

		Regular Agenda - Recommendations				
4:15 PM	4.0	UMEC Recommendations (Lee Toner)	60-78 79-129	X X		
	4.1	BN & 2023-2024 UME Program Course Descriptions (L. Toner)				
	4.2	BN & SAPC Regulations (L. Toner)				
4:25 PM	5.0	Recommendations from Faculty Affairs (Harshad Telang)	130-134	X		
	5.1	Revised Emeritus Policy / Form attached for information				
4:30 PM	6.0	Recommendations from Registrar (Miriam Cain)	135-143 144-146 147-173	X X		X
	6.1	Establishment of the Schedule of Dates Submission/Important Dates				
	6.2	Process and Timeline for Graduation and Convocation Ceremonies				
	6.3	Home Health Services Information – Learner Support Services (S. Mongeau)				
4:45 PM	7.0	Senate Membership and Elections (G. Kennedy)	174-177 178-180 Separate	X X X		X
	7.1	BN & Revised Senate Nomination and Elections Guidelines				
	7.2	Roles and Responsibilities of Senators				
	7.3	Report - 2022 Election Sample Call and Timelines				
5:00 PM	8.0	Senate Executive Committee Terms of Reference	181-184	X		X
5:05 PM	9.0	Remote First Nations Medical Residency Project (J. LeBlanc)	185-219			X
5:15 PM	10.0	CEPD Advisory Committee Report and Accreditation Report (J. Goertzen)	Linked			X
	10.1	CEPD Report & NOSM U CEPD CACME Internal Quality Review Report				
5:25 PM	11.0	President’s Report (Sarita Verma)	Linked 220-223 224-227		X	X
	11.1	President’s Report – Fall 2022 – Integrity				
	11.2	Engagement Report				
	11.3	Strategic Plan Report and Update				
	11.4	September 21, 2022 – After Meeting Report – Board of Governors				
5:35 PM	12.0	Other Business				X
5:45 PM	13.0	Meeting Evaluation link: Tell us How We Are Doing! https://nosm.qualtrics.com/jfe/form/SV_byBWq55jVZPdu3c	Link	X		X
	14.0	Meeting Schedule - 2022-2023 Meeting Schedule Online				
5:50 PM	15.0	Informational Items				X
6:00 PM	16.0	Adjournment - Next Regularly scheduled meeting is December 15, 2022 (3-6pm) (All items due: November 28)				

ⁱ **Consent Agenda:** To allow the Senate 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 Senators, but items listed under the consent sections will not be discussed at the meeting unless a Senator so requests. All Senators are supplied with the appropriate documentation for each item, and all items on the Consent Agenda will be approved by means of one motion.

Minutes of the Senate Meeting

Date:	June 16, 2022
Time:	4:00 PM TO 6:00 PM
Location	Virtual Only

Members in Attendance

Ex-Officio: Sarita Verma (President), Rob Anderson, Doug Boreham, Miriam Cain, Catherine Cervin, Patty Fink, James Goertzen, Elizabeth Levin, David Marsh, William McCready, Owen Prowse, Lee Toner, Harshad Telang, Barb Zelek

Human Sciences: Elaine Hogard, Patricia Smith, Ryan Tonkens, Bruce Weaver

Medical Sciences: Neelam Khaper, Sujeenthara Tharmalingam, David MacLean (Speaker)

Clinical Sciences: Emmanuel Abara, William Hettenhausen, Frances Killbertus, Rayuda Koka, Popuri Krishna, John Lanthier, Sonja Lubbers, Paolo Sanzo, Dave Savage, Britton Sprules

Indigenous Academic: Darrel Manitowabi, Kona Williams

Francophone Academic: Chris Kupsh

MD Students: Camille Ham, Alison Lewis

Postgraduate Trainees: Pascale Brown, Stone Li, Andres Griborio Guzman,

HS Learners: Adriana Bressan

Committee Chairs: Joseph LeBlanc, Alain Simard, TC Tai

Regrets: Ashley Hurley, Rony Atoui, Elaine Innes, Laura Piccinin, Brian Ross, Justin Roy

Administration Attendance:

Gina Kennedy (University Secretary) and Alexandra Curry (Assistant Secretary) (Recorder)

Guests/Observers in Attendance: Anita Arella, Danielle Barbeau-Rodrigue, Simon Lees, (OPSEU 1 Observer), Katie Biasiol, Sherry Mongeau, Grace Vita, Jacalyn Cop-Rasmussen, Linda Liboiron-Grenier, (2 external attendees)

#	ITEM
Open Meeting Minutes	
1.0	<p>Welcome – David MacLean, Speaker</p> <ul style="list-style-type: none"> Land Acknowledgement and Reflection <p>NOSM University respectfully acknowledges that the entirety of the University’s wider campus of Northern Ontario is on the homelands of First Nations and Métis Peoples. The university buildings are located on the territory of Fort William First Nation in Thunder Bay and the Anishinabek Nation, specifically Atikameksheng and Wahnapiatae First Nations, in Sudbury.</p>

<p>2.0 2.1</p>	<p>Call to Order Agenda Review</p> <ul style="list-style-type: none"> Additions or Edits, Declarations of Conflicts and Approval Moved (William Hettenhausen/Elaine Hogard) Be it resolved that the agenda along and consent agenda be approved as presented. CARRIED <p>Quorum was attained. Before moving into the content of the meeting, Dr. Maclean reminded the members of important housekeeping matters for the purpose of the meeting.</p>
<p>3.0 CA-1 CA-2 CA-3 CA-4 CA-5 CA-6</p>	<p>Consent Agendaⁱ Minutes of the Meeting – April 7, 2022/After Meeting Report</p> <ul style="list-style-type: none"> (E Motion) Approval of Graduands - Carried <i>Moved that the draft minutes of the April 7, 2022 meeting are approved as presented. Carried</i> <p>CA-3 UMEC BN & Program Disciplines (Course Descriptions) (L. Toner) <i>Moved that the Program Disciplines (Course Descriptions) (MD Program) is approved as presented. Carried</i></p> <p>CA-4 UMEC – BN & 2022-2023 Phase 1 Syllabus (L. Toner) <i>Moved that the Phase 1 Syllabus (MD Program) is approved as presented. Carried</i></p> <p>CA-5 UMEC – BN & 2022-2023 Phase 2 Syllabus (L. Toner) <i>Moved that the Phase 2 Syllabus (MD Program) is approved as presented. Carried</i></p> <p>CA-6 UMEC – BN & Academic Curriculum Schedule (L. Toner) <i>Moved that the Academic Curriculum Schedule (MD Program) is approved as presented*. Carried</i> ** noted change in date</p> <p>Noted questions from the Registrar regarding the Academic Curriculum Schedule - timelines for completion of electives which was clarified as August 10.</p>
<p>CA-7</p>	<p>Division and Committee Reports (no action reports)</p> <ol style="list-style-type: none"> Division of Clinical Sciences Division of Medical Sciences Division of Human Sciences Academic Indigenous Health Education Committee Admissions Committee CEPD Advisory Committee Graduate Studies Committee PGME Committee Research Committee and Research Priorities Health Sciences Report <p>Reports are included in the meeting package; members are encouraged to review and provide any comments or feedback.</p>
<p>CA-8</p>	<p>UMEC Report (Lee Toner)</p> <ol style="list-style-type: none"> UMEC Regular Report (L Toner) Dr. Toner provided a brief overview of the report included in the meeting package. BN & Medical Student Performance Record <p>As a result of its annual review, the MSPR policy and template has been revised. Some of the changes have been made as a result of consensus amongst Canadian medical schools as to</p>

	<p>what the document should contain. This is not a Senate approved document. It is provided for the information of the Senate members.</p>
Reports and Recommendations	
4.0	<p>UMEC Recommendations (Lee Toner)</p>
4.1	<p>UME Code of Student Conduct – Revised (Clean/Trchg)</p> <p>Moved (Lee Toner /Elaine Hogard) Moved that the revised UME Code of Student Conduct be approved as amended (#1-3). CARRIED as Amended</p> <p>Moved (Elaine Hogard/ Wm Hettenhausen) Moved to change the wording in 1.3 f to appropriate people in the University. CARRIED – Amendment #1</p> <p>Moved (Elaine Hogard/ Wm Hettenhausen) Moved to change the wording in 1.4 d to include the formal protected grounds as listed by the human rights commission of Canada. (Align with admissions policy) CARRIED – Amendment #2</p> <p>Moved (James Goertzen/ Wm Hettenhausen) Moved to change the wording in 1.5 f, to “refrain from sexual or romantic relationships that involve a student and faculty member or supervisor.” CARRIED – Amendment #3</p> <p>There was a discussion and recommendation that we move towards a whole University approach regarding the Code of Student Conduct. Many of the key components that are now interlinked with the Registrar’s office and other programs that have University wide implications, such as regulations and conduct. Additionally, there is a need for more discussion on a calendar that encapsulates whole University policies, the academic integrity policy that covers the whole university will be essential for RIRR application to administer Tri agency funds. Which promotes the concept that the educational programs developing those sorts of university, wide programs policies.</p>
4.2	<p>Indigenous Peoples’ Health and Wellness Collaborative Specialization (IPHWCS) (Lee Toner)</p> <ul style="list-style-type: none"> a) Recommendation for Certificate b) IPHWCS Curriculum Descriptions (Clean/Trchg) <p>Dr. MacLean opened this discussion with some background indicating that this was presented as a proposal last year and noted that it is being brought forward today with some evolution in the documents and curriculum.</p> <p>Dr. Toner referred to the documents in the meeting package indicating that within UME the curriculum committee are examining the governance structure and as such will need to be modified as discussion progress at that level. As it relates to the certificate or ‘award’ of completion, this subject will require input from Registrar as well to determine exactly what the options are and the approach. Therefore Dr. Toner is requesting that that first motion in the package be deferred.</p> <p>Motion 1: DEFERRED That the NOSM University Senate develop a certificate to be awarded to students in recognition of their completion of four years of the IPHWCS. Moved (LToner/WHettenhausen)</p>

