities to support the development of professional attitudes and values related to health and wellness; illness and disease; and the physician's role in the lives of individuals, families, and communities. In addition, the course gives students the opportunity to experience the application of ethical principles and concepts to issues that will arise throughout their clinical encounters. Students will complete reflective exercises and formal presentations to develop skills related to the critical appraisal of evidence, the appropriate use of information technology, and the development of strategies to support lifelong and self-directed learning via an exploration of the virtues of medicine.

MEDS 5445: Social and Population Health III

Students are provided the opportunity to apply the concepts introduced in Years 1 and 2. Course work will include collaborative practice and research on topics of relevance to the students' communities where they will be for the eight-month Comprehensive Community Clerkship (CCC). Research learning(s) may involve examinations of intervention and health policies, and will include key concepts of research ethics, community-based participatory research (CBPR), and research methods. There will be a focus on identification of risk factors and (social) determinants of health with respect to individuals and populations, the impact of health policy on the determinants of health, and of important current Canadian health care issues. Students will be required to demonstrate knowledge and understanding of the unique health care needs of their

respective communities, reflection as a method of professional growth, advocacy and community engagement in health care, public health policies, effective collaboration, organization of the health care system, and health promotion and illness/disease prevention skills for individuals and communities.

MEDS 5465: Foundations of Medicine III

Building on the Year 1 and Year 2 courses, students will gain a more in-depth comprehension of how to apply the key concepts learned in the years prior to their clinical practice. Students will continue to receive specific instruction related to the structure and function of the organ systems of the body in the context of the core clinical disciplines including clinical correlates for selected concepts. This course will discuss and assess the knowledge and skills considered the foundations of medicine utilizing integrated small group discussions conducted in the communities where students will be learning and living for the eight-month Comprehensive Community Clerkship (CCC).

MEDS 5485: Clinical Medicine and Therapeutics I

The eight-month Comprehensive Community Clerkship (CCC) placement is the first exposure of the students to the clinical environment, learning under the guidance of community preceptors. Emphasis is on family practice and the primary care environment, especially in Northern Ontario and rural communities. During the eight-month CCC students will also have opportunities to work with specialists and other allied health professionals. Students work on developing differential diagnoses, clinical decision-making skills, and further investigation and therapeutic management of common clinical problems, while continuing to understand the patient's illness experience within the particular health care setting of their assigned community. Students will have the opportunity to practice and become competent in performing a minimal set of clinical procedures established by the Phase 2 committee. Teaching will include didactic teaching sessions, small group learning activities (case-based group presentations), direct instruction and observation in a variety of outpatient and inpatient settings.

MEDS 5505: Medical Career III

Focused on the knowledge, skills and attitudes required to take a balanced approach in developing a medical career, students build on relevant aspects of their professional identity, including knowledge about the professional associations related to their future career, experience how they function in collaborative practice and learn about how their wellness is impacted by learning in the clinical environment. The focus will lean more heavily towards developing the fundamental skills to function as students in the clinical environment and develop the skills and attitudes necessary for maintaining their well-being when facing new and challenging situations. Effective participation in this course will enhance the student's ability to make good decisions about future career options and maintaining personal wellness.

Phase 3 - Year 4 Courses

MEDS 5605: Northern and Rural Health IV ♦

Building on the competencies students have developed in Phase 2 (MEDS 5405), the focus of this course is the application of knowledge of health care service delivery in northern and rural communities, within and beyond Ontario. Students apply their

knowledge of northern and rural health, culture, social realities, and economic circumstances by providing appropriate patient care. Students demonstrate reflexive engagement with their own practice-based experiences through narrative medicine, and through evaluation and analysis of topics pertinent to health care delivery in the North. Students will demonstrate their ability to advocate for individual patients, communities, priority populations, and for socially accountable change within a health system or healthcare institution. Through their ongoing commitment to addressing the health care needs of the populations served in Northern Ontario, students are ready to become socially accountable and culturally safe physicians.

MEDS 5625: Personal and Professional Aspects of Medical Practice IV

Students continue to refine their understanding of professional issues and will strive to become competent as medical experts who are able to balance their roles as communicators, scholars, professionals, collaborators, advocates, and health leaders. Topics focus on the historical development of medical specialties, the legal framework for the practice of medicine in Ontario and Canada, ethical issues related to medical errors and patient safety, physician advocacy, and laws and requirements around medical records and practicing medicine in a hospital.

MEDS 5645: Social and Population Health IV

Students continue to learn about the social and cultural perspectives of individual and population health, community and public health, occupational health and the social determinants of health. Students will apply their knowledge of health promotion and disease prevention, and of the health care and public health systems in Canada. The development of critical appraisal skills and evidence-based medicine at the patient and population levels is emphasized. The application of various epidemiological study designs and statistics are discussed.

MEDS 5665: Foundations of Medicine IV

Acquiring knowledge about, and application of, the basic medical sciences in the context of patient care will continue to be an essential part of student instruction in all settings. Students will be expected to recall, understand, and apply knowledge of the basic sciences learned from Years 1 to 3. Review of anatomy, physiology, biochemistry, microbiology, genetics, and immunology will be encouraged and assessed. Pathology, pathophysiology, pharmacology, and therapeutics will be the subjects heavily emphasized and assessed.

MEDS 5685: Clinical Medicine and Therapeutics II

An in-depth experiential learning and exploration of the medical specialties and sub-specialties, and research of the human sciences through a series of core medical and elective rotations. Successful completion of Clinical Medicine and Therapeutics II is accomplished by obtaining a mark of PASS throughout all rotations.

MEDS 5705: Medical Career IV

In this final year of the Program, students will apply their knowledge, skills and attitudes by making balanced decisions about their residency applications, how they will function in collaborative practice, and maintain their wellness in the clinical environment. Relevant aspects of their professional identity and commitment to being socially accountable will take shape throughout their experiences in different clinical environments and they will utilize the skills and attitudes they developed for maintaining

a state of wellbeing. Effective participation in this course will enable students to apply their skills, knowledge, and attitudes in making good career option decisions as they apply to CaRMS, and maintain personal wellness, including debt management, with basic perspectives on financial and practice management.

MEDS 5710: Internal Medicine

The four-week internal medicine clerkship incorporates the objectives of general internal medicine as well as some of the sub-specialties of internal medicine. The content of the internal medicine clerkship builds upon the diagnosis, treatment, and management of patients in the in-patient setting.

MEDS 5711: Surgery

The four-week surgical clerkship is intended to provide the clerk with an understanding of the broad principles of surgery and the basics of many of the individual surgical specialties as a foundation for post graduate training. Learning is focused through objectives and patient encounters in the outpatient and inpatient environment.

MEDS 5713: Women's Health

The four-week women's health rotation provides students with the opportunity to acquire knowledge and skills necessary for the diagnosis, treatment, and management of the gynecological patient. Students will participate in the admission, management, and follow through of obstetrical cases with a focus on in-patient care.

MEDS 5714: Children's Health

The four-week children's health rotation is an experience in which students will have an in-depth experience in acquiring the knowledge and skills necessary for the comprehensive evaluation of pediatric patients from the neonate to the adolescent. Students will have a focused experience in which they will be learning about common and important pediatric principles as well as common and emergent problems in the hospital, ambulatory, and community settings.

MEDS 5715: Mental Health

This four-week mental health rotation is designed to provide students with the opportunity to learn and acquire skills necessary to take a proper psychiatric case history, to examine psychiatric patients, and to develop management and treatment plans. Students will expand the knowledge they have acquired from experiences in Years 1 to 3 to better understand the roles of a variety of therapies in the treatment and management of out-patients and in-patients and will better understand how mental health issues and psychiatric problems are managed over time.

MEDS 5716: Emergency Medicine

The four-week emergency medicine rotation provides an in-depth experience for students in the context and milieu of large city hospital-based emergency departments. During this period students will expand their knowledge of triage in the emergency setting, sharpen their history and physical exam skills, develop appropriate differential diagnoses and management plans for the emergent patient and assist and/or perform procedures required for extreme emergent situations.

MEDS 5725: Phase 3 (Year 4) Elective

Students are required to complete a minimum of fourteen weeks of electives in Phase 3. Elective experiences are structured educational opportunities that allow medical students to explore the specialties and sub-specialties of medicine as well as explore their career options. Electives must be a minimum of two weeks in duration although one-week electives may be approved under special circumstances.

◆ Concepts for MEDS 5005, 5205, 5405, and 5605:

- Concept 1: The setting for Practice in a Northern and Rural Setting
- Concept 2: The Delivery of Primary Health Care in Northern Ontario
- Concept 3: Access to Diagnostic, Treatment, Specialist Expertise and Supportive Social Services
- Concept 4: Priority populations
- Concept 5: The Inter-professional and Interdisciplinary Health Team in Northern Ontario
- Concept 6: The Role of technology in the delivery of health care
- Concept 7: Culture and Care in Northern Ontario
- Concept 8: Indigenous Peoples Health
- Concept 9: The Health of Francophones
- Concept 10: Health in Northern Ontario
- Concept 11: Health Research in Northern Ontario

Phase 3 - Year 5 Courses

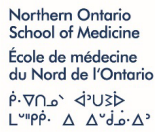
MEDS 5905: Clinical Skills Enrichment I

An in-depth experiential exploration of the medical specialties and sub-specialties, and research of the human sciences, through a series of electives. Elective experiences are structured educational opportunities that allow medical students to explore the specialties and sub-specialties of medicine as well as explore their career options. Electives must be a minimum of two weeks in duration although one-week electives may be approved under special circumstances. Successful completion of Clinical Skills Enrichment is accomplished by obtaining a mark of PASS in all electives.

MEDS 5925: Personal and Professional Aspects of Medical Practice V

Building on previous years, this course will focus on the professional, legal, and ethical considerations inherent to medical practice. Students continue to refine their understanding and demonstration of medical professionalism as they are striving to become even more competent as medical experts who are able to balance their roles as professionals, communicators, scholars, collaborators, advocates, and health leaders.

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT		
Version	Date	Authors/Comments/Amendments/Approvals
		2021-2022 UME Program Course Descriptions reviewed and revised (as necessary) by Theme and Phase committees to create the 2022-2023 document
	2021 09 02	Approved by UMECC
		Presented to Academic Council for vote on approval
		Presented to Joint Senate for vote on approval
		Presented to Lakehead Senate for vote on approval
		Presented to Laurentian Senate for vote on approval



Phase 1 - Year 1 Courses

Focusing on the knowledge, skills and attitudes required to be a culturally ~~competent~~ safe and socially accountable physician in a northern and rural community, students begin to develop place-based competence in several domains including communication, collaboration, health advocacy, leadership, and scholarship. They will learn about the practice of medicine in Northern Ontario, explore the delivery mechanisms of primary health care in Northern Ontario, which includes the importance of interprofessional care, and understand rural medicine as it relates to the health of northern, rural, Indigenous, and Francophone populations. In this course they reflect on their understanding of rural medicine in Northern Ontario; develop a personal and professional awareness and responsiveness to the changing needs of communities; and learn about ways to advocate for the health care needs of populations in Northern Ontario. A requirement of this course is mandatory participation in community learning and a four-week Integrated Community Experience in an Indigenous community. The Indigenous Health and Wellness Collaborative Specialization as well as the Rural Generalist Collaborative Specialization are offered to admitted students as enhanced curriculum related to Northern and Rural Health.

Focusing on the role of the physician as a communicator, scholar, advocate, and a professional, students will affirm the centrality of the patient-physician relationship, the requirement of a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse population. Effective participation in the course will ensure the development of appropriate skills in critical appraisal of evidence, the appropriate use of information technology, and the development of strategies to support self-directed learning.