<p>4.3</p>	<p>Moved that Senate adopt the IPHWCS Curriculum Description document as amended. CARRIED</p> <p>Amendment #1 Moved (JLeBlanc/WHettenhausen) Moved that on the topic of governance structure, request to add the Associate Dean Equity and Inclusion to the governance. CARRIED</p> <p>Francophone Curricular Stream Proposal (Lee Toner) a) 2022 Pilot Project Proposal</p> <p>Members were referred to the documents in the meeting package.</p> <p>Moved (LToner/WHettenhausen) Moved that the first reading be suspended on the Francophone Curricular Stream Pilot Project for the academic year 2022-23. CARRIED</p> <p>Moved (LToner/JLeBlanc) Moved that the Francophone Curricular Stream Pilot Project for the academic year 2022-2023 be approved as presented. CARRIED</p> <p>Moved (LToner/WHettenhausen) Moved that the Francophone Curricular Stream Initiative for the academic year 2023-2024 and beyond be approved as presented. CARRIED</p>
<p>5.0 5.1</p> <p>5.2</p>	<p>Recommendations from Registrar (Miriam Cain) Motion to approve Academic Fee Schedule (revised)</p> <p>Moved (MCain/WHettenhausen) Move that the NOSM University Academic Fee Schedule revision be approved as revised*. CARRIED</p> <p>*Noted clerical amendment to the fees - winter term, in the spring summer term - overcharging 50 cents.</p> <p>Update and Report on Convocation Miriam Cain presented on the convocation which included a PowerPoint presentation with photos from the convocation. The ceremonies were extremely successful and well attended.</p>
<p>6.0 6.1</p>	<p>Recommendations from Faculty Affairs (Harshad Telang) Evaluation of Faculty Providing Clinical Teaching Anita Arella, Director Faculty Affairs presented the policy with changes for Dr. Telang.</p> <p>Moved (BZepek/CCervin) Moved that the revised Evaluation of Faculty Providing Clinical Teaching Policy be approved as presented</p>

	<p>CARRIED as Amended</p> <p>Amendment #1 Moved (EHogard/ELevin) Moved that 1.0 to read in the 3rd paragraph. "Faculty affairs are primarily, but not exclusively based on the candidates." CARRIED</p> <p>Amendment #2 Moved (JGoertzen/WHettenhausen) Moved that 3.0 should read 'primary Clinical Faculty teacher(s)' and last bullet to read 'Other Health Sciences learners'. CARRIED</p>
7.0	<p>Report from the GNC (David MacLean) The report was presented. Dr. MacLean highlighted two items.</p> <ul style="list-style-type: none"> Academic Principles will be circulated to Senate and to the Chairs of the Standing Committees for review and feedback by your respective committees or divisions. Please take the opportunity to review this important document, those comments will be presented at the next Senate meeting. Membership – After a review of the Act, where it sets out the conditions of the transition senate and with the work that needs to be completed, the Committee agreed with the recommendation that with the few terms that will be completed June 30 2022 be extended until such time as the new Senate membership is confirmed. At the October meeting the Secretary will present the Election Plan and Dates. This extension will not necessarily be for learners, unless the individuals are still in those positions, and they agree. <p>Members can provide any feedback or comments to the Secretary.</p>
8.0	<p>Vice Dean Academic Report (Catherine Cervin) a) EDI Retention and Measurement Policy (information only) The Equity Diversity and Inclusion Retention and Measurement policy is in the package for information.</p>
9.0 9.1 9.2 9.3	<p>President's Report (Sarita Verma) Our Year of Making History President's Performance Goals (2021-2022 - 2022-2023) May 12 – After Meeting Report – Board of Governors</p> <p>The NOSM Board of Governors After meeting document was posted to the public website. The President's Performance Goals are in the package and approved by the Board at the May 12 meeting.</p>
10.0 10.1	<p>Other Business Canadian Leadership Institute for Medical Education (CLIME) 2.0 (James Goertzen)</p> <p>The Chair motioned for an additional 10 minutes on the agenda. No objections were noted.</p>
10.2	<p>Research Annual Report - A Treetop View (David Marsh) Members were referred to the excellent 2021 Annual Research Report included and linked in the package.</p>

10.3	Meeting Evaluation link: https://nosm.qualtrics.com/jfe/form/SV_byBWq55jvZPdu3c Members were asked to please take a few moments to complete the evaluation, your feedback helps us develop the agendas and Senate
10.4	Meeting Schedule - 2022-2023 Meeting Schedule Online The meeting dates are posted online through 2023 please ensure you have them calendared.
11.0	Informational Items There were no additional items to add
12.0	Adjournment With no further business the meeting adjourned at 6:03 pm

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APPROVED

Motion Carried Electronically July 7, 2022
Confirmed by Senate Secretary, Gina Kennedy

Action Briefing Template

To:	Senate	Date of Meeting: July 19th, 2022 Electronic Vote
Submitted By:	Miriam Cain, Registrar	
Responsible Portfolio:	Registrar's Office / PGME and HS Portfolio	
Subject:	Electronic approval of list of graduands from the Northern Ontario Dietetic Internship Program (NODIP)	

- For Approval
 For Recommendation
 For Discussion

REQUESTED ACTION:

The Senate is being asked to approve the list of graduands from the NOSM University Northern Ontario Dietetic Internship Program (NODIP) for the academic year 2021-2022. The list of graduands has been prepared by Cara Green, Program Manager NODIP who oversees the completion of the competency-based program requirements. These requirements are scheduled to be completed by each graduand in July 2022.

MOTION - Moved by Miriam Cain Seconded by Dr. Rob Anderson

BE IT RESOLVED THAT, having met all the requirements for the Certificate of Dietetic Internship with the Northern Ontario Dietetic Internship Program at the NOSM University upon the recommendation of the Associate Dean, Postgraduate Medical Education and Health Sciences and the Program Manager, NODIP, that the NOSM U senate approve the attached list of graduands:

- Chelsea Leslie
- Eryn Loney
- Madeline Gilfix
- Nicole Forget
- Emily Guido-Shoepfner
- Rosette Moore
- Jessica Greenwood
- Vanessa Cerilli
- Lisa Gauthier
- Victoria Emmell

Further that subject to the right of the Program Manager, NODIP to initiate late changes or completions with the University Register up to September 30, 2022.

CARRIED BY ELECTRONIC VOTE

To:	Senate	Date of Meeting: October 6, 2022
Submitted By:	Dr. Robert Anderson, Associate Dean PGME	
Responsible Portfolio:	Postgraduate Medical Education (PGME)	
Subject:	PGMEC Terms of Reference Update and Approval	

PURPOSE

Review of the current PGMEC Terms of reference included feedback from the preliminary report of CanRAC Accreditation Committee (February 2022) as well as to incorporate the addition of a PGMEC subcommittee and updated NOSM University language.

FOR: X Decision (formal approval/motion)

MOTION OR RESOLUTION: Moved by Dr. Rob Anderson /Seconded by:

Moved that the revised PGME Terms of Reference be approved as presented

ACCREDITATION FEEDBACK

Area For Improvement	Details of Feedback
1.3.1 PGMEC structure is composed of appropriate residency education stakeholders.	1.3.1.2: There is no representation from clinical learning sites on the Postgraduate Medical Education Committee (PGMEC), outside of Health Sciences North and the Thunder Bay Regional Health Sciences Centre. Program coordinators are represented at the PGMEC by PGME managers but there is no coordinator appointed to participate in the committee.

REVIEW OF CHANGES

- i) New NOSM U template
- ii) Updated language including changes to reference NOSM U Senate instead of Academic Council
- iii) Section 3.1.4 Addition of the Residency Position Allocations Subcommittee
- iv) Section 4.0 Addition of Program Coordinator Representatives
- v) Section 4.0 Addition of PGME Community Site Representatives: North Bay, Sault St Marie, Parry Sound, Muskoka/Huntsville, Sioux Lookout (Based on sites that intake CFPC and Royal College residents)

NEXT STEPS

Motion to approve this updated version of the Terms of Reference and circulate to the committee.