Students develop their knowledge and understanding of the principles of primary health care and the Canadian health care system. These are namely public health; cultural/social/economic aspects of health and illness; history of disease; health promotion and disease prevention for individuals, communities, and populations; occupational health and safety; environmental health and statistics, epidemiology, research methods and critical appraisal. Particular foci will include the determinants of health, health-related risk factors, interprofessional roles, the health of special populations, and the impact of health policy on health.

MEDS 5065: Foundations of Medicine I

Scientific disciplines basic to the study and practice of medicine are covered. Included are objectives promoting the requirement that a physician must be knowledgeable and that graduates should be trained to a general professional level. Students will be expected to demonstrate a level of knowledge and skill with respect to the topics considered to be the foundations of medicine and be able to translate these into associated competencies. Specific instruction and learning are related to the gastrointestinal, cardiovascular, respiratory, nervous, muscular, skeletal, and endocrine systems.

MEDS 5085: Introduction to Clinical Medicine I

The focus will be on the taking of a patient's history and performing a physical examination of the body system being studied in each module. Using standardized patients, students will have the opportunity to develop skills in communicating with patients of varying cultural backgrounds and life cycle stages and interacting with patients following a patient-centered model of care. Students will be expected to demonstrate effective clinical competencies, in diagnostic, therapeutic management at an appropriate level.

MEDS 5105: Medical Career I

Focused on the knowledge, skills and attitudes required to take a balanced approach in developing a medical career and becoming life-long learners, students begin to develop relevant aspects of their professional identity, learn about how to function in collaborative practice and learn about the concept of wellness. They will learn and develop skills in order to equip them in determining their future career and practice goals, make good career decisions and become socially accountable physicians. They will develop an appreciation for the importance of personal wellness, including financial wellness, and the concepts related to wellness in relationship with and for their patients, colleagues and community within the culture and environment of their medical practice. Effective participation in this course will build the foundation necessary for making good decisions about practices that lead to wellness, including financial wellness, relevant aspects of professionalism, career planning opportunities, and the choice of special education experiences.

Phase 1 - Year 2 Courses**MEDS 5205: Northern and Rural Health II ♦**

This course facilitates ongoing place-based competency development required to be a culturally competent and socially accountable physician in northern and rural communities. Students will build upon their knowledge and skills in effective communication, collaboration, health advocacy, leadership, and scholarship to respond to the unique health priorities in northern, rural, Indigenous, and Francophone communities. The course will support students in applying the principles of northern and rural medicine in order to effectively advocate in a socially accountable manner for culturally safe, equitable care. A requirement of this course is mandatory participation in community learning and two four-week Integrated Community Experiences in rural or remote communities in Northern Ontario. The Indigenous Health and Wellness Collaborative Specialization as well as the Rural Generalist Collaborative Specialization

are offered to admitted students as enhanced curriculum related to Northern and Rural Health.

MEDS 5225: Personal and Professional Aspects of Medical Practice II

A continuation of the Year 1 course, students will be expected to continue to develop in their roles as communicator, scholar, advocate, and professional. The two Integrated Community Experiences (ICE) in rural and remote settings will create opportunities to support the development of appropriate professional attitudes and values related to health and wellness; illness and disease; and, the physician's role in the lives of individuals, families, and communities. Furthering their skills in self-reflection, students will continue to develop a sense of themselves as professionals, as life-long learners, as members of the health care team, and members of a community within the context of a host of health, wellness, and illness issues.

MEDS 5245: Social and Population Health II

The course will build on Year 1 concepts. In addition, students will develop their knowledge and understanding of mental health; substance abuse; literacy and health; public health risks and reporting; screening; telemedicine; occupational health; and, palliative care. Students will expand their working knowledge of epidemiology and statistics and use search tools to gather population-level data to profile communities and apply epidemiological data to understand the magnitude of various health conditions and health-related issues such as obesity, diabetes, intimate partner violence, HIV/AIDS, and cancer.

MEDS 5265: Foundations of Medicine II

A continuation of the Year 1 course concepts and will include specific instruction and learning related to the immune and hematology systems; the urinary system; the integumentary system [including an introduction to pharmacology and toxicology](#); the reproductive systems [including an introduction to medical genetics and the molecular biology of cancer including an introduction to pharmacology and toxicology](#); and, psychiatry. Students will be expected to demonstrate a level of knowledge and skill with respect to the topics considered to be the foundations of medicine. Students will also be expected to continue to develop skills in critical appraisal of evidence, the use of information technology, and strategies to support self-directed learning.

MEDS 5285: Introduction to Clinical Medicine II

The concepts and skills in communication, which were introduced in the first year of the program, are further developed, employing the model used in year 1. These are centered on the body system being studied in that module. Students will begin to develop skills in developing differential diagnoses and investigation and management plans. They will be introduced to disease processes that cross the single-system model. The completion of Year 2 Phase 1 marks the end of the pre-clinical stage of the undergraduate medical education program. At the completion of the first cycle students will be ready to enter the clinical phase of their undergraduate education.

MEDS 5325: Medical Career II

Focused on the knowledge, skills and attitudes required to take a balanced approach in developing a medical career, students continue to develop relevant aspects of their professional identity, learn about how to function in collaborative practice and about the

concept of wellness. They will learn about residency opportunities that align with their future career and practice goals, develop fundamental skills, knowledge, and attitudes to function as students in the clinical environment and prepare themselves for maintaining their well-being when facing new and challenging situations. At this stage of the Program, students will also prepare for their first electives experience. Effective participation in this course will build on the necessary skills, knowledge and attitude for making good decisions about future career options and the experiences necessary to prepare for their electives and focus on personal wellness, ~~and the well-being of the patients they will encounter.~~

MEDS 5305: Phase 1, Year 2 Elective

A structured learning experience designed to allow students to address their professional medical interests in a field of medicine or another field related to Clinical, Medical or Human Sciences, approved by NOSM's Clinical Sciences Division, Medical Sciences Division, or Human Sciences Division as well as the Office of Undergraduate Medical Education. This elective is required as part of the core undergraduate curriculum. A single four-week elective or two, two-week electives must be completed prior to the start of the Comprehensive Community Clerkship (CCC) in Year 3 (Phase 2).

Commented [JD1]: No change from the 2021-2022 iteration (reapproved at the May 2021 PIC meeting)

Phase 2 - Year 3 Courses

MEDS 5405: Northern and Rural Health III ♦

The course provides opportunities for students to apply their knowledge and skills acquired in Phase 1 (MEDS 5005 and 5205) to advance their place-based competencies in northern and rural medicine and to demonstrate their ability to deliver compassionate and culturally safe care. Through community service learning, ~~research and evaluation~~~~scholarship~~ activities, and active participation in health care, students will demonstrate competence in their ability to assess and respond to the changing needs of the community; lead and advocate for equitable health care services; collaborate effectively with healthcare teams and community service providers; and engage in scholarly activities that will advance topics relevant to the northern communities in which students live, learn, and work for the eight-month Comprehensive Community Clerkship. Students will gain a deeper understanding of the social, cultural, economic, and environment realities of practicing medicine in Northern Ontario.

MEDS 5425: Personal and Professional Aspects of Medical Practice III

Building on Year 1 and Year 2, this course will focus on the many personal, social, professional, legal, and ethical considerations inherent to medical practice. Students will continue to develop in their roles as communicators, scholars, advocates, and professionals but will develop their roles as collaborators, advocates, and health leaders. The eight-month Comprehensive Community Clerkship (CCC) in rural and northern communities throughout Northern Ontario creates opportunities to support the development of professional attitudes and values related to health and wellness; illness and disease; ~~and~~~~and~~ the physician's role in the lives of individuals, families, and communities. In addition, the course gives students the opportunity to experience the application of ethical principles and concepts to issues that will arise throughout their clinical encounters. Students will complete reflective exercises and formal presentations to develop skills related to the critical appraisal of evidence, the appropriate use of information technology, and the development of strategies to support lifelong and self-directed learning via an exploration of the virtues of medicine.

MEDS 5445: Social and Population Health III

Students are provided the opportunity to apply the concepts introduced in Years 1 and 2. Course work will include collaborative practice and research on topics of relevance to the students' communities where they will be for the eight-month Comprehensive Community Clerkship (CCC). Research learning(s) may involve examinations of intervention and health policies, and will include key concepts of research ethics, community-based participatory research (CBPR), and research methods. There will be a focus on identification of risk factors and (social) determinants of health with respect to individuals and populations, the impact of health policy on the determinants of health, and of important current Canadian health care issues. Students will be required to demonstrate knowledge and understanding of the unique health care needs of their respective communities, reflection as a method of professional growth, advocacy and community engagement in health care, public health policies, effective collaboration, organization of the health care system, and health promotion and illness/disease prevention skills for individuals and communities.

MEDS 5465: Foundations of Medicine III

Building on the Year 1 and Year 2 courses, students will gain a more in-depth comprehension of how to apply the key concepts learned in the years prior to their clinical practice. Students will continue to receive specific instruction related to the structure and function of the organ systems of the body in the context of the core clinical disciplines including clinical correlates for selected concepts. This course will discuss and assess the knowledge and skills considered the foundations of medicine utilizing integrated small group discussions conducted in the communities where students will be learning and living for the eight-month Comprehensive Community Clerkship (CCC).

MEDS 5485: Clinical Medicine and Therapeutics I

The eight-month Comprehensive Community Clerkship (CCC) placement is the first exposure of the students to the clinical environment, learning under the guidance of community preceptors. Emphasis is on family practice and the primary care environment, especially in Northern Ontario and rural communities. During the eight-month CCC students will also have opportunities to work with specialists and other allied health professionals. Students work on developing differential diagnoses, clinical decision-making skills, and further investigation and therapeutic management of common clinical problems, while continuing to understand the patient's illness experience within the particular health care setting of their assigned community. Students will have the opportunity to practice and become competent in performing a minimal set of clinical procedures established by the Phase 2 committee. Teaching will include didactic teaching sessions, small group learning activities (case-based group presentations), direct instruction and observation in a variety of outpatient and inpatient settings.

MEDS 5505: Medical Career III

Focused on the knowledge, skills and attitudes required to take a balanced approach in developing a medical career, students build on relevant aspects of their professional identity, including knowledge about the professional associations related to their future career, experience how they function in collaborative practice and learn about how their wellness is impacted by learning in the clinical environment. The focus will lean more heavily towards developing the fundamental skills, ~~knowledge, and attitudes~~ to function

as students in the clinical environment and develop the skills and attitudes necessary for maintaining their well-being when facing new and challenging situations. Effective participation in this course will enhance the ~~student's skills, knowledge, and attitudes for to make-making~~ good decisions about future career options ~~and,~~ maintaining personal wellness, ~~and contributing to the wellbeing of the patients and communities they will encounter.~~

Phase 3 - Year 4 Courses

MEDS 5605: Northern and Rural Health IV ♦

Building on the competencies students have developed in Phase 2 (MEDS 5405), the focus of this course is the application of knowledge of health care service delivery in northern and rural communities, within and beyond Ontario. Students apply their knowledge of northern and rural health, culture, social realities, and economic circumstances by providing appropriate patient care. Students demonstrate reflexive engagement with their own practice-based experiences through narrative medicine, and through evaluation and analysis of topics pertinent to health care delivery in the North. Students will demonstrate their ability to advocate for individual patients, communities, priority populations, and for socially accountable change within a health system or healthcare institution. Through their ongoing commitment to addressing the health care needs of the populations served in Northern Ontario, students are ready to become socially accountable and culturally safe physicians.