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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Terms of Reference

Postgraduate Medical Education Committee					
Approved By:	Academic Council Senate				
Approval Date:	2021 09 02	Effective Date:	2021 09 02	Review Date:	2024 04 09
Responsible Portfolio/Unit/Committee:	Postgraduate Medical Education Unit with the Postgraduate Medical Education (PGME) & Health Sciences (HSP) Portfolio				
Responsible Officer(s):	Associate Dean, PGME & HSP				

1.0 Purpose

The Postgraduate Medical Education Committee (PGMEC) is the standing committee of ~~Academic Council~~ Senate that facilitates the governance and oversight of postgraduate medical education in all recognized residency programs (for which accreditation has been granted by the Royal College of Physicians and Surgeons of Canada [RCPSC] or the College of Family Physicians of Canada [CFPC]) to NOSM ~~University~~ [NOSM U]. The committee is accountable for supporting the Postgraduate Associate Dean in planning, organizing, and evaluating all aspects of residency education and ensuring that the Postgraduate Medical Education Unit aligns with NOSM U's mission:

"To improve the health of Northern Ontarians by being socially accountable in our education and research programs and advocating for health equity."

2.0 Scope and Functions

The focus, activities and decisions of the committee are aligned with *The General Standards of Accreditation for Institutions with Residency Programs* and apply to all residency programs. Specifically, the committee adheres to where the standards reference The Domain of Institutional Governance and the Domain of Continuous Quality Improvement in regard to specific functions including but not limited to:

- 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 [U](#), 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 [U](#).

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~~[Senate](#)

The PGMEC will recommend to ~~Council~~[Senate](#):

- 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 CouncilSenate](#) outlining the activities of the PGMEC per the [Academic CouncilSenate](#) 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 Senate](#) for action.
- c. When the PGMEC makes a recommendation for a change its terms of reference, this will be forwarded to [Academic CouncilSenate](#) for action.

3.1.4 PGMEC Subcommittee Governance:

PGMEC governs various corresponding Subcommittees including:

- Wellness Advisory Group
- Accreditation [and Quality Improvement](#) Subcommittee
- [Allocation of Residency Program Positions 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](#)

~~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~~)

[Senior](#) Learner Affairs Officer, Residents and Interns

Coordinator, Promotions and Recruitment

Instructional Designers ~~(2)~~

5-9 [Program Coordinators \(1 CFPC Representative, 1 Royal College Representative\)](#)

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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)

[PGME Community Learning Site Representative, North Bay Regional Health Centre](#)

[PGME Community Learning Site Representative, Sault Ste. Marie Hospital](#)

[PGME Community Learning Site Representative, West Parry Sound Health Centre](#)

[PGME Community Learning Site Representative, Sioux Lookout Meno Ya Win Health Centre](#)

[PGME Community Learning Site Representative, Muskoka Algonquin Health Care](#)

[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

6.05.0 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.

7.06.0 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,~~

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Version	Date	Authors/Comments
	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
6.0	2021 04 08	Approved by Academic Council
7.0	2021 09 02	Amended Amended to add two new staff roles. Approval by Academic Council TBA (October 2021).
<u>8.0</u>	<u>2022 09 08</u>	

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To: Senate **Date:** **September 19, 2022** (RE: October 6, 2022 Senate mtg.)

From: Dr. Alain Simard (Assistant Dean, Graduate Studies, Chair – Graduate Studies Committee)

Subject: 2023-2024 Master of Medical Studies Course Descriptions Approval

Action Required: INFORMATION APPROVAL/DECISION

Title: 2023-2024 Master of Medical Studies (MMS) Course Descriptions Approval

Executive Summary:

The MMS aims to train clinician researchers, in particular physicians in Northern Ontario, with a rural and remote research focus.

NOSM Academic Council approved the Master of Medical Studies program proposal on December 7, 2017 and the Joint Senate Committee approved the proposal on December 8, 2017.

The program admitted the first cohort of students in September 2020. Approval of the MMS courses by Senate is required (on a yearly basis) to meet deadlines to have the courses included in the 2023-2024 Academic Calendar.

Required Courses:

- MMS 5810 Research Thesis – 9 credits
- MMS 5815 Introduction to Research in Medical Studies – 3 credits
- MMS 5830 Independent Study/or Advanced Topic – 3 credits
- MMS 5835 Bioethics and Research Integrity – 3 credits

Elective Courses:

- MMS 5850 Research Grant Writing – 1.5 credits
- MMS 5855 Critical Appraisal of Research Reports – 1.5 credits
- MMS 5870 Special Topics in Rural and Remote Practice – 1.5 credits

Note: Request is for 'Approval/Decision' as there have been no changes to the course descriptions since Senate approved the 2022-2023 course descriptions at their April 7, 2022 meeting.

MOTION OR RESOLUTION: "Moved that the 2023-2024 Master of Medical Studies (MMS) course descriptions be approved as presented. "

Context or Scope of Problem:

A strategic priority at NOSM is to enrich our educational programs. The Master of Medical Studies is a direct strategy to achieve this objective. Approval of the proposed Master of Medical Studies courses will ensure that the program will continue to be offered.

It is a requirement to seek Senate approval for any academic courses offered by NOSM University.

Policy Alternatives:

Not applicable.

Policy Recommendations:

Not applicable.

Consulted or Recommended Sources:

The 2023-2024 MMS course descriptions were approved by the MMS Program Committee on August 31, 2022, and by the Graduate Studies Committee on September 9, 2022.

Communications Strategy:

The 2023-2024 MMS course description will be available on the NOSM University website, within the Graduate Studies section.

Attachments/Appendixes:

1. MMS 2023-2024 Course Descriptions_2022.08.22

MMS COURSE DESCRIPTIONS – 2023-2024

1. MMS 2023-2024 Course Descriptions_2022.08.22

Approval Authority: Graduate Studies Committee, Senate

Established On: 2022 08 22

Amendments: None

Category: Academic

Master of Medical Studies Graduate Courses

The purpose of creating the MMS program is to provide an opportunity for physicians, to learn and develop the knowledge and skills necessary to be successful researchers. Accreditation standards for undergraduate medical education, postgraduate training and continuing professional development all include reference to research and scholarly activity as important components in medical practice in Canada. According to the Association of Faculties of Medicine of Canada (AFMC), there has been a plateau in the number of clinicians trained as research scientists. Hence, there is a need for medical schools to provide programs that train physicians to become qualified clinician researchers. The MMS program and the MMS courses are specifically designed with a focus on clinician scientists who work primarily in rural or remote regions and ask research questions unique to these environments.

The MMS graduate program will be delivered using NOSM University's unique Distributed Community Engaged Learning (DCEL) model, which has been successfully offered as part of NOSM University's undergraduate MD program for over ten years. An important aspect of this model is that the courses will be offered asynchronously to accommodate the clinical practice schedules of the students. All the course offerings for the MMS program, listed below, are graduate level courses. The MMS courses were designed to best accommodate our unique target audience, practicing physicians, and to successfully use the distributed course delivery model.

MEDS 5810 - Research Thesis

(9 credits, required)

This course comprises the research thesis component of the MMS degree. The thesis will be written in either the traditional approach utilizing individual chapters or the more progressive approach as an expanded manuscript. The approach, which is taken, is decided by the student's thesis committee and takes into consideration the area of research interests. It is expected that each student will enroll concurrently in this course each semester that they are in the program either as a full time or part time student. Once the thesis is completed and successfully defended, then the total course credit of 9 will be awarded.

MEDS 5815 - Introduction to Research in Medical Studies

(3 credits, required)

This is the foundational course for the MMS degree and it focuses on contemporary approaches in conducting research in medicine and the health care field. It includes topics such as: research design and experimentation, qualitative and quantitative methodology and analyses, and the development of a research proposal. Upon completion of this course, students will be able to develop a research proposal and apply the appropriate qualitative or quantitative approach to data collection and analysis as it relates to health-based research.

MEDS 5830 - Independent Study/or Advanced Topics

(3 credits, required)

This course is designed to introduce the student to a topic of interest that is related to their proposed area of research. This course will allow the student to explore their area of interest in greater depth and gain more specialized and specific knowledge, which will assist in designing and conducting their thesis research project. The topic will be agreed upon by the advisor and student and must be related to their research area of interest. Upon completion of this course, the student will have a greater understanding of the selected area of research in order to develop of their own research proposal and thesis topic.

MEDS 5835 – Bioethics and Research Integrity

(3 credits, required)

This course is designed to provide the student with an in-depth understanding of topics in research bioethics and responsible conduct of research in areas of health and medicine, in particular as they relate to research in rural, remote and marginalized communities. This course will include consideration of the moral, ethical and philosophical implications as they relate to health research and the principles of responsible conduct of research in the context of national and international standards.

MEDS 5850 – Research Grant Writing

(1.5 credits, elective)

This course introduces students to various aspects of grant writing and grant writing styles. The course focuses on the step-by-step processes involved in creating a competitive research grant proposal. The course also provides instruction on identifying health research funding opportunities from local, provincial, national and international agencies, including those unique to Northern Ontario. The course culminates in students developing and writing a grant proposal based on their chosen area of research interest and how the funding would support advancement of that field of study.

MEDS 5855 - Critical Appraisal of Research Reports

(1.5 credits, elective)

This course will introduce students to methods for critically evaluating health research by focusing on critical appraisal of current and relevant health research publications, including clinical research. The course will include a systematic approach for evaluating the strengths, weaknesses and value of research data and how to assess the usefulness and validity of the research findings. The students will also learn the skills necessary to evaluate various types of research methodologies with the aim of providing the students with the tools to guide their own critical analysis and evaluate their own written work.

MEDS 5870 – Special Topics in Rural and Remote Practice

(1.5 credits, elective)

This course will focus on aspects of rural and remote practice in the context of Northern Ontario. The course will include topics on health and illness as they relate to rural and remote communities, what defines rural and remote, access to care, interpretation of social determinants of health, training for rural or remote practice, and recruitment and retention of rural health workforce. This course will introduce students to organizations that address rural and remote practices globally.

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT		
Version	Date	Authors/Comments/Amendments/Approvals
1.0	2022.08.22	Hillary Sparkes Prepared for the 2023-2024 academic year. [Approved by MMS Program Committee on August 31, 2022] [Approved by Graduate Studies Committee on September 9, 2022] [Approved by Senate Pending]

Current Activities

1. Membership

- The Clinical Sciences Division (CSD) currently has 1804 members

2. Faculty Appointments

- We continue to recruit new faculty as interest in the University expands. Currently, there are approximately 22 applicants being considered for appointments.
- A targeted recruitment initiative is underway to encourage NOSM U's 2022, self-declared francophone and Indigenous graduates who are practicing in northern Ontario to join our division.

3. Academic Registrants

- There are 12 Academic Registrants being considered for appointment and 57 Academic Registrants currently at NOSM.
- An Academic Registrant Peer Network has been established co-led by Dr. Nisha Nigil and Dr. Ghazala Basir and will meet later in the Fall. Dr. Biman will be the Section Chair support for this group.
- We are working with the Academic Health Science Centres to ensure our Academic Registrant faculty are well supported to achieve their academic and scholarly deliverables.

4. Reappointments for Clinical Faculty

- 416 reappointment offers were sent out for 2022. We continue to follow up with faculty who have yet to sign their offer.

5. Promotions for Clinical Faculty

- The promotion application deadline is Sept 30. Once the deadline has lapsed the Joint and Stipendiary Promotions Committee will commence reviewing applications. Section Chairs met throughout the spring and summer with faculty interested in promotion.

6. NOSM U Faculty Annual Demographic Information Update and Involvement Questionnaire

- A pre-populated demographic information form was sent to all faculty requesting any updates to their records. This will allow us to meaningfully update the areas of interest, teaching, research of our clinical faculty. Updated information is being entered in the FA database and will be shared with NOSM U stakeholders.
- Involvement questionnaires continue to be sent to all new faculty. The spreadsheet indicating the faculty teaching interests is accessible to NOSM U schedulers on SharePoint <https://nosm.sharepoint.com/sites/aig>

7. Faculty Recognition

- The Office of Faculty Affairs receives information via faculty and NOSM U 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. The following is a list of NOSM U faculty we are aware of who have won an external award last two years.

2021 External Faculty Award Recipients			
Title	First Name	Last Name	Award Name
Dr.	Amer	Alaref	Certificate of Merit Award (Radiological Society of North America - RSNA)
Dr.	Tara	Baron	Community Partnership Award 2021 (sudbury.com)
Dr.	Jane	Fogolin	RCPSC - Competence by Design (CBD) Innovator
Dr.	Robert	Hamilton	OMA Life Membership Award
Dr.	Edward	Hirvi	CAME Award
Dr.	Brent	Kennedy	PCTA Leadership Award
Dr.	Roy	Kirkpatrick	Rural Specialist Merit Award (SRPC)
Dr.	Louisa	Marion-Bellemare	Ontario College of Family Physicians (OCFP) 2021 Award of Excellence
Dr.	Michael	Mason	PARO - Excellence in Clinical Teaching Award
Dr.	Janet	McElhaney	Jonas Salk Award
Dr.	Venkadesan	Rajendran	Centenary Medal of Distinction (Canadian Physiotherapy Association)
Dr.	Julie	Samson	Ontario College of Family Physicians (OCFP) 2021 Award of Excellence
Dr.	Sarita	Verma	Medical Post Canadian Healthcare Network 2021 Physician Power List
Dr.	Stephen	Viherjoki	Rural Service Award (SRPC)
Dr.	Janice	Willett	OMA Section Service Award
Dr.	Barb	Zelek	SRPC Rural Mentorship Award
Dr.	Barb	Zelek	OCFP Ontario Family Physician of the Year

2022 External Faculty Award Recipients			
Dr.	Sarah	Newbery	Certificate of Merit (CAME)
Dr.	Teresa	Bruni	2022 Canadian Pediatric Society's Distinguished Paediatrician Award
Ms.	Lisa	Bishop	2022 Lewirokwas Cape Award for Midwives
Dr.	Shannon	Wiebe	Canadian Association of Emergency Physicians - Emergency Physician of the Year
Dr.	Barb	Zelek	SRPC Rural Long Service Award
Dr.	Ranjit	Baboolal	TBRHSC Professional Staff Award.
Dr.	Janet	McElhanev	Posthumous - Ronald Cape Distinguished Service Award by the Canadian Geriatric Society.
	Wawa Primary Care Team		EMRAP Rappies Award - Best podcast of 2021. https://www.emrap.org/episode/emrap2021august/ruralmedicine

8. Faculty Evaluation

- Faculty evaluation is being maintained between two evaluation software programs at present: One45 and Elantra. The goal is to have all Phases of Undergrad education in the Elantra system by September 2023. All Postgraduate education programs are currently being evaluated through Elantra.

9. Future initiatives

We are aiming to hire a Public Health and Preventative Medicine Section Chair. The role is currently posted on NOSM U's career page of the website.

In a shared initiative with the Office of Research, NOAMA/PCTA and CSD, we have hired a research assistant supported in part through NOHFC that will do an environmental scan of clinical faculty research.

The Medical Sciences Division actively participates in all areas of the school. Its faculty are actively involved in teaching, governance, serving on committees, and other scholarly activities at the Northern Ontario School of Medicine. Faculty of the Division are also heavily involved in various research projects. The Division currently has 50 appointments.

1. Membership

- a) Full-Time Faculty: Laurentian: 9 Lakehead: 6
- b) Joint Faculty (half time appointments): Laurentian: 1
- c) Emeritus Faculty: Laurentian: 1
- d) Honorarius Faculty Laurentian: 1
- e) Stipendiary Faculty Laurentian: 21 Lakehead: 6 International: 2
- f) Cross-Appointed Faculty: Laurentian: 3 Lakehead: 0
- g) Administrative Assistant: Pam Lemieux

2. Hiring

The Medical Sciences Division has hired one new stipendiary faculty member since our last report.

3. Teaching Activities

Dr. Alain Simard has one new fourth year student this fall.

Dr. David MacLean has one new undergraduate student this fall.

Dr. Brian Ross has one new student in the NOSM Master of Medical Studies program.

Dr. Neelam Khaper and Dr. Simon Lees co-supervised one PhD student in the medical biotechnology program at Lakehead U, by Simon Lees and defended her thesis this past summer.

Dr. Simon Lees is co-supervising two new students, 1 PhD in Chemistry and one MSc.

Dr. Marina Ulanova has one new fourth year student this fall.

Dr. Carita Lanner will be supervising a master's student who will be completing a Critical Essay Master's.

Dr. Tom Kovala will be co-supervising three graduate students: two MSc, one PhD.

Dr. Chris Thome has one new 4th year thesis student this fall. Four PhD students completed their comprehensive exams over the summer.

Dr. Alexandre Moise taught four new lectures of which two are in Microbiology and Infectious Diseases (CBM111) and two are in Pharmacology (108 and 111).

Dr. Alexander Moise has one new graduate student coming from McGill, supervised with Jeff Gagnon. He also has two summer students, one supported by NSERC Undergraduate Student Research Awards (USRA) and one by the Canada Summer Jobs program. One BMS PhD continuing student passed her comp earlier in the year (January).

Dr. Suji Tharmalingam had three new undergraduate student start in September 2022 and had two PhD students complete their PhD exams.

4. Research Activities

Dr. Tom Kovala will be co-investigator on a project for which a grant from the Northern Cancer Foundation was received.

Dr. Tom Kovala will be the principal investigator for their three respective Mitacs accelerate grants.

Other Activities

Dr. Alexander Moise co-organized a Federation of American Societies of Experimental Biology (FASEB) international meeting this past June. This was the [6th International Retinoid Conference](#), which is the most important meeting for scientists, clinicians and public health experts exploring the physiological roles of vitamin A in health and disease including vitamin A supplementation programs and retinoid therapies for cancers, skin and visual disorders. The meeting was held in Ohio and was attended by 70 researchers from US, Canada, Europe, South America and Japan. We recruited two keynote speakers from Johns Hopkins and UC-Berkeley, and we raised close to USD 60K to support this meeting and overall, the feedback was very positive.