MEDS 5625: Personal and Professional Aspects of Medical Practice IV

Students continue to refine their understanding of professional issues and will strive to become competent as medical experts who are able to balance their roles as communicators, scholars, professionals, collaborators, advocates, and health leaders. Topics focus on the historical development of medical specialties, the legal framework for the practice of medicine in Ontario and Canada, ethical issues related to medical errors and patient safety, physician advocacy, and laws and requirements around medical records and practicing medicine in a hospital.

MEDS 5645: Social and Population Health IV

Students continue to learn about the social and cultural perspectives of individual and population health, community and public health, occupational health and the social determinants of health. Students will apply their knowledge of health promotion and disease prevention, and of the health care and public health systems in Canada. The development of critical appraisal skills and evidence-based medicine at the patient and population levels is emphasized. The application of various epidemiological study designs and statistics are discussed.

MEDS 5665: Foundations of Medicine IV

Acquiring knowledge about, and application of, the basic medical sciences in the context of patient care will continue to be an essential part of student instruction in all settings. Students will be expected to recall, understand, and apply knowledge of the basic sciences learned from Years 1 to 3. Review of anatomy, physiology, biochemistry, microbiology, genetics, and immunology will be encouraged and assessed. Pathology, pathophysiology, pharmacology, and therapeutics will be the subjects heavily emphasized and assessed.

MEDS 5685: Clinical Medicine and Therapeutics II

An in-depth experiential learning and exploration of the medical specialties and sub-specialties, and research of the human sciences through a series of core medical and elective rotations. Successful completion of Clinical Medicine and Therapeutics II is accomplished by obtaining a mark of PASS throughout all rotations.

MEDS 5705: Medical Career IV

In this final year of the Program, students will apply their knowledge, skills and attitudes by making balanced decisions about their residency applications, how they will function in collaborative practice, and maintain their wellness in the clinical environment. Relevant aspects of their professional identity and commitment to being socially accountable will take shape throughout their experiences in different clinical environments and they will utilize the skills and attitudes they developed for maintaining a state of wellbeing. Effective participation in this course will enable students to apply their skills, knowledge and attitudes in making good career option decisions as they apply to CaRMS, and maintain personal wellness, including debt management, with basic perspectives on financial and practice management, and contribute to the wellbeing of the patients and communities they encounter.

MEDS 5710: Internal Medicine

The four-week internal medicine clerkship incorporates the objectives of general internal medicine as well as some of the sub-specialties of internal medicine. The content of the internal medicine clerkship builds upon the diagnosis, treatment, and management of patients in the in-patient setting.

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MEDS 5711: Surgery

The four-week surgical clerkship is intended to provide the clerk with an understanding of the broad principles of surgery and the basics of many of the individual surgical specialties as a foundation for post graduate training. Learning is focused through objectives and patient encounters in the outpatient and inpatient environment.

MEDS 5713: Women's Health

The four-week women's health rotation provides students with the opportunity to acquire knowledge and skills necessary for the diagnosis, treatment, and management of the gynecological patient. Students will participate in the admission, management, and follow through of obstetrical cases with a focus on in-patient care.

MEDS 5714: Children's Health

The four-week children's health rotation is an experience in which students will have an in-depth experience in acquiring the knowledge and skills necessary for the comprehensive evaluation of pediatric patients from the neonate to the adolescent. Students will have a focused experience in which they will be learning about common and important pediatric principles as well as common and emergent problems in the hospital, ambulatory, and community settings.

MEDS 5715: Mental Health

This four-week mental health rotation is designed to provide students with the opportunity to learn and acquire skills necessary to take a proper psychiatric case history, to examine psychiatric patients, and to develop management and treatment

plans. Students will expand the knowledge they have acquired from experiences in Years 1 to 3 to better understand the roles of a variety of therapies in the treatment and management of out-patients and in-patients and will better understand how mental health issues and psychiatric problems are managed over time.

MEDS 5716: Emergency Medicine

The four-week emergency medicine rotation provides an in-depth experience for students in the context and milieu of large city hospital-based emergency departments. During this period students will expand their knowledge of triage in the emergency setting, sharpen their history and physical exam skills, develop appropriate differential diagnoses and management plans for the emergent patient and assist and/or perform procedures required for extreme emergent situations.

MEDS 5725: Phase 3 (Year 4) Elective

Students are required to complete a minimum of fourteen weeks of electives in Phase 3. Elective experiences are structured educational opportunities that allow medical students to explore the specialties and sub-specialties of medicine as well as explore their career options. Electives must be a minimum of two weeks in duration although one-week electives may be approved under special circumstances.

◆ Concepts for MEDS 5005, 5205, 5405, and 5605:

- Concept 1: The setting for Practice in a Northern and Rural Setting
- Concept 2: The Delivery of Primary Health Care in Northern Ontario
- Concept 3: Access to Diagnostic, Treatment, Specialist Expertise and Supportive Social Services
- Concept 4: Priority populations
- Concept 5: The Inter-professional and Interdisciplinary Health Team in Northern Ontario
- Concept 6: The Role of technology in the delivery of health care
- Concept 7: Culture and Care in Northern Ontario
- Concept 8: Indigenous Peoples Health
- Concept 9: The Health of Francophones
- Concept 10: Health in Northern Ontario
- Concept 11: Health Research in Northern Ontario

Phase 3 - Year 5 Courses

MEDS 5905: Clinical Skills Enrichment I

An in-depth experiential exploration of the medical specialties and sub-specialties, and research of the human sciences, through a series of electives. Elective experiences are structured educational opportunities that allow medical students to explore the specialties and sub-specialties of medicine as well as explore their career options. Electives must be a minimum of two weeks in duration although one-week electives may be approved under special circumstances. Successful completion of Clinical Skills Enrichment is accomplished by obtaining a mark of PASS in all electives.

MEDS 5925: Personal and Professional Aspects of Medical Practice V

Building on previous years, this course will focus on the professional, legal, and ethical considerations inherent to medical practice. Students continue to refine their

understanding and demonstration of medical professionalism as they are striving to become even more competent as medical experts who are able to balance their roles as professionals, communicators, scholars, collaborators, advocates, and health leaders.

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT		
Version	Date	Authors/Comments/Amendments/Approvals
	2020 09 09	Approved by UMECC (Course numbers for new courses TBD)
	2020 09 24	Added Course Numbers to new courses (per NOSM Student Records and Electives Officer), added consecutive year value to end of each course name, removed prerequisites for Year 5 courses
	2020 10 01	Approved by UMECC
	2020 10 08	Approved by Academic Council
	2020 10 26	Approved by Lakehead University Senate
	2020 11 17	Approved by Laurentian University Senate
	Spring 2021	Posted, and made available, the 2021 -2022 version as the basis for Themes and Phases to revise to create the 2022-2023 version
	2021 09 02	Approved by UMECC
		Presented to Academic Council for vote on approval
		Presented to Joint Senate for vote on approval
		Presented to Lakehead Senate for vote on approval
		Presented to Laurentian Senate for vote on approval



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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NORTHERN ONTARIO SCHOOL OF MEDICINE

Briefing Note

To: Academic Council

Date of meeting: October 7, 2021

Submitted By: Lee Toner, MD, Interim Associate Dean UME

Responsible UME

Portfolio:

Subject: Vote on approval of 2022-2023 UME Program Calendar of Academic Events

For: Discussion and/or Direction ☐

Decision (formal approval/motion) ☒

Information Only ☐

RECOMMENDATION

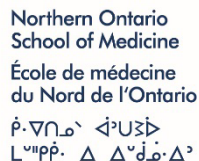
Moved that the Academic Council approve the 2022-2023 UME Program Calendar of Academic Events document as presented.

BACKGROUND/EXECUTIVE SUMMARY

There have been no significant revisions from the previous year's Calendar of Academic Events.

INPUT FROM OTHER SOURCES

The document has been approved by the UME Curriculum Committee (UMECC).



◆ Subject to change ◆

*** Important Note to Students:** Weeks include all holidays. You may be required to work during those holidays, please correspond with your coordinator or other authority to confirm if you are required to be present on those specific dates.

Page 87 of 129



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NORTHERN ONTARIO SCHOOL OF MEDICINE

Briefing Note

To: Academic Council | Date: October 7th, 2021

Submitted By: Dr. Robert Anderson, Chair PGMEC

Responsible Portfolio: Postgraduate Medical Education

Subject: PGMEC Terms Of Reference

For: Discussion and/or Direction ☐
Decision (formal approval/motion) ☒
Information Only ☐

PURPOSE/Background

PGMEC Terms of Reference were recently approved by academic council in April 2021, following a lengthy consultation and input process by PGMEC.

The purpose of this Briefing Note is to outline two recent changes to the membership of the PGMEC indicated on the TOR and approved at the September 2, 2021 meeting of the PGMEC. There are only two minor changes reflect recent updated to the NOSM Wellness Program.

RECOMMENDATION

Recommended that the Academic Council approve the submission of the PGMEC Terms of Reference for final approval.

MOTION: Moved that the PGMEC Terms of Reference be approved as presented.

Significant Changes:

Two new important positions will be added to the support team in PGME. The addition of the following two (2) positions is being recommended to the formal membership of PGMEC

- Assistant Dean, Postgraduate Education
- Learner Affairs Officer

STRATEGIC ALIGNMENT/COMPLIANCE

The purposes of our update of the Terms of Reference is to align with the new NOSM Structure.

INPUT FROM OTHER SOURCES * *required*

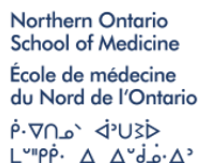
1. Environmental scan of other PGME Office governance committee and structures
2. Accreditation standards
3. PGMEC Accreditation Subcommittee
4. PGMEC membership – discussion at the December 10 PGEC meeting
5. PGMEC membership further consultation by electronic survey

COMMUNICATIONS STRATEGY

The PGMEC and Academic Council are the two main audiences for the Terms of Reference. The committee that includes PARO, Program Directors, Site Representatives, the Wellness office as well as PGME Leadership have all been involved in the revisions of this document. The last piece of communication will be announcing when it has been approved by Academic Council.

ATTACHMENTS/REFERENCES

1. Existing PGMEC Terms of Reference
2. New Proposed Version of the PGMEC Terms of Reference for Approval



Terms of Reference

- a. To provide well-defined, transparent, and functional policies and processes to oversee residency education.
- b. To facilitate residency programs in meeting the specific standards for the discipline and in achieving the faculty of medicine mission, including its social accountability mandate.
- c. To ensure adequate resources and support to allow residency programs to meet accreditation standards.
- d. To communicate and collaborate with appropriate residency education stakeholders.
- e. To regularly review and improve postgraduate governance and structure.
- f. To use a range of data and information to inform evaluation and improvement of the postgraduate governance and structure and based on the data and information reviewed, strengths are identified, and action is taken to address areas identified for improvement.
- g. To continuously identify, monitor, and address issues affecting residency program quality and use a systematic process to internally review and improve residency programs.
- h. To use a range of data to review and improve learning sites and the quality of the learning environment at all learning sites.
- i. In collaboration with Administration and Finance at NOSM, the PGMEC will develop, review and recommend the budgets necessary for residency training
- j. The PGMEC will oversee postgraduate recruitment, public relations and promotion of residency programs.
- k. The PGMEC will oversee residency expansion planning for NOSM.