5. Sabbatical Leaves

Dr. Amadeo Parissenti is on sabbatical leave from July 1, 2022, to June 30, 2023

6. Reappointments

One faculty member has not accepted their reappointment as of this report.

7. Quarterly Divisional Meetings

The last Medical Sciences Quarterly Divisional Meeting took place on June 14, 2022.

8. Announcements

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 NOSM University 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) Honorarius Faculty:

West Campus: 1

c) Emeritus Faculty:

West Campus: 1

d) Stipendiary Faculty:

West Campus: 9

East Campus: 22

e) Cross-Appointed Faculty:

West Campus: 4

East Campus: 1

f) Professional Librarians:

West Campus: 2

East Campus: 2

g) Administrative Assistant:

Ms. Sarah Sanford

2. Promotion

Dr. Scott Sellick has successfully been promoted to Associate Professor Honorarius, effective July 1, 2022. The announcement was made at Northern Constellations during the Faculty Celebration and Awards event.

3. Teaching Activities

4. Research Activities

Dr. Pat Smith has received \$302,413 in funding from the Public Health Agency of Canada's Healthy Canadians and Communities Fund (HCCF) to explore expansion of access to smoking cessation interventions for priority populations

5. Sabbatical Leave(s)

Dr. Erin Cameron is on sabbatical effective July 1 through to December 31, 2022.

6. Reappointments

The Division reappointed 21 of the 29 stipendiary faculty who had terms ending on June 30, 2022. One faculty member withdrew their appointment with the Division, eight are still outstanding.

7. Divisional Seminar Series 2022-2023

The Human Sciences Seminar Series' first seminar of the academic year is scheduled for October 18 at noon with Dr. Cindy Peltier on "Indigenous Healing, *Wiidooktaadyang*, and Ways to Wellness."

The first Northern Ontario History of Health and Medicine Group's seminar last week was postponed, and a new date is yet to be determined for the lecture "Restoring the Journey of the Medicine Healer," by presenter Esstin Niganobe.

To: NOSM University Senate **Date:** October 6, 2022

From: Dr. Owen Prowse

Subject: Senate Standing Committee Report – Admissions Committee

Action Required: INFORMATION DISCUSSION

Admissions Committee Report to the Speaker

On August 18, 2022, the Office of Admissions and Learner Recruitment received word that NOSM University, supported by MCU was eligible to enroll 5 additional undergraduate medical seats to the entering class of 2022. Below are the updated class statistics:

Total admitted = 74 (5 MMTP stream students)

52 or 70% - Gender Female (68% in 2021)

19 or 26% - Gender Male (25% in 2021)

3 or 4% - Gender Unreported (7% in 2021)

22 or 30% - Francophone applicants (23% in 2021)

11 or 15% - Indigenous applicants (17% in 2021)

25 - Average Age

3.81 - Average GPA

The rurality stats do not include MMTP learners as the context was not taken into consideration. Therefore, these stats reflect the 69 seats.

34 or 49% - Urban Northern Ontario (56% in 2021)

29 or 42% - Northern Ontario Rural (28% in 2021)

5 or 7% - Rural Southern Ontario or Rural Rest of Canada (13% in 2021)

1 or 2% - Urban Southern Ontario or Rest of Canada (Indigenous Applicants) (3% in 2021)

Note

- Of the 22 Francophone applicants, 18 applied through the Francophone Admission Stream.
 - Of the 11 Indigenous applicants, 6 applied through the Indigenous Admission Stream
- The second cohort has been admitted to both the Rural Generalist and the Indigenous Peoples Health and Wellness Collaborative Specialization for this Fall 2022.
- 6 – Rural Generalist Collaborative Specialization
 - 9 - Indigenous Peoples Health and Wellness Collaborative Specialization

- 19 first year Francophone Learners will be participating in the Francophone Curricular Pilot project.
- The Application cycle for the entering class of 2023 is well underway. The cycle opened on July 7th, 2022, and will close on October 3, 2022, at 4:00 pm
- For the entering class of 2022 it was recommended that all incoming UME learners complete cultural safety and active offer training. The admissions committee approved a motion requiring all incoming UME learners to complete cultural safety and active offer training as a condition of offer of admission beginning with the entering class of 2023.

Date: September 19, 2022 (for Senate meeting October 6, 2022)

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 University.

The Graduate Studies Committee oversees NOSM University's graduate programs and reviews all proposed course offerings to ensure they encompass the University's vision, mission, values, and key academic principles.

MEETINGS

This report covers the Graduate Studies Committee meeting held on June 8, 2022.

MEMBERSHIP

There are no changes in membership for the Graduate Studies Committee since the last report.

Summary of vacant positions: 0

MATTERS FOR DECISION

The Graduate Studies Committee has submitted a Briefing Note to Senate for approval of the 2023-2024 course descriptions.

OUTSTANDING MATTERS

The Graduate Studies Committee does not have any outstanding matters with Senate.

MATTERS FOR NOTING

2022-2023 MMS Program Applications – Applications for the 2022-2023 academic year opened on January 5, 2022, and included the opportunity for international students to apply. A total of 3 applicants were offered and accepted admission for a September 2022 start.

Registrarial and Admissions Details for Graduate Studies – The Graduate Studies Office continues to meet with NOSM University Registrar and Admissions staff to finalize details related to graduate studies and the transition to NOSM University.

Thesis Embargo and Thesis Components and Formatting Requirements – The Graduate Studies Committee has approved a thesis embargo, as well as thesis components and formatting requirements for MMS students.

Relationship Agreement – The Vice Dean, Research, Innovation and International Relations confirmed to the committee that NOSM University has signed a new 5-year research agreement with Lakehead, and remains actively engaged in the development of the Relationship Agreement with Laurentian, with a focus on maintaining the graduate studies functions of NOSM University.

MMS Course-Based Program – The committee will begin discussing future graduate studies programming, including a course-based MMS program, in the coming months.

International Stream – Work continues by the Graduate Studies Office to ensure policies and procedures related to international students are in place. Staff continue to work through the logistics related to liability and remote thesis supervision of international students.

Website and Advertising – Changes to the website are ongoing to ensure all program information remains current and accurate. Activity continues to promote the MMS program via advertising at conferences and social media.

2022 MMS Annual Workshop – The 2022 MMS Workshop was held on June 24, 2022, and aligned with the Northern Health Research Conference (NHRC). Workshop and program evaluations will be reviewed by the committee at the next meeting.

Graduate Studies Committee Approvals – The Graduate Studies Committee has approved the following documents since the last report to Senate:

- Thesis Embargo (new)
- GS-010 Thesis Components and Formatting Requirements (revision)

Weekly MMS Review Meetings – Graduate Studies Office staff continue to meet to discuss the administrative work to be completed to move the MMS Program and graduate studies at NOSM University forward.

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 Senate. The MMS Program Committee will review and consider applications for admission to the Master of Medical Studies program at NOSM University. This committee will also review and consider faculty applications for supervisory status in the Master of Medical Studies (MMS) program.

The MMS Program Committee last met on August 31, 2022 to approve 2023-2024 MMS course descriptions. The committee will begin meeting monthly to develop a course-based MMS proposal.

SUPPORTING DOCUMENTS

None.

Northern Ontario School of Medicine Postgraduate Medical Education Report

To: NOSM University Senate
From: Dr. Robert Anderson - Chair, Postgraduate Medical Education Committee (PGMEC)
Meeting Date: October 6th , 2022

POSTGRADUATE MEDICAL EDUCATION COMMITTEE UPDATES

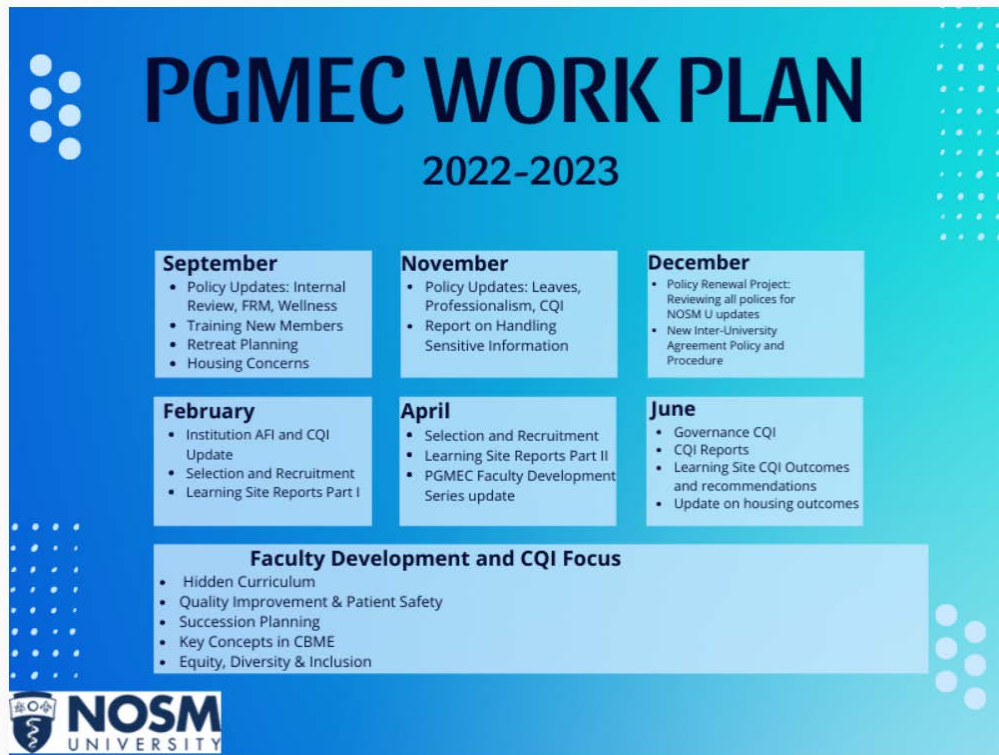
The PGMEC last met June 9th and Sept 8, 2022. Relevant updates since the last submitted report include:

- **Assessment of Resident Performance Policies (approved)** [Link here](#)
 - Last formally updated in 2018 with the adoption of Competency by Design (RCPSC programs) this policy has been reviewed by PGMEC and a new updated version approved at the June 9th meeting.
- **PGMEC Terms of Reference (approved)** Attached to meeting package for Senate approval
 - Review of the current PGMEC Terms of reference included feedback from the preliminary report of CanRAC Accreditation Committee as well as incorporated the addition of a new PGMEC subcommittee (Accreditation and CQI Oversight Committee) and updated NOSM University language.
 - Notable changes include:
 - Section 3.1.4 Addition of the Residency Position Allocations Subcommittee
 - Section 4.0 Addition of Program Coordinator Representatives
 - Section 4.0 Addition of PGME Community Site Representatives: North Bay, Sault St Marie, Parry Sound, Muskoka/Huntsville, Sioux Lookout (Based on sites that intake CFPC and Royal College residents)
 - New TOR will be brought to Senate for final approval at the October Meeting
- **Internal Review Policy (approved)** [Link here](#)
 - Review of the current PGMEC Internal Review Policy based on feedback from the report of the CanRAC Accreditation Committee for the NOSM University Institution.
 - Section 3.2 adds monitoring and follow-up measures post internal review and a quality assurance measure regarding the process of internal reviews post regular review. These changes were reviewed and approved by the Accreditation Subcommittee in June 2022 and the PGMEC September 8th 2022.
- **PGMEC Staff and Faculty Development Series:**

The first event for the series will take place at the annual retreat scheduled for October 15 & 16th 2022 (in person). The focus of the first event will be on Hidden Curriculum with guest speaker [Dr. Javeed Sukhera](#) focused on Equity, Diversity and Inclusion as well as sessions by Dr. Robert Anderson on the NOSM U PGME plan for expansion, PGMEC Governance CQI and team building activities. The second event is tentatively scheduled for January/February 2023. More information will be provided when confirmed.

- **PGMEC Work plan 2022-23 (approved)**

- At the first meeting of each academic year the committee creates a work plan that includes policy renewal, current issues, learning site reports, faculty development and CQI.



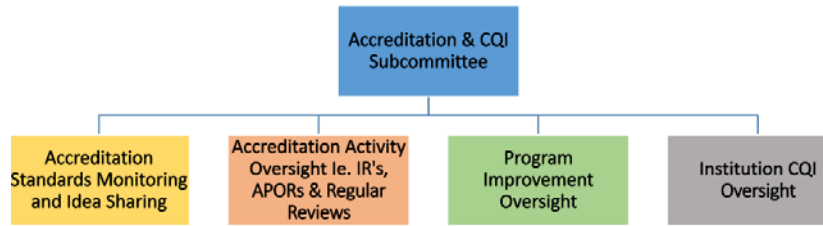
ACCREDITATION UPDATE

- **General Feedback Themes from the Regular External Visit – November 21-27, 2021**

- Many program as well as institution AFI's (Area for Improvement) were in relation to *STANDARD 9: There is continuous improvement of the educational experiences, to improve the residency program and ensure residents are prepared for independent practice.* In order to begin the process of reviewing and improving CQI across PGME, the Accreditation and CQI Subcommittee has begun work on new and existing policies and projects to help address this concern:

1. Updating the responsibilities of the Accreditation Subcommittee to include CQI and oversight:

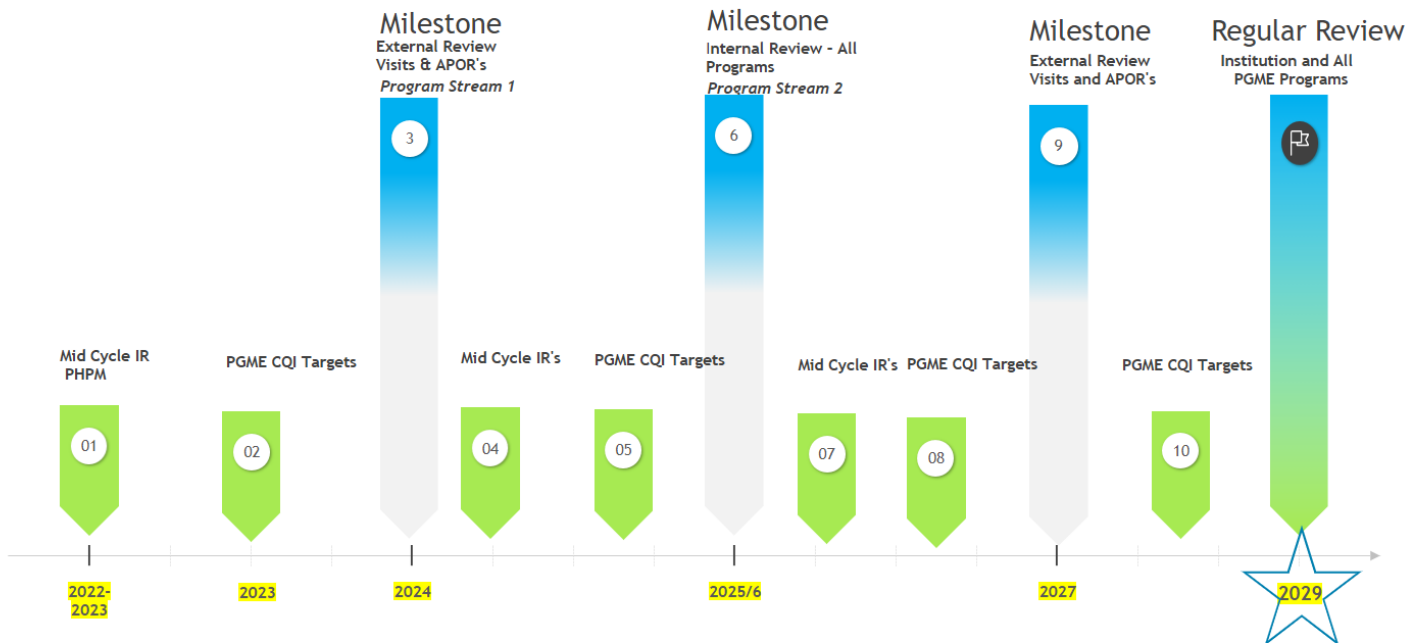
Four Areas of Focused Oversight



2. Update of the Internal Review Policy to include a more formal post review CQI and oversight process;
3. A new PGME Program Improvement and QI Oversight Policy that outlines PGME oversight and support for QI measures at the program level (in development)
4. A New Program Specific QI Policy (template in development) for programs to outline where CQI takes place at the program level and ties to new institution QI oversight.
5. An Accreditation and CQI Management Dashboard. This online management system will help you work on AFI's and standards and to collaborate more electronically with program stakeholders. Dashboards will be ready for program use by August/September and the PGME Office will contact you with set-up and start-up information.

Summary of the Next Accreditation Cycle:

Accreditation Activity Milestones 2022-2029



*Program Stream 1: Family Medicine, Enhanced Skills, General Surgery, Internal Medicine, Psychiatry, Surgical Foundations

*Program Stream 2: Anesthesia, Orthopedic Surgery, Pediatrics,

LEADERSHIP UPDATES

- Dr. Travis Marion is the incoming Program Director for the Orthopedic Surgery Program effective July 1st 2022
- Dr. Rony Atoui is the incoming Program Director for the Surgical Foundations Program effective July 1st, 2022
- Dr. Melanie Patrie is the incoming PGME Francophone Lead, effective July 1st, 2022
- Mr. Joey McColeman is the incoming Senior Director, PGME, effective September 6th, 2022

Date: September 19, 2022 (for Senate meeting on October 6, 2022)

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 Senate in a manner that encompasses the NOSM University Academic Principles embodied in the Strategic Directions and Mission of the University.

MEETINGS

This report covers the Research Committee meeting held on June 2, 2022.