3.0 Governance Structure: Reporting and Process

3.1.1 Delegated functions that the PGMEC is empowered to act on:

The PGMEC is empowered to act on issues of admission, registration, program evaluation, evaluation and promotion of postgraduate learners (residents and clinical fellows), core curriculum, and appeal mechanisms for residents in approved programs.

3.1.2 PGMEC brings as recommendations forward to Academic Council

The PGMEC will recommend to Council:

- a. New programs
- b. Discontinuation of existing programs
- c. Recommendations for a change of the PGMEC terms of reference.

3.1.3 Process:

- a. The Committee will submit regular reports to Academic Council outlining the activities of the PGMEC per the Academic Council Reporting Schedule. The report will include a summary of issues related to admissions, promotions, appeals, program evaluation, core curriculum for all postgraduate programs and accreditation.
- b. When PGMEC makes a recommendation for new a postgraduate program to be added, or for discontinuation of an existing program, this will be forwarded to Academic Council for action.
- c. When the PGMEC makes a recommendation for a change its terms of reference, this will be forwarded to Academic Council for action.

3.1.4 PGMEC Subcommittee Governance:

PGMEC governs various corresponding Subcommittees including:

- Wellness Advisory Group
- Accreditation Subcommittee
- Education Advisory Board
- Budget Subcommittee
- All Residency Program Committees and their sub-committees

Each subcommittee, with the exception of Residency Program Committees reports to the PGMEC at every scheduled meeting.

4.0 Membership & Quorum**General Representation Information**

There is effective representation from residents, program directors, learning sites, and postgraduate administrative personnel in either voting or non-voting capacities. Members are appointed or elected based on their specific position, however, also play an important role of representing the many communities involved in postgraduate medical education across Northern Ontario.

Ex Officio Members (voting)

Associate Dean, Postgraduate Medical Education & Health Sciences (Chair)

All Residency Program Directors (including Family Medicine Enhanced Skills Program Directors) or delegate

Division Head Clinical Sciences

Wellness Lead Clinician

Assistant Dean, Resident Affairs**Learner Representation (voting, non-ex officio members)**

PARO representative (chosen by PARO – 1-year term)

Two resident representatives (one CFPC and one RCPS elected by their peers – minimum 2-year term)

One Indigenous resident representative (chosen in consultation with Indigenous Affairs & PGME)

One Francophone resident representative (chosen in consultation with Francophone Affairs & PGME)

One International Medical Graduate resident representative (chosen in consultation with the IMG Coordinator & PGME)

Ex Officio Members (non-voting)Clinical Faculty Leads:

Indigenous Health Lead(s) (vacant)

International Medical Graduate (IMG) Coordinator

Francophone Health Lead(s)

Chair, Education Advisory Board

Senior Advisor, PGME

Management and Staff:

Senior Director, Postgraduate Medical Education & Health Sciences

Managers, Postgraduate Medical Education (Programs 2 – Office 1)

Learner Affairs Officer, Residents and Interns

Coordinator, Promotions and Recruitment

Instructional Designers (2)

Corresponding Members (non-voting)

Undergraduate Medical Student, NOSM (2-year term)

AHSC Site Representative, Thunder Bay Regional Health Sciences Centre (TBRHSC)

AHSC Site Representative, Health Sciences North/Horizon Santé-Nord (HSN)

Northern Ontario Hospital Representative – **(process under consideration for implementation in pending reconstitution of the Northern Hospital Teaching Council 2021-2022)**

Member of the Public (1) **(process under consideration for implementation 2022-2023)**

NOTE: Only voting members or their appointed designates will be counted to determine quorum. Any ex officio voting positions that are vacant for more than three months will be temporarily removed from the membership for the purpose of determining quorum. The new incumbent will be immediately appointed as a committee member upon assumption of duties.

*One program = one vote

5.0 Meetings

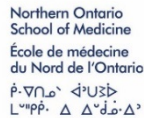
- a. The PGMEC meets a minimum of six times per year (September to June). Additional meetings may be called at the discretion of the Chair.
- b. Other subcommittees meet in accordance with their Terms of Reference.
- c. All meeting content and materials are considered confidential unless otherwise stipulated.

6.0 Continuous Quality Improvement Cycle

In order to maintain a focus on quality improvement measures, the committee has CQI embedded within the yearly meeting cycle. Each September the committee will approve a work plan with a focus on continuous quality improvement. ***Beginning September 2021.***

Version	Date	Authors/Comments
1.0	2006 03 30	Approved by Academic Council
2.0	2006 11 23	Approved by Academic Council
3.0	2009 02 12	Approved by Academic Council
4.0	2012 03 01	Approved by Academic Council
5.0	2013 06 06	Approved by Academic Council

Version	Date	Authors/Comments
6.0	2021 04 08	Approved by Academic Council



Briefing Note

MD Students	4	Dr. Chris Kupsh	2020-2023
	1	Alison Lewis	2020-2022
	2	Camille Hamm	2021-2023
	3	Émilie Tremblay St-Aubin	2020-2022
Postgraduate Trainees	1	Dr. Andres Griborio Guzman	2021-2022
	2	Dr Pascale Brown	2020-2022
	3	Dr. Stone Li	2021-2023
HS Learners	1	Adriana Bressan	2020-2022
	2	VACANT	

EX OFFICIO

Dean	Dr. Sarita Verma	Ex-Officio
Vice Dean Academic	Dr. Catherine Cervin	Ex-Officio
Associate Deans		Ex-Officio
	UME Dr. Lee Toner	Ex-Officio
	PGME Dr. Rob Anderson	Ex-Officio
Research Innovation and IR	Dr. David Marsh	Ex-Officio
Faculty Affairs	Dr. Harshad Telang	Ex-Officio
CEPD	Dr. James Goertzen	Ex-Officio
Assistant Dean		
	Admissions Dr. Owen Prowse	Ex-Officio
Research and Health Sciences Library	Patty Fink	Ex-Officio
Division Heads		
	Clinical Sciences Dr. Barb Zelek	Ex-Officio
	Medical Sciences Dr. Doug Boreham	Ex-Officio
	Human Sciences Dr. Elizabeth Levin	Ex-Officio
Provost and VP Academic Lakehead	Dr. Rhonda Koster	Ex-Officio
VP Academic and Provost Laurentian	Dr. Joël Dickinson	Ex-Officio

Committees/Chairs

Admissions	Dr. Owen Prowse	Ex-Officio
Academic Indigenous Health Education	Dr. Joseph Leblanc	Ex-Officio
Appeals	Dr. David MacLean	Ex-Officio
CEPD Advisory	(Dr. Stephen Cooper) Vacant	Ex-Officio
Governance and Nominations	Chair	Ex-Officio
Graduate Studies	Dr. Alain Simard	Ex-Officio
PGME	Dr. Rob Anderson	Ex-Officio
UME	Dr. Lee Toner	Ex-Officio
Research	Dr. TC Tai	Ex-Officio



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NORTHERN ONTARIO SCHOOL OF MEDICINE

Briefing Note

To: Academic Council | Date of meeting: October 7, 2021

Submitted By: Lee Toner, MD, Interim Associate Dean UME

Responsible: UME
Portfolio:

Subject: Vote on approval of revisions to UME Program Student Assessment and Promotion Regulations

For: Discussion and/or Direction ☐
Decision (formal approval/motion) ☒
Information Only ☐

RECOMMENDATION

Moved that the Academic Council approve the Student Assessment and Promotions Regulations document as presented.

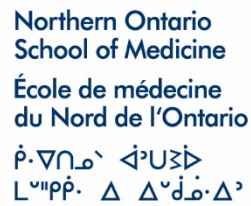
BACKGROUND/EXECUTIVE SUMMARY

Revision to the previous version is:

Edited item 6.7 to read "...In order to ensure that results can be provided to students in a timely fashion, but no longer than a 6-week period post-assessment). Theme committees or their designate(s) must respond to requests from the Assessment Office..." so as to comply with accreditation requirements.

INPUT FROM OTHER SOURCES

The revision has been approved by both the Student Assessment and Promotion Committee (SAPC) and the Undergraduate Medical Education Committee (UMEC).



Student Assessment and Promotion Regulations

Page 100 of 129

<div> <div>UME</div> <div>Student Assessment and Promotion Regulations</div> </div>					Class: A
Approved By:	Academic Council Pending				
Approval Date:	2021-02-11 Pending	Effective Date:	2021-02-11 09:01	Next Review Date by:	2021-12-20 22:04:01
Responsible Portfolio / Unit / Committee:	<div> <div>UME / Undergraduate Medical Education Committee (UMEC)</div> <div>Student Assessment and Promotion Committee (SAPC)</div> </div>				
Responsible Officer(s):	Associate Dean, UME and Chair, SAPC				

Student Assessment and Promotion Regulations

Table of Contents

1.	Purpose, Scope, and Guiding Principles	Error! Bookmark not defined.
2.	Roles and Responsibilities	4
3.	Assessment Tools and Methodologies.....	5
4.	Assessment Standards	6
5.	Grading System	8
6.	Monitoring of Student Progress and Academic Assistance	10
7.	Reassessment, Remediation, and Probation	11
8.	Promotion and Graduation	16
9.	Accommodation for Students with Disabilities.....	17
10.	Appeals.....	19
11.	Other Processes	19
12.	Documentation	19
13.	Appendices.....	20



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Regulations

1.0 Purpose

The purpose of the Student Assessment and Promotion Regulations is to provide students with guidelines regarding their academic progress through the Undergraduate Medical Education program at NOSM.

2.0 Scope

These Regulations apply to all students registered in the Undergraduate Medical Education program at NOSM, irrespective of the geographically distributed campus or site they are currently assigned to.

3.0 Guiding Principles

NOSM is committed to the education of high-quality physicians and health professionals. It is NOSM's responsibility to provide students with the opportunity to achieve this end, to assess student progress, and to provide students with information about their performance based upon reliable and valid assessments of their individual progress.

Student assessment has a powerful influence in medical education, not only in appraising student knowledge and performance, but also in driving learning; thus, it is crucial that assessment practices are consistent with NOSM's values and educational philosophy.

The NOSM assessment model is based upon a philosophy and a series of guiding principles first articulated in July 2003 and adopted by the Student Assessment and Promotion Committee (SAPC) and the Undergraduate Medical Education Committee (UMEC). These principles include the following:

1. Student assessment is primarily for the benefit of the students themselves, consistent with the principle of student-centered education;
2. Student assessment is performance-based. As much as possible, NOSM assessment modalities are realistic and practice focused, and should reflect the process and context in which learning took place;
3. Just as integration is a central principle in curriculum, so it is in assessment. Students are assessed on their mastery of learning objectives and competencies from all five curriculum Themes, across the full range of behaviours in line with NOSM's vision, mission, and values;
4. Assessment and curriculum are not discrete entities as assessment is explicitly tied to NOSM learning objectives and competencies, which set the target for student learning and performance assessment. NOSM will strive to ensure that the assessment of students in the UME Program is consistent with curricular goals and the NOSM educational philosophy;
5. Assessment tools and criteria are explicit, and the methods for determining academic standing should be explicitly documented and disseminated to students;
6. Assessment is comprehensive, with a balance between formative and summative assessment;
7. The frequency of assessment is sufficient such that faculty and students have a sense of progress towards, and achievement of, the required standards;
8. The assessment program includes the development of self- and peer-assessment, and life-long learning skills;
9. NOSM will ensure methods of assessment are equivalent across all learning sites;
10. Assessment tools, standards, and processes will draw from institutional, national, and international sources and standards, including the Licentiate of the Medical Council of Canada (LMCC), the National Board of Medical Examiners (NBME), the Royal College of Physicians and Surgeons (RCPS) and the Liaison Committee on Medical Education (LCME);
11. The assessment program will be continuously evaluated to ensure that student assessment is responsive to student needs and consistent with NOSM academic principles;
12. The outcome of assessment in the NOSM UME Program is Pass/Fail. Numeric grades will not become part of the student's academic record;
13. The assessment program should strive to achieve continuity and consistency in

assessment across the entirety of the UME program;

14. The assessment program will endeavor to work with students and faculty to ensure an assessment environment that can accommodate students with special needs while preserving the academic integrity and fairness of the assessment process. An ideal assessment program will not simply be a collection of discrete assessment methods, but will embody an effective and comprehensive program that accurately reflects NOSM's educational values, supports the growth of students, sets out expectations clearly, and enables consistent, transparent decision-making.

4.0 Roles and Responsibilities

Subject to the approval of the Senates of the two host Universities, the overall policy on student assessment and the planning of the programs of study leading to the MD degree are the responsibility of the Undergraduate Medical Education Committee (UMEC), which is a standing committee of the NOSM Academic Council, to which it is accountable.

4.1 UMEC Sub-Committee Responsibilities for Assessment

4.1.1 Responsibilities of SAPC

The UME Curriculum Committee has the primary authority to set consistent standards across the entire UME Program. As per its Terms of Reference, the SAPC shall advise the UME curriculum committee in terms of setting the parameters for assessment in the UME Program (such as the types of assessment methods that can be used, the passing standard, and other elements as described in Sections 5, 6, and 7 and the procedures for monitoring, reassessment, remediation, promotion, and accommodation as described in Sections 8, 9, 10 and 11, as defined in this document, to ensure compliance with approved NOSM policies and procedures with regards to assessment and promotion of students. The SAPC shall also act to promote integration, consistency, and continuity in assessment across the entirety of the UME Program. The SAPC determines if students have met the criteria for promotion and graduation.

4.1.2 Responsibilities of the Theme Committees

The Theme committees shall have the responsibility to define the Promotion, Reassessment and Remediation Plan and to provide assessment items for its Theme for each year of the UME Program, based on its approved learning objectives; within the parameters set by the SAPC (see 4.1.1, above). The Promotion, Reassessment and Remediation Plan shall describe all of the requirements for students to pass the Theme (and corresponding Lakehead and Laurentian MEDS Courses) on a year-to-year basis, define how such a 'pass' will be determined, and indicate how required elements would be reassessed and remediated in general. The Promotion, Reassessment and Remediation Plan shall be reviewed annually by the Theme committees, submitted for approval by the Phase committees and SAPC (as per their responsibilities), and communicated to the

students as they enter each Phase of the Program.

- Theme 1: Northern and Rural Health
- Theme 2: Personal and Professional Aspects of Medical Practice
- Theme 3: Social and Population Health
- Theme 4: The Foundations of Medicine
- Theme 5: Clinical Skills in Health Care

4.1.3 Responsibilities of the Phase Committees

The Phase committees shall be responsible to coordinate and promote integration of the elements of assessment across the Themes. The Phase committees are responsible for the scheduling of assessment activities, the approval of the entire Phase Promotion, Reassessment and Remediation Plan as submitted to SAPC, and for defining written examination formats within the parameters set by the SAPC (see 4.1.1, above). The Phase committees may also define the Promotion, Reassessment and Remediation Plan for the Phase, including "Program requirements" for promotions that do not fall under the purview of any Theme committee (and indicate how such required elements would be remediated); such Program requirements must also be approved by the SAPC and UMEC.

- 4.2 The Student Assessment and Promotion Regulations shall be reviewed each year, and any changes will be forwarded to UMEC and Academic Council for their consideration.

4.2.1 Whereas all recommended revisions to the Student Assessment and Promotion Regulations are to be approved by UMEC and the Academic Council, the SAPC (in consultation with the Phase committees) has the authority to reallocate existing assessment methods and tools among different modules or rotations during each academic year. Such revisions will be communicated to the students, UMEC, and Academic Council within reasonable timelines.

5.0 Assessment Tools and Methodologies

- 5.1 Assessment of students in the UME Program will use multiple sources of information and varying methods to evaluate student learning. A variety of assessment methods and tools have been approved for use at NOSM, as listed below.
- Tutor/facilitator/preceptor assessments of professionalism. Assessment of professionalism covers not only the skills and knowledge expected of the student, but also personal conduct and relationships with peers, patients, hospital personnel, faculty, and staff, as well as attendance and punctuality.
 - Tutor/facilitator/preceptor assessments of learning performance.
 - Clinical **skills** evaluations, including Objective Structured Clinical Examinations (OSCE), direct observation of clinical skills, interactions with standardized patients, and other

similar evaluations of clinical skills. Assessment of clinical performance is performed by those qualified and trained to assess specific behaviours.

- Learning portfolios.
- Reflective exercises.
- Research exercises and assignments.
- Written examinations, which may include essay assignments or questions, multiple choice questions, short answer questions, fill in the blank, extended matching questions, script concordance questions, and bell-ringers.
- Lab reports, case reports.
- Class presentations.
- Other assessment tools and methodologies not covered in this list must be approved by SAPC before use.

5.2 Forms and assessment rubrics must be approved by the SAPC before use to ensure consistency and compliance with these Regulations.

6.0 Assessment Standards

6.1 All instances of assessment must be documented in the annual Promotion, Reassessment and Remediation Plan, including all formative and summative assessments, and all mandatory and optional assessments. Promotion, Reassessment and Remediation Plans can only be altered with the approval of the SAPC. Where the Promotion, Reassessment and Remediation Plans are altered during an academic year, students shall be given due notification of the change.

6.2 All assessments must be aligned with the approved learning objectives and competencies, consistent with Guiding Principles 4 and 5. Students are responsible for mastering the learning objectives and competencies communicated to them and demonstrating this mastery when assessed. Thus, assessment practices must test the mastery of learning objectives or competencies at the same level of skill, knowledge, or attitude expressed in the approved learning objective or competency.

6.3 For written examinations, the following standards must be met:

6.3.1 All items must pose a clear question, consistent with Guiding Principle 5, and contain all of the information and instructions required for a competent student to answer the question.

6.3.2 For multiple choice questions, all questions must have at least four distinct answer options, except in cases where inclusion of a fourth distractor would be nonsensical.

- 6.3.3 For other forms of written examinations (such as short answer or essay), questions posed must clearly indicate the allocation of marks, consistent with Guiding Principle 5. For example, if a student must provide four examples to receive full marks, this must be specified in the question.
- 6.4 The timing of assessments is determined by the Phase committees and published at the beginning of each Phase. Consistent with the guiding principles, the frequency of assessment must be sufficient such that faculty and students have a sense of progress towards, and achievement of the required standards.
- 6.4.1 There shall be mandatory summative assessments evaluating student learning for each module or rotation, although the assessments do not necessarily need to be administered at the end of each module. For example, an assessment administered at the end of CBM103 could test mastery of learning objectives from both CBM102 and CBM103.
- 6.4.2 Formal formative feedback occurs at least at the mid-point of a rotation. For rotations of four weeks (or longer) students shall receive feedback by at least the mid-point of the required learning experience. For longer learning experiences (half year, year- long or longitudinal integrated clerkship) students shall receive formative feedback at least every six weeks
- 6.5 Written examinations are no more than six hours in length (but this may vary) with appropriate breaks being given.
- 6.5.1 Students are expected to know and abide by the UME "Student Responsibilities during Summative Assessments" document
- 6.6 In the clinical setting, students will be evaluated using a rubric that assesses both the student's clinical skills and professionalism. Student assessment in the clinical setting will be pass/fail. As described in Section 10.1.2, students may receive a 'fail' for a clinical experience based on professional behaviour even if all other requirements are met.
- 6.7 In order to ensure that results can be provided to students in a timely fashion, (but no longer than a 6-week period post-assessment), Theme committees or their designate(s) must respond to requests from the Assessment Office to review and confirm examination results within the specified timelines (which shall not normally be less than two business days). When no response is received from the Theme Committee designate within the specified time frame, the Director of Assessment and Program Evaluation shall have the authority to render these decisions.
- 6.8 Students must not be assessed by family members or by other individuals who have a conflict of interest in assessing the student. Faculty members who are related to a student or who otherwise may be perceived as having a conflict of interest in assessing a student must declare these conflicts of interest to the Assistant Dean, Learner Affairs.

7.0 Grading System

- 7.1 *Formative vs. Summative Assessment:* Formative assessments are used to monitor learning progress and to provide feedback to students and faculty with respect to learning.

7.1.1 Formative assessment results do not become part of the permanent student record and are not used in decision-making with regard to student progress or promotion, except where formative assessments document concerns regarding professional behaviour. Formative assessment emphasizes the provision of timely, constructive feedback.

7.1.2 Summative assessments are used to determine the extent to which instructional goals have been achieved, and are recorded as part of the student record, are used for determining grades, and are used for decision-making with regard to student progress or promotion.

- 7.2 *Mandatory vs. Optional Assessments:* Instances of assessment may be mandatory or optional. 'Mandatory' indicates that the successful completion of the task is a requirement for promotion or graduation. 'Optional' assessments or activities may be undertaken at the discretion of the student. All written examinations are considered to be mandatory.

- 7.3 *Program vs. Theme requirements:* The undergraduate medical curriculum includes requirements for each Theme, as well as those that are not associated with a particular Theme but must be completed satisfactorily in order to meet the Program requirements. As an example of a Program requirement, students are required to undertake specific placements in order to be promoted to the next year.

- 7.4 *Passing Standard:* For Program or Theme requirements that are given a numeric mark, the passing standard is 60%; OSCE stations may define the requirements for a 'minimally competent candidate', which may vary from station to station and exam to exam. For Program or Theme requirements that are not given a numeric mark, the expectations for students to achieve a "Pass" will be explicitly defined in advance and communicated to students.

- 7.5 *Determination of Grades:* Grades for each Theme will be calculated as prescribed in the approved Promotion, Reassessment and Remediation Plan for the Theme for that academic year. Any numeric grade will be rounded to a whole number (up from 0.5 or above, otherwise rounding down) and converted to a final "Pass" or "Fail" determination for reporting on the academic transcript for the course code corresponding to each

Theme in each year of the Program.

- 7.6 *Missed examinations:* At the beginning of each academic year, each student will receive a copy of the schedule of assessments taking place during the academic year. It will be the responsibility of each student to ensure that no conferences, meetings, appointments or other events are scheduled during these assessment time-periods. For excused absences from specific sets of sessions and/or fifty percent (50%) or more of a module the student is referred to Section 1.8 of the Policy: NOSM Code of Student Conduct.

7.6.1 *Late assignments:* Mandatory assessments that are submitted past the deadline will receive a zero "0" for the late assignment and, if appropriate, be referred to the appropriate professionalism review process. Students requesting an extension of the deadline for an assignment must make their request in writing. The Director of Assessment, in consultation as necessary with the Assistant Dean, Learner Affairs, will consider and grant requests for extensions to assignments.

7.6.2 *Illness or medical emergencies:* In circumstances involving illness or other medically- related issues that prevent a student from completing a mandatory assessment, he or she must provide notification as outlined in the UMEC document "[Interruptions to learner Attendance and leaves of Absence](#)" and complete the form "[Request for Approval of Absence from the UME Program](#) "

7.6.3 *Academic events:* In circumstances involving individual arrangements for a student to attend academically-relevant events, the student must provide notification as outlined in the UMEC Document "Interruptions to learner Attendance and Leaves of Absence" and complete the form "Request for Approval of Absence from the UME Program".