MEMBERSHIP

- **Christine Lalonde** (Post-Doctoral Research Fellow) resigned from her term on December 23, 2021. A call for fill this vacancy is under review.
- Elections/Appointments for **learner representatives** for the 2022-2023 academic year are underway for the Research Committee MD Student, Post-Graduate Resident, and Graduate Student. Learners currently in these positions will serve on the committee until their replacement is announced.
- **Eli Orrantia** has agreed to be an ongoing PCTA Representative, invited as a Guest to all meetings moving forward.
- The committee is awaiting a replacement Recording Secretary as **Linda Liboiron-Grenier** has moved into the Research Services Administrative Coordinator role with the Research Office.
- *Summary of vacant positions:* 2

MATTERS FOR DECISION

The Research Committee does not have any matters for decision by Senate.

OUTSTANDING MATTERS

The Research Committee does not have any outstanding matters with Senate.

MATTERS FOR NOTING

Process for ROMEO REB submissions that are directed to the Lakehead and Laurentian REBs – The group was reminded that the NOSM University Research Office performs a preliminary review of REB applications directed to Laurentian and Lakehead to ensure applications are complete prior to submission. Faculty representatives on the committee agreed it is helpful for faculty to know ahead of time if their application is incomplete.

New Awards – The Research Office and Research Awards Committee have sent out calls for the newly established Student Open Access Publication Fund and Drs. David and Teresa Marsh Graduate Student Scholarship.

Responsible Conduct of Research (RCR) Policy – The Research Committee has reviewed the first draft of the RCR policy. The policy is also being reviewed by other groups for input for consideration for the final policy. Once approved by the Research Committee, it will be sent to Senate for final approval. This policy is a requirement in order to hold Tri-Council grants at NOSM University.

Research Support Fund (RSF) Changes – The Vice Dean, Research, Innovation and International Relations has indicated there will be changes to RSF allocations moving forward as it is anticipated that NOSM University will incur increased research-related expenses and supports, such as REB, animal care, and grant administration.

Research Priorities and 2021 Annual Report – The [Research Priorities](#) document and the [2021 Research Annual Report](#) have been posted on the Research Office website.

Animal Care Facility Update – Work remains ongoing to find animal care facilities in both Sudbury (due to closure of facility at Laurentian) and Thunder Bay (facility shut down for 6 months for HVAC repair).

NOSM University Transition – Progress continues on items related to NOSM’s transition to NOSM University, including grant administration, REB, animal care, graduate student supervision and faculty status. The new relationship agreement between NOSM, Lakehead and Laurentian is nearing completion.

Development of Proposal to NOSM Advisory Council on Climate Change – The Research Committee continues to compile information to include in a proposal to the Advisory regarding reducing NOSM-related greenhouse emissions and identifying research priorities related to climate change and its impact on health.

Health Research Town Hall Series – The Health Research Town Hall was paused over the summer. The next event is scheduled for October 11, 2022.

NHRC 2022 – The Northern Health Research Conference was held on June 24, 2022. The conference featured a hybrid model of delivery (on-line and in-person). The committee will debrief the conference at their next meeting.

ROMEO Rollout and Training – Research Coordinators continue to work on ROMEO configuration and training rollout.

REPORTS FROM SUB COMMITTEES

Research Awards Committee

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

The committee continues to review and adjudicate awards on a regular basis. The committee recently reviewed 34 applications for the Summer Medical Student Research Award. Twenty-one students have been funded for a total of \$118,000. The committee is currently reviewing submissions to the NOHFC Research Internships and Drs. David and Teresa Marsh Graduate Student Scholarship. The committee will meet next in October 2022.

SUPPORTING DOCUMENTS

None.

NOSM UNIVERSITY

Health Sciences

Report to NOSM University Senate

To: NOSM University Senate

From: Dr. Robert Anderson, Associate Dean, Postgraduate Medical Education and Health Sciences
Dr. Mike Ravenek, Manager, Health Sciences
Ms. Cara Green, Manager, Dietetic Intern Program (NODIP)

Meeting Date: October 6, 2022

NORTHERN ONTARIO DIETETIC INTERNSHIP PROGRAM (NODIP) UPDATES

Six (6) practice-based projects were successfully completed by the 2021-22 cohort in collaboration with their project advisors. Knowledge transfer included oral presentations at the Northern Health Research Conference, Dietitians of Canada National Conference, and from the 2021 cohort, one accepted publication in the Canadian Journal of Dietetic Practice and Research.

The 2021-22 NODIP graduating class was the first to be approved for program completion through the new Senate processes. The graduation ceremony took place on July 28, 2022, on both campuses and connected by virtual bridge. Drs' Verma and Cervin facilitated and provided the class address. All 10 (100%) of our 2022 graduates secured employment as Registered Dietitians (RDs) in northern Ontario.

The 2022-23 cohort of dietetic learners started NODIP Orientation on September 12, 2022. This is the first registered NOSM U cohort. Learners are now paying ancillary fees, have access to Learner Support Services, health benefits, student council, and the Synergy Verified platform. Additionally, NODIP learners will now have mileage-rate parity with other NOSM U learners.

NODIP and the IPE unit are partnering on CBM 109 – Interprofessional Education for Collaborative Practice this program year. Dietetic, medical, nursing, and/or social work learners will collaborate to create a culinary nutrition education tool/event for a select population serviced by an assigned community agency.

Cultural safety training will be mandatory for the 2022-23 program year. Our learners will again complete the Active Offer of French Language Services developed by the Réseau du mieux-être francophone du Nord de l'Ontario.

NODIP's Indigenous Health Curriculum Advisory Group had advised on the importance of practicum learner exposure to 'trauma-informed care' concepts and practices. This cohort will complete the Hearing Our Voices cultural safety training program, which explores trauma-informed care and strategies to develop effective therapeutic relationships. The Nourish- Food is Our Medicine Learning Journey continues to be strongly encouraged. Learners have been advised on accessing NOSM U supports if needed during or following training.

Work is underway to integrate the new Integrated Competencies for Dietetic Education and Practice (ICDEP v 3.0, 2022) into NODIP's curriculum. This is a requirement by the Partnership for Dietetic Education and Practice (PDEP) for August 2023 in alignment with the 2024 Canadian Dietetic Registration Exam sittings. Working groups of expert RD preceptors have been established. Education on curriculum changes, including new/enhanced placements, and revised performance evaluation reports will be rolled out in the spring and summer.

NODIP's accreditation remains on hold. NODIP is applying for a membership with the new service provider for dietetics accreditation (EQual/Accreditation Canada). Following review of NODIP's application and receipt of membership fees, Equal will facilitate a new accreditation review cycle in the coming months.

NODIP's only support position is currently vacant following the resignation of the Practice Education Research & Evaluation Lead after 14 years. This has provided an opportunity to revise the role to better meet the needs of NODIP. Partial, contractual support will be provided in the interim.

REHABILITATION SCIENCES (RS) PROGRAM – VISITING PLACEMENT PARTNERSHIPS

The RS Program works with the rehabilitation programs based at the universities in Southern Ontario to provide placement opportunities in Northern Ontario for Occupational Therapy (OT), Physiotherapy (PT), Speech-Language Pathology (SLP) and Audiology (AUD) students. The Program consists of two main streams - the Northern Studies Stream (NSS), representing its partnership with McMaster University; and the Rehabilitation Studies Stream (RSS), representing its relationship with the University of Toronto, the University of Ottawa, Queen's University and Western University.

Proposals have been developed in relation to the future of both the NSS and RSS streams, identifying the current funding gaps and development opportunities based on the HHR needs of Northern Ontario. This is part of an initiative to update the funding for the program with the Ministry of Health.

In mid-September, the RS Program sent out an invitation to its clinical partners to complete a survey to help elucidate the consequences of the current HHR challenges being faced by the Rehabilitation disciplines, with more than [110 posted vacancies across Northern Ontario](#). Subsequent focus groups will be scheduled later in 2022 to discuss education-based strategies to help better address the challenges being faced, including the proposals that have been developed.

To celebrate Rehabilitation Day (September 20th, 2022), the RS Program worked with the Communications Unit at NOSM U to develop an article to thank Rehab professionals across Northern Ontario and reinforce that NOSM U is looking to grow the program in the future to better meet the HHR needs of Northern Ontario (link was not available at time of report submission).

Over the summer and early fall, the RS Program completed 27 site visits with clinical partners across Northwestern and Northeastern Ontario. The visits were used to provide program updates, discuss ways to improve processes and opportunities for clinicians in the program and at NOSM U generally.

Information sessions are being held in September with the 16 partnering Ontario University Rehabilitation Programs to review the program, opportunities and processes with prospective applicants. Several hundred students take part in these sessions each fall.

The RS Program recently launched a new stream for learners studying in a program outside of Ontario who have strong ties to Northern Ontario to come back to the region to complete a clinical placement. The stream was a response to feedback from clinical partners after an environmental scan was completed in 2021. It will utilize existing capacity for placements that exists in each of the program's four placement timeframes. The new stream does not provide any financial support for travel or housing but aids in the coordination of the placement with a clinical partner and their home university. A small fee will be invoiced to the program to cover coordination costs for any students successfully placed.

The RS Program compiled video testimonials from 8 recent learners. The testimonials have been posted to the program's website and shared with university and clinical partners, as a means of helping to profile some of the successes of the program: <https://www.nosm.ca/category/gallery/rehab-testimonials/page/1/>.