7.6.4 *Adjustment for missing or partially completed assessments:* In the case of valid absences, cancelled assessments, or when-students miss part of an assessment, the Director of Assessment and Program Evaluation will determine which one of the options (i or ii) will be exercised, in order to ensure that the student has sufficient mastery of the required material prior to moving further in the promotion cycle. In doing so the Director of Assessment and Program Evaluation will act in a manner consistent with the Student Assessment and Promotion Regulations, and will take into account the academic performance and academic need of the student and the operational feasibility (including but not limited to logistical and resource considerations) of each option. The decision of the Director of Assessment and Program Evaluation is final and binding and will be communicated to the Student by email within 5 business days after the date of the cancelled, missed, or incomplete assessment.

- i) the student will write the same, or an equivalent¹ assessment to the missed assessment either no earlier than 2 days prior the regular assessment date, or

- within 10 working days following the end of the missed assessment;
- ii) the student will write the same, or an equivalent assessment to the missed assessment, during a subsequent exam cycle e.g. the reassessment exam period in Phase 1.

8.0 Monitoring of Student Progress and Academic Assistance

To be of greatest utility, an assessment program will provide students and decision-makers with comprehensive information about performance in multiple domains and across time, allowing for an appraisal of progress, the identification of patterns, and the detection of areas of deficiency that should be addressed. To that end, the SAPC uses the following procedures to monitor student progress and provide academic assistance.

- 8.1 The SAPC will monitor student progress toward promotion on an ongoing basis in order to support students, fully address any deficits formally and in keeping with the SAPC Terms of Reference. When the Committee is undertaking work that requires disclosure of personally identifiable information regarding individual students or groups of students such work will be carried out in an in camera session.
- 8.2 A failure to demonstrate satisfactory progress at any point may be grounds for a recommendation of remediation, probation, or withdrawal from the Program.
 - (i) When a student has not met the passing standard for one or more assessments, or appears to be at risk for not achieving the passing standard, the Director of Assessment and Program Evaluation will refer the student to the Academic Support and Advising Committee (ASAC). ASAC is a standing committee of the Student Assessment and Promotion Committee (SAPC) responsible to make recommendations to SAPC regarding academic support of students. The students shall be advised of any such referrals.
- 8.3 Notwithstanding the recommendations of the ASAC, where appropriate, it is the responsibility of the student to consult with the appropriate faculty member(s) or staff regarding any performance concerns or learning difficulties. These may include Theme Chairs, Module Coordinators, Content Coordinators, Phase Directors, Assistant Dean-UME, Learner Affairs, or any other faculty members.
 - 8.3.1 For academic support regarding content, students should be in contact with appropriate faculty members. In Phase 1, the first point of contact would be the faculty presenter, preceptor, facilitator, or tutor in question. In addition, each Theme has an assigned content coordinator for each module; students can contact these individuals directly for assistance. If the student does not know who to contact, they should begin with the Module Coordinator. In Phase 2, students should speak with their Site Liaison Clinician

if they require academic support. In Phase 3, students should speak with their faculty preceptor, clerkship lead, or Phase 3 Director for assistance.

8.3.2 Students who require assistance for learning issues related to classroom instruction, such as study approaches or learning styles, may access the services of the Lakehead Student Success Centre/Lakehead Student Accessibility Centre, Laurentian Accessibility Office, or speak with a NOSM Learner Affairs Officer.

8.3.3 Students experiencing personal issues that are interfering with their learning should contact the NOSM Learner Affairs Officers, for support and referral to other resources as appropriate.

8.4 Tracking of clinical encounters in Phase 2 and 3 will be monitored regularly by the Phase 2 and 3 Directors and Coordinators, Site Liaison Clinicians, Clerkship Leads, and the Office of UME. Students should refer to the respective Phase Handbooks for mechanisms to address missing encounters.

9.0 Reassessment, Remediation, and Probation

Based on consideration of factors including, but not limited to, the magnitude of deficiency in attainment, the importance of the curricular element, and student's previous record, students who have not satisfied the passing requirements may be required to (i) undergo reassessment of the failed requirement using any appropriate method of assessment, or (ii) undergo a process of remediation.

Reassessment is a process that requires a student to re-sit the test material without any additional or new formal study with faculty. The student would likely go over their previous preparation materials and notes to be confident that they have understood and will meet the learning objectives which are being retested to demonstrate proper attainment.

Remediation is a process that requires a student to undertake additional instruction, the purpose of which is to assist the student in satisfying any promotion or graduation requirement for which they have not received a passing grade. The additional instruction may include (i) repeating elements of the MD degree already undertaken, (ii) completing new instruction requirements which are in addition to the regular requirements of the MD degree program, or a combination of (i) and (ii), as determined and required by the SAPC. It is important to note that the decision to require either re-assessment or remediation is entirely at the discretion of the SAPC which may choose to offer neither.

Where students have not met the passing standards for any portion of the Theme or Program requirements of the UME Program, they may be required to undergo reassessment or remediation in order to develop and successfully demonstrate mastery

of the required knowledge or skills in order to continue in the UME Program. Students should note that they may be required to disclose all remediation to licensing bodies.

- 9.1 Eligibility for reassessment or remediation is not automatic and may be denied by the Student Assessment and Promotion Committee.

- 9.1.1 Where students have failed to meet the passing standard for three or more Themes or Program requirements in a given year, they will be asked to remediate by repeating the year or withdraw from the Program.

- 9.1.2 Where students have failed to meet the passing standard for a Theme in a given year as set in the Promotion, Reassessment and Remediation plan, they will be asked to remediate the Theme by repeating the year.

- 9.2 When the SAPC has ordered reassessment of a mandatory, summative element, a grade of "In Progress" (IP) will be assigned to the element's grade, pending the outcome of reassessment.

- 9.3 When the SAPC has ordered remediation of a mandatory, summative element, a grade of "Fail" (F) will be immediately assigned to the element's grade and, if the element is associated with a Course, a Fail will be assigned to the Course and entered into the student's academic record, and which will appear on the student's transcript, and the student's Medical School Performance Record.

- 9.4 Reassessment/Remediation should occur during academic recesses where feasible, but may occur in parallel with the regular curriculum where circumstances demand it. The Promotion, Reassessment and Remediation Plans should indicate when reassessment or remediation of each element would take place.

- 9.5 A general reassessment or remediation plan for each mandatory, summative element will be defined in the annual Promotion, Reassessment and Remediation Plans for each Phase and Theme.

- 9.6 Where a student has not met the passing standard for a mandatory element of the curriculum, and the SAPC determines that reassessment or remediation is required, a Responsible Faculty Member (RFM) responsible for the writing and gaining approval of the plan will be identified by the Director of Assessment and Program Evaluation. This will normally be the Chair of the Theme or Phase Committee overseeing the failed Theme or Program requirement, or a designate of this person.

- 9.6.1 The Responsible Faculty Member (RFM) must prepare, have fully approved, and submit to the Director of Assessment and Program Evaluation a tailored Remediation or Reassessment Plan ("the Plan") no later than 10 business days prior to the start of the remediation or reassessment.

9.6.2 The Plan must include all details necessary for the plan's execution, including, but not limited to the following Plan Components, (i) the Course or Program requirement being remediated or reassessed (as described in the PaRRP). (ii) the educational activities to be completed e.g. assessments. classes to attend. (iii) where these activities will occur. and (iv) when these activities will occur.

9.6.3 In addition to the details described in 9.6.2, if the Plan includes a requirement that the student participate in educational activities and/or assessments which are not part of the regularly scheduled UME curriculum, then the Plan will also include (v) the name of the faculty member(s) that the student will be taught and/or supervised by; (vi) the name of the faculty member that will provide formative assessment of the student as part of the Plan (if any); and (vii) the name of the faculty member who will provide reports and/or summative assessment grades or grade recommendations to the responsible faculty member_during execution or following completion, of the Plan.

9.6.4 For Remediation or Reassessment Plans which last longer than one University Term it is permissible for any of the Components (iii)-(vii) to be declared 'To Be Determined' but these details must be determined not less than 10 business days prior to the start of the University Term to which they will occur within.

9.6.5 The RFM is expected to work collaboratively with other faculty, UME managers, UME staff or others deemed necessary by the RFM. to ensure all the required Plan Components are completed. If such collaboration is necessary. This will be facilitated and supported by the Director of Assessment and Program Evaluation and/or the Director of UME Administration depending on need.

9.6.6 For Reassessment Plans: The draft Plan will be reviewed and given approval by (i) the Chair of the appropriate Theme or Phase Committee (if this person differs from the RFM) to verify that the Plan will allow the student to successfully remediate the Failed element, (ii) the Chair of the Student Assessment and Promotion Committee to ensure that the Plan is compliant with the SAPC regulations, and (iii) the Director of UME Administration who will verify that all resources and facilities required by the Plan will be made available as needed for the student to complete the Plan.- The Reassessment Plan will then be communicated to Director of Assessment and Program Evaluation who will send the Plan to the student, and all others who will be involved in the governance and implementation of the Plan, by email.

9.6.7 For Remediation Plans: The draft Plan will initially be given preliminary approval only by the same persons as described in 9.6.6. The preliminary Plan will be communicated to the Director of Assessment and Program Evaluation who will send the preliminary Plan to the student by email and registered mail. Either the student or the Director of Assessment and Program Evaluation may request a meeting to discuss the Plan. The meeting will occur within 10 business days following the date on which the Plan is sent to the student by email. At the meeting, the student, the RFM, the

Director of Assessment and Program Evaluation (and any others deemed necessary by the RFM or the Director of Assessment and Program Evaluation) will discuss the contents of the plan. Based on this discussion the RFM may choose to alter the preliminary plan. The RFM will then obtain final approval for the Plan by the same persons who gave preliminary approval. The approved Remediation Plan will be communicated to the Director of Assessment and Program Evaluation who will send the plan to the student and all others who will be involved in the governance and implementation of the Plan, by email.

9.6.8 Reassessment or Remediation Plans are not subject to Appeal.

9.6.9 Once approved the Phase Lead (Assistant Dean, Phase 1, or the Phase 2/3 Director) shall be responsible to the Associate Dean, UME for implementation of the reassessment or remediation plan. For any required assessments which the Director of Assessment and Program Evaluation shall be responsible for implementing. Implementation shall occur by the usual academic and operational processes appropriate to the educational activities contained in the Plan.

9.6.10 Upon completion of the required reassessment or remediation, the SAPC will review the outcome and make a determination regarding the student's promotion

9.6.11 Students who successfully complete reassessment will have the IP designation removed from the transcript and replaced by a Pass. Students who successfully complete a remediation will have a Pass grade entered into their academic record for the promotion requirement, but the Fail grade and record of the remediation will remain. For both successful remediation or reassessment the student may continue in the Program. Where progress has been delayed relative to their class, a plan for re-integration will be determined by the Associate Dean, UME. The re-integration plan is not subject to appeal.

9.6.12 Students who do not successfully complete all elements and pass all summative assessments described in a remediation plan assigned to them will have a Fail grade and record of the remediation will remain. For both successful remediation or reassessment the student may continue in the Program. Where progress has been delayed relative to their class, a plan for reintegration will be determined by the Associate Dean, UME. The re-integration is not subject to appeals.

9.6.13 Students who do not successfully complete all elements and pass all summative ~~assessments~~ ~~described~~ ~~assessments~~ ~~described~~ in a reassessment plan assigned to them will have a Fail grade entered into their academic record, and may either be required to remediate, or be withdrawn from the Program.

9.6.14 Students who do not successfully complete all elements and pass all summative assessments described in the remediation plan will not be offered further remediation and will be withdrawn from the Program.

9.6.15 Students must participate fully in the remediation or reassessment plan assigned to them; failure to do so will be viewed as professional misconduct and be reported to the Committee to Support Student Professionalism and/or result in their withdrawal from the Program.

9.7 Students who pass a reassessment or remediation will, when a numerical grade is required, receive the minimum Pass (P) mark for the remediated element.

9.8. Academic Probation

At any time during the course of the UME Program, if the SAPC deems that the progress of a student is unsatisfactory, the student will be placed on Academic Probation. Probationary status may be used when a student's progress is presently described in our regulations as '(showing) a failure to demonstrate satisfactory progress at any point which may be grounds for recommendation of remediation or withdrawal from the program' [Reg 8.2]. The goal of academic probation would be to signal to the student the severity of their underperformance in relation to the required standards of the UME Program. The category of Academic Probation would focus the student and faculty on the nature of the failure and what is needed to remediate it. The failure to successfully remediate, or the incurring of any other additional failure whilst on academic probation, will lead to the student being automatically dismissed from the UME Program.

9.8.1 Placement on Academic Probation:

A student may be placed on academic probation if, in the judgment of the SAPC, their progress is unsatisfactory in any **area** that falls under the Committee's purview related to progress and graduation criteria.

For instance, a student may be placed on academic probation for any of the following academic deficiencies (not an exhaustive list):

- i. Has failed to maintain acceptable ethics or professional behavior that does not result in immediate withdrawal from the program.
- ii. Has failed a Theme, summative OSCE, Integrated Community Experience, Clerkship or Elective.
- iii. Has failed a re-assessment in a Theme, summative OSCE, Integrated Community Experience, Clerkship, or Elective.
- iv. Has failed to successfully complete or comply with a Reassessment Plan or other limitations or conditions imposed by SAPC.
- v. Has been asked to repeat an academic year due to poor academic performance.
- vi. Has failed to improve following feedback from themes, clerkships or electives when he/she is noted for borderline performance on repeated feedbacks.

Academic probation is not subject to appeal.

Academic probation will begin immediately upon official notification from the Office of Assessment.

Students who are placed on Academic Probation will be provided with written notification of the conditions they must satisfy in order to return to good academic standing.

9.8.2 Status whilst on Probation

Probation is essentially a clear warning to the student that she/he must show improvement if he or she is to remain in the School. The student is expected to maintain an unqualified passing or above level of performance in subsequent academic work for retention in the UME Program and will be advised of any other criteria for academic performance or professional behavior. This means that a borderline performance is unacceptable.

SAPC may require a higher passing standard when students are being reassessed or remediated if the total required workload/course load during the reassessment or remediation period is less than that normally encountered when studying the previously failed promotion or graduation requirements.

Receipt of additional Fail grades while on probation or failure to convert such grades to Pass in accordance with the Committee's specified plan will result in automatic dismissal from the UME Program.

A student on academic probation must receive permission from the Assistant Dean UME to take electives and can no longer serve on appointed committees of the university or program or related provincial or national committees nor should participate in program or university affiliated extra-curricular activities including research nor be granted an absence or leave of absence for other than medical or compassionate reasons.

Academic Probation is a formal designation that will be permanently recorded on the students Official Transcript of Academic Record.

9.8.3 Removal from Probation

A student is eligible for consideration for removal from probation when the following condition(s) related to being placed on probation has/have been met:

(1) satisfactory remediation of all identified academic deficiencies

(2) absence of any other **issues** of concern being considered by the SAPC.

10. **Promotion and Graduation**

10.1 The SAPC shall determine if students have met the criteria for promotion. Students are expected to successfully complete all required components of the Undergraduate Medical Education Program curriculum for each year in order to be promoted to the next year of the Program. This includes achieving a pass (PI for each of the five Themes, as well as completing all other Program requirements satisfactorily, as defined in the Promotion, Reassessment, and Remediation Plan for that academic year.

10.1.1 Students not meeting the promotion criteria must complete reassessment/remediation requirements before being reviewed again for promotion. As per 9.1, eligibility for reassessment or remediation is not automatic and may be denied by the SAPC.

10.1.2 A student who fails to meet the standards of professional behaviour as set out in the NOSM Code of Student Conduct may be withdrawn from the Program even though all other Theme and Program requirements are met. Guidelines and policies for dealing with inappropriate or unprofessional behaviour are defined in the NOSM Code of Student Conduct. This includes personal conduct and relationships with peers, patients, hospital personnel, faculty, and staff, or conduct at any time while undertaking NOSM placements or electives.

10.2 In cases where students have not successfully completed all Theme and Program requirements, the SAPC shall determine whether the student will carry out reassessment, remediation (including repeat the year or portion thereof), or be withdrawn from the Program.

10.2.1 Where students are required to repeat a year, the SAPC will determine which portions of the curriculum they must repeat. Students will not be re-assessed for Program requirements or Themes that they have already successfully passed.

10.2.2 Students will only be allowed to repeat one year during their program due to academic failure. Where a student fails a second year, the student will be automatically withdrawn from the Program by the SAPC. Such a decision for withdrawal can be appealed under the NOSM Policy Regarding Academic Appeals.

10.3 Students in Phase 2 will be granted provisional promotion to Phase 3 until their individual assessments are officially reviewed by the Theme committees and the SAPC. If, at that time, students are identified who did not complete all Theme and Program requirements successfully, the SAPC may require them to reassess or remediate the failed assessments, repeat the year, or withdraw from the Program.

11.0 Accommodation for Students with Disabilities

NOSM recognizes that some students will have disabilities or be temporarily limited in terms of their ability. In order to reasonably accommodate such students, some modifications to the assessment process may be considered if it can be accomplished without compromising patient safety and well-being. This section discusses important issues concerning accommodations and student assessment, as well as protocol and standards for those students who have been formally evaluated by qualified practitioners and found to require accommodations for a disability.

- 11.1 Disability is defined by Section 10(1) of the Ontario Human Rights Code, and NOSM (along with the other Ontario Faculties of Medicine) is committed to facilitating the integration of students with disabilities into the University community. Each student with a disability is entitled to reasonable accommodation that will assist him/her to meet the academic standards as defined in these Regulations and to facilitate the student's progress. Reasonable accommodation may require those responsible for student assessment to exercise creativity and flexibility in responding to the needs of students while maintaining academic and technical standards.
- 11.2 However, accommodation cannot compromise patient safety or well-being. The student with a disability must be able to demonstrate the knowledge and perform the necessary skills independently. There are a few circumstances in which an intermediary may be appropriate. However, no disability can be accommodated if the intermediary has to provide cognitive support, substitute for cognitive skills, perform a physical examination, or in any way supplement clinical judgement; these are de facto requirements for the occupational role of physician.
- 11.3 Central to the success of a student with a disability in completing the UME Program is her/his responsibility to demonstrate self-reliance and to identify needs requiring accommodation in a timely fashion. It is in the student's best interest to identify their need for accommodation early. NOSM encourages incoming students to take such action immediately following their offer of admission. Early declaration enables NOSM to take decisive actions so that the students' academic programs will be seamless.
- 11.4 Students should disclose their disability and/or need for accommodations to NOSM's Learner Affairs Office, including any relevant documentation of previous accommodations in post-secondary education. Depending on a variety of factors (including any previous accommodation at the post-secondary level, prior psychoeducational testing, formal diagnoses, and whether the disability is permanent or temporary, for example), a psychoeducational assessment may be required through the host university.
- 11.5 Students with a disability must register annually with the corresponding office at the host university (the Student Accessibility Office at Laurentian University, or the Student Accessibility Services Office at Lakehead University). An individualized plan regarding

accommodations (if appropriate) will be recommended. NOSM's Learner Affairs Office will work collaboratively to develop the annual plan and present it to SAPC.

- 11.6 The Learner Affairs Officer will review the plan in consultation with the student and based on information provided by the Accessibility Office of their respective host university. Subsequently, the accommodation plans will be reviewed by the managers in Undergraduate Medical Education for feasibility of implementation. All accommodation plans will be vetted by the Accommodations Committee prior to being presented to SAPC in an *in camera* session by the Assistant Dean, Learner Affairs or designate. The student shall have the right to speak to the SAPC during this session, but will not be present during the Committee's deliberations. During the *in camera* session, the SAPC will make a final decision regarding the individualized assessment plan for the student. The official individualized accommodation plan for the assessment must be signed by the Chair of SAPC.
- 11.7 Following the decision of the SAPC, the Assistant Dean, Learner Affairs will meet with the student to discuss the approved plan, and will also communicate the decision to the host university's office from whence the recommendations originated.
- 11.8 Accommodation plans for students with disabilities shall be reviewed by the SAPC in an *in camera* session.
- 11.9 Learner Affairs will provide accommodated students with guidance on the Medical Council of Canada's process of accommodation for their medical licensing examinations. For example, Kurzweil assistive technology may be approved for use as an accommodation while a student at NOSM, but the MCC does not permit its use during the licensing examination.
- 11.10 Following approval of an accommodation plan, students will not be asked to participate in an assessment without the approved accommodation having been implemented. This may result in deferral of assessments which case Section 7.6.4 will apply.

12.0 Appeals

- 12.1 Students may appeal Theme grades (or components thereof) or the decisions of the SAPC according to the provisions of the UME Academic Appeals Policy, NOSM Policy Regarding Academic Appeals.

13.0 Other Processes

Before pursuing an application for judicial review with respect to any decisions made under the UME Academic Appeals Policy or under any other related policies and procedures as

approved by the NOSM Academic Council or its subcommittees ("internal processes"), a student must first exhaust any available adequate alternative remedies under the internal processes. Should a student not exhaust the available adequate alternative remedies under the internal processes prior to pursuing an application for judicial review, the SAPC may immediately cease any actions related to the assessment of the student that fall under the jurisdiction of the SAPC.

14.0 Documentation

The SAPC will maintain minutes for the proceedings carried out during the open segment of the Committee meeting. Academic progress of individual students will be monitored in the in-camera segment of the Committee meeting, and decisions are recorded in the minutes. Early detection and warning will be provided to these students described in Section 8

15.0 Appendices

Please note that these appendices are not considered to be a part of the Student Assessment and Promotion Regulations themselves, and changes to the appendices do not constitute changes to the Student Assessment and Promotion Regulations.

- Promotion, Reassessment and Remediation Plans: Theme and Program requirements for each year of the program
- NOSM Grade calculation procedure

16.0 Related Documents

In support of this procedure/guideline, the following [related documents/companion/forms] are included:

- List all relevant documents.

17.0 Getting Help

Queries regarding interpretations of this document should be directed to:

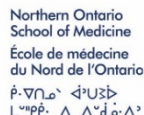
sapcommittee@nosm.ca

Definition: An equivalent assessment is one that tests the same curriculum objectives as the original assessment. The Director of Assessment and Program Evaluation will determine if an assessment is equivalent; their decision is final and binding.

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT

Version	Date	Authors/Comments
V.1	2010-2011	Origin: replace the Student Assessment and Promotion Committee Guidelines SAPC – 02 May 2011; UMEC – 02 June 2011; AC – 09 June 2011
V.2	2010Oct11	Section 9.5: Added “annually” to two sentences SAPC – 15 September 2011
V.3	2012 March12	Annual review: Relocated specifics from 7 to the appended annual assessment plans; added competencies language 1.3, 1.4 and 4.1; added 4.7 and 8.2.1; edited 1.8, 2.1, 3, 5.1, 5.3, 5.6, 6.3, 8 and 12 SAPC – 20 December 2012; UMEC – 07 March 2013; AC – 11 April 2013
V.4	2012 Nov 8	Annual review: Relocated specifics from 7 to the appended annual assessment plans; added competencies language 1.3, 1.4, and 4.1; added 4.7 and 8.2.1; edited 1.8, 2.1, 3, 5.1, 5.3, 5.6, 6.3, 8 and 12 SAPC – 20 December 2010; UMEC – 7 March 2013; AC – 11 April 2013
V.5	2014 Nov 13	Section 5.6.1 Amended to read “The Director of Assessment in consultation as necessary with the Assistant Dean, Learner Affairs will consider and grant requests for extensions to assignments” Section 5.6.2. and 5.6.3 – The regulation will reference and link to the current versions of the UMEC documents “interruptions to Learner Attendance and Leaves of Absence” and “Requests for Approval of Absence from MD Program.” Section 6.1 – Amended to include forward feeding language. Other editorial changes to update terminology: “learners” to “students” ; titles aligned to read consistently “Assistant Dean, Learner Affairs” and Director of Learner Affairs and UME Administration” Section 6.4 and 6.5 – names updated to read “Lakehead Student Success Centre”, “Lakehead Student Accessibility Centre” and “Laurentian Accessibility Office”; Titles clarified Section 9.5 Language clarified
V.6	2015 Feb 12	Section 8.2.2: Added to align with UMEC document “Maximum Time for Completion of the NOSM MD Program” SAPC – 12 Feb 2015
V.6	2015 Sept 3	After three readings UMEC – 3 Sept 2015
V.6	2015 Oct 29	AC – 29 Oct 2015
V.7	2016 May 30	Pg. 13, section 10 Appeals, NOSM Student Promotion and Appeals Policy has been changed to UME Academic Appeals Policy
V.8	2016 June 6	Section 7 – Program definition of remediation inserted and section revised – draft only
V.8	2017 Jan 11	Annual review: Added 4.5.1 and edited 4.5, 5.6.1, 6.4.2, 7, 8.2, 9.6, and 9.9 SAPC – 13 Oct 2016 SAPC clarification at UMEC’s request – Chair’s Action 11 Jan 2017
V.8	2017 Feb 2	Approved by UMEC after three readings

V.8	2017 Apr 6	Approved by Academic Council
V.9	2017 Nov 8	Annual review: clarification of reassessment and remediation language throughout; removal of 5.4.1 and 5.6.4.iv; section 6 Incorporated the Academic Support and Advising Committee (ASAC); Edited position titles throughout; addition of section 7.9 Academic Probation and section 11 Other Processes; edited 9.5 SAPC – 9 Nov 2017; UMEC: 1 Mar 2018; AC: 2018 04 05;
V.10	2018 May 28	Minor wordsmithing change only on page 10, Section 7.9 SAPC Chair's Action UMEC: 2018 Dec 6; AC Approval: 2019 Apr 11
V.11	2019 Dec 11	Annual review: Edits to sections 4.4.2; 4.5; 4.6; 4.7; 5.6.4; 5.6.4(i); 5.6.4(ii); 5.6.4(iii); 7.3; 7.6; 7.6.1; 7.6.2; 7.6.3; 7.6.4;; 7.6.5; 7.6.6; 7.6.7; 7.6.8; 7.6.9; 7.6.11; 7.6.13; 7.6.15; 7.7, placed on new template SAPC: 2019 Dec 11
	2020 02 06	Approved by UMEC
	2020 02 13	Approved by Academic Council
11.1	2020 09 09	Edit to change 'MD Program' to 'UME Program' throughout 6.4.2 – Removal of reference to module Approved by SAPC
	2020 09 18	Approved via UMEC Chair's action
	2020 10 08	Approved by Academic Council
11.2	2020 10 08	These revisions made after 2020 10 08 approval by Academic Council: <ul style="list-style-type: none"> Edit to 9.6.7 – spelling correction – (implementation) Edit to item 9.6.12 – addition of word 'remediation'
	2020 11 12	SAPC reviewed Regulations and forwarded to UMEC
	2020 11 23	Associate Dean UME approved via UMEC Chair's action with the EXCEPTION of the change to 9.6.13
11.3	2021 01 12	SAPC Chair approved via SAPC Chair's action to remove revisions at 9.6.13 so the document can move forward to Academic Council
	2021 02 11	Approved by Academic Council
11.4	2021 08 05	Approved by UMEC
	2021 10 07	To be presented to Academic Council for vote on approval



Date of Meeting: October 7, 2021

Responsible	CEPD & Faculty Affairs
Portfolio:	

Subject: Supporting Faculty and Leadership Gender Diversity at NOSM

<input type="checkbox"/> First Reading	<input type="checkbox"/> For Approval - No First Reading Required	<input type="checkbox"/> Consent Agenda * Note there are requirements for this section
<input type="checkbox"/> Second Reading & Approval	<input checked="" type="checkbox"/> For Discussion	<input type="checkbox"/> For Information

This item is for discussion. Please consider the following questions:

1. What action(s) can individual members of Academic Council implement to support NOSM faculty and leadership gender diversity?
2. What action(s) can Academic Council implement to support NOSM faculty and leadership gender diversity?

Even though the proportion of women in medical school has increased over the past many years, now making up 70% of NOSM's class, women continue to be underrepresented in medical academia in Canada (1). Specific areas where women are underrepresented include career progression, publication authorship, conference presenters, medical grand rounds speakers, and clinical practice guideline committee membership (2). Northern Ontario data will be presented to provide a snapshot of current NOSM faculty and leadership gender diversity. Addressing gender diversity and equity in academic medicine requires a multipronged approach including individual, structural, and organizational interventions (1).

The goal of supporting faculty gender diversity and equity aligns with the NOSM Challenge Strategic Plan 2021-2025, NOSM Academic Principles, and the launch of Respect the Difference. The NOSM Board of Directors has endorsed the school's commitment to equity, diversity, and inclusion by approving guiding principles. Communication and discussion of faculty gender statistics is a helpful first step to advance faculty and leadership diversity at NOSM. The data to be presented was first highlighted to a group of NOSM faculty at Northern Lights: Pan Northern Leadership Forum 2021 on February 26, 2021. This presentation sparked interesting insights and conversations about equity and diversity in leadership both within NOSM and in our partner facilities and institutions including the academic health sciences centres.

Data of interest:

- 70% of NOSM UG learners are women
- 40% of NOSM's physician faculty are women
- 30% of NOSM's senior leadership are women

References:

- (1) Tricco, A., Bourgeault, I., Moore, A., Grnfield, E., Peer, N., Straus, S. (2021). Advancing gender equity in medicine. *Canadian Medical Association Journal*, 193(7), E244-E250.
- (2) Leigh, J., Grood, C., Ahmed, S., Ulrich, A., Fiest, K., Straus, S., Stelfox, H. (2019). Toward gender equity in critical care medicine: a qualitative study of perceived drivers, implications, and strategies. *Critical Care Medicine Journal*, 47(4), E286-E291.

4. Strategic Alignment/Compliance

The NOSM Challenge Strategic Plan 2021-2025: "A major integrating theme is to bring diversity and wellbeing to a new dimension, recognizing that we will achieve brilliance only through equity, diversity and a healthy learning and working environment."

Respect the Difference: "Educating and employing a diverse group of faculty, researchers, learners, and staff contributes to a collective understanding of the realities of the urban, rural, remote, Francophone, Indigenous and vulnerable communities across Northern Ontario." "Diversity is about having a variety of individuals whose unique attributes and different viewpoints are valued. Inclusiveness relates what we do with that diversity. Inclusiveness means attracting NOSM faculty, researchers, learners, and staff with different backgrounds, cultures, and languages. It means nurturing a supportive, respectful, collaborative environment which ensures each individual feels like they belong."

Academic Principles: Inclusivity: "The social accountability mandate of NOSM speaks directly to the importance of the need to serve the socially, culturally, linguistically and geographically diverse populations of Northern Ontario...Inclusivity demands the recruitment of faculty, staff, and learners that represent the identified populations and cultures of Canada."

NOSM Board of Directors Guiding Principles (January 14, 2021): The NOSM Board has endorsed the school's commitment to equity, diversity and inclusion with guiding principles that include “all current and future learners, faculty and staff should have an equitable opportunity to connect, belong, grow, contribute, advance their careers and most importantly, feel comfortable and confident being their authentic selves in an inclusive environment.”

5. RISK ASSESSMENT

Presentation of NOSM faculty and leadership gender diversity data is without risk. Possible Academic Council proposed actions supporting NOSM faculty and leadership gender diversity may be associated with some risk which may need to be addressed.

6. ANALYSIS

N/A

7. FINANCIAL IMPLICATIONS

N/A

8. COMMUNICATIONS STRATEGY

N/A

9. INPUT FROM OTHER SOURCES

N/A

10. ATTACHMENTS

Advancing gender equity in medicine. NOSM: CEPD, March 2021.

Gender Equity in Medicine

Gender inequity persists in Canadian clinical and academic medicine, particularly in leadership. Gender diversity in medicine promotes creative solutions to complex health problems, increases patient access to best care, and improves delivery of high-quality care.



Women outnumber men in Canadian medical schools but are underrepresented in leadership roles, invited opportunities, and overall compensation (2).



In Canadian medical schools, women are less likely to reach higher ranks than men, even after controlling for age, experience, productivity, and specialty (1).



Women are paid an average of 30%-40% less than men through fee-for-service models of payment even after adjusting for age, experience, & workload (1).



Women physicians were five times more likely than their male colleagues to experience opposition to career advancement (3).

Contributing Factors

Unconscious Bias

Gender norms and cultural ideas impact how women are perceived in medical fields.

Family and Domestic Responsibilities

Women continue to play a primary role in family and domestic responsibilities (3). As a result, women may not have the same access to opportunities and advancement.

Pay Inequity

Research shows women physicians focus more on cognitive and caring tasks which are not financially rewarded in the current physician remuneration system (3).

Mentoring and Representation

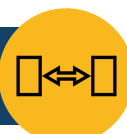
Lack of visibility of women in leadership can discourage other women from pursuing those roles (3), and there is a shortage of women mentors.

Take Action for Gender Equity

Amplify and celebrate women's voices and accomplishments.



Measure and address leadership and pay gaps. Value all types of work.



Advocate for policies and practices that support women.



Promote equal gender representation in hiring, on committees, and more.



Offer to sponsor or mentor women and provide opportunities.



Recognize how gender intersects with other marginalized identities. Amplify minority voices.



Interested in learning more?

Read: *Advancing Gender Equity in Medicine* by Tricco, A.C., Bourgeault, I., Moore, A., Grunfeld, E., Peer, N., & Straus, S.E., published in CMAJ 193(7), 2021. <https://www.cmaj.ca/content/193/7/E244>.

1. Tricco et al. (above)
2. Leigh et al. (2020, June). Improving gender equity in critical care medicine: a protocol to establish priorities and strategies for implementation. *BMJ Open*, 10(6). doi: 10.1097/CCM.0000000000003625
3. Canadian Medical Association. (2018). *Addressing gender equity and diversity in Canada's medical profession: A review*. CMA. [cma.ca/sites/default/files/pdf/Ethics/report-2018-equity-diversity-medicine-e.pdf](https://www.cma.ca/sites/default/files/pdf/Ethics/report-2018-equity-diversity-medicine-e.pdf)

Information or questions?

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