MEDICAL PHYSICS RESIDENCY EDUCATION PROGRAM (MPREP)

Dr. Ravenek is providing management liaison support to the Program faculty leaders at TBRHSC and HSN on this program: Dr. McGhee (Program Director) and Dr. Oliver (Associate Program Director).

The annual report to the program's accreditor, the Commission on Accreditation of Medical Physics Education, was submitted in April 2022. The last faculty meeting was held on May 18, 2022. The next Program Committee meeting is scheduled for September 21, 2022. Membership on the committee is being reviewed with recent leadership changes at both HSN and TBRHSC.

The program's two current residents have been credentialed as part of the PGME resident credentialing process to allow the residents to complete cross-training opportunities between Thunder Bay, Sudbury and Sault Ste. Marie.

Integration of MPREP into Elenra is ongoing.

PHYSICIAN ASSISTANT (PA) PROGRAM – NOSM, U of TORONTO AND MICHENER CONSORTIUM

Dr. Ravenek is providing management liaison support to the Program and also sits on the Program's Management Committee. Dr. Leslie Nickell recently retired from her role as Medical Director of the program. Dr. Jeff Golisky has taken over the role. Dr. Golisky practices in Midland, Ontario and is a NOSM U faculty member in Family Medicine.

On September 7, 2022, Britton Sprules, Clinical Course Director of the Program, took part in a Pan-Northern Clinical Rounds. She was part of a joint session on "How to Incorporate PAs in Office Practices."

Advocacy work has been completed in an attempt to grow the number of PA positions in Ontario-PA programs, including a proposal for the development of a Northern-Stream for the PA Consortium.

The program is awaiting notification of the outcome of a funding request submitted through the CFPC for federal funding to support the development of enhanced skills training for practicing PAs in priority settings, including Northern Ontario.

Date: September 16, 2022

Committee Name: Undergraduate Medical Education Committee (UMEC)

**Submitted by: Lee Toner, MD, Associate Dean UME
for the October 6, 2022, NOSM University Senate meeting**

UMEC has met three times (June 8, August 4, and September 13, 2022) since submitting its previous regular report to the NOSM University Senate for the Senate's June 16, 2022, meeting. There was no UMEC meeting in August 2022. The Committee plans to meet next on October 11, 2022.

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

At the June 8 meeting

The following documents were approved:

- There were no documents on the agenda for vote on approval.

In addition to standing reports, the following reports or updates were received and/or discussed:

- Accreditation preparation update
- Upcoming CEPD offerings
- Presentation from the Office of Institutional Intelligence re accessing external data to support change in the UME program
- Realignment of some committees and working groups to align with accreditation requirements

At the August 4 meeting

The following were approved:

- (Revised) Phase 2 Travel Costs Policy
- (Revised) Phase 2 Interruptions to Student Attendance and Leaves of Absence Policy and Procedure

In addition to standing reports, the following reports or updates were received and/or discussed:

- Update on the status of visiting electives. Visiting electives were stopped during COVID, they will be available for the class in Year 4 in 2023-2024 starting in April 2023; new visiting elective guidelines will be in place (minimum 2-week duration, maximum of 4 visiting electives and maximum of 12 weeks of electives total). Prior limit to 8 weeks in any CaRMS residency match entry category remains.
- Program expansion will see five additional students added to the 2023 intake.
- Spring 2022 NOSM MCCQE results - 100% of NOSM U students who wrote (58), passed.
- Realignment of some UME committees and working groups to align with accreditation requirements discussion continued from the June meeting.

- There is a plan for a roster of faculty members to receive professional development to prepare them for adjudicating academic appeals.
- Upcoming CEPD offerings
- Accreditation preparation update

At the September 13 meeting:

The following were approved:

- ► Student Assessment and Promotion Regulations (submitted with this report for Senate vote on approval)
- Theme 4 Academic Appeals Team proposal was adopted.

In addition to standing reports, the following reports or updates were received and/or discussed:

- Beginning in September 2022, UMEC will alternate their meetings times between 12:00-1:30 and 4:30-6:00 to maximize attendance by all members.
- Drs John Coccimiglio (Thunder Bay) and Florence Morriello (Sudbury) are the new Phase 3 Co-Directors.
- The current Phase 2 class can begin visiting electives in April 2023.
- The Program admitted five additional students for the 2022-2023 intake (these students will be on the Sudbury campus). This is in addition to the five Military Medical Program (MMP) students admitted.
- ► 2022-2023 UMEC annual report to the Senate was provided to the Committee for review/information (submitted with this report for Senate information)
- ► 2022-2023 UMECC annual report to UMEC was provided to the Committee for review/information (submitted with this report for Senate information)
- Realignment of some UME committees and working groups to align with accreditation requirements discussion continued from the August meeting.
- With the striking of the NOSM University Academic & Clinical Accommodation Policy, the UME Student Accommodations Committee was dissolved; their Terms of Reference were retired, and the UME Student Accommodations Policy was retired.
- Learner Wellness Survey Summary and Recommendations
- The SAPC Academic Support and Advising Committee was retired as were the Committees' Terms of Reference. Learner Support Services will be taking on the role of academic support and advising.
- ► 2021-2022 Student Performance Summary (submitted with this report for Senate information)

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

UMECC has met twice (June 2 and September 1) since UMEC/UMECC submitted its previous regular report to the NOSM University Senate for the Senate's June 16, meeting. The Committee plans to meet next on October 6.

At the June 2 meeting

The following were approved:

- 2022-2023 Phase 1 Syllabus (was approved by NOSM U Senate on 2022 06 16)
- 2022-2023 Phase 2 Syllabus (was approved by NOSM U Senate on 2022 06 16)
- (Revised) Clinical Medicine and Therapeutics Committee (CMTC) Terms of Reference

- 2022-2023 Phase 1 Promotion and Reassessment/Remediation Plan (PaRRP)

The following documents were provided for information:

- Upcoming CEPD offerings
- Office of Organizational Intelligence (OII) definition of “rural” and “northern”

The following reports or updates were received and/or discussed:

- Curriculum Renewal and Content Monitoring reports
 - Internal Medicine
 - Psychiatry
 - Assessment Working Group update
 - Curriculum Renewal framework
 - A demonstration of using the curriculum map to identify gaps and redundancies
 - CFPC Family Medicine Undergraduate Peer Consultation Review Visit report dated October 2021 (done in parallel with PG accreditation)
 - 2022 CaRMS match results
 - AY 2021-2022 Accommodations Summary
 - Promoting use of the curriculum map
 - CSSP response to September 2021 Canadian Undergraduate Deans Statement on Professionalism

At the September 1 meeting

The following were approved:

- 2022-2023 Phase 1 Promotion and Reassessment/Remediation Plan (PaRRP)
- 2022-2023 Phase 1 assessment forms
- 2022-2023 Phase 2 Promotion and Reassessment/Remediation Plan (PaRRP)
- 2022-2023 Phase 2 assessment forms
- 2022-2023 Phase 2 Required Clinical Learning Experiences (RCLEs)
- ► 2023-2024 UME Program Course Descriptions (submitted with this report for Senate vote on approval)
- Committee to Support Student Professionalism (CSSP) Terms of Reference
- Phase 1 Teaching and Study Hours Policy

The following documents were provided for information:

- Upcoming CEPD offerings
- 2021-2022 Student Performance Summary
- Spring 2022 NOSM MCCQE results - 100% of NOSM U students who wrote (58), passed

The following reports or updates were received and/or discussed:

- Curriculum Renewal and Content Monitoring reports
 - Committee to Support Student Professionalism (CSSP)
 - Theme 4 Committee
 - Assessment Working Group update
 - Year end review of 2021-2022 Work Plan items status
 - Funding for new resources requested on 2022-2023 UMECC sub-committee work plans; there is no new money available for these items
 - Curriculum Review Steering Committee report (draft framework and process)

Upcoming scheduled UME Committee meeting dates:

October 11
November 8
December 13
January 10, 2023
February 14
March 14
April 11
May 9
June 13

UME Committee membership list as of September 13, 2022

Voting member position	Name		Term (if applicable)	Present
Global Health Coordinator UMEC Vice Chair as of 2021 12 10 UMEC meeting (term will end 2024 11)	Anawati, Alex	MD	until 2023 06 30	
UME Administrative Director, Curriculum and Learning Environment	Bachiu, Jeff	EdD		
Assistant Dean, Clinical Education	Baldisera, Tara	MD		
Phase 3 Co-Director	Coccimiglio, John or Morriello, Florence	MD MD		
Director, Francophone Affairs	Barbeau-Rodrigue, Danielle			
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		
Director, Health Sciences Library or designate	Dumond, Jennifer			
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 one vote	-
Theme 2 Co-Chair	Hudson, Geoff or Allain, Michelle	PhD		
Phase 2 Director or Phase 2 Committee Vice Chair	Istvan, Peter	PhD		
Year 4 student representative	Kelly, Dayton		May 22-Apr 23	
Director IT or designate	Kelly, Steve			
Medical Sciences Division Head or designate	Lanner, Carita	PhD		
Theme 4 Committee Chair (or Vice Chair)	Lees, Simon	PhD		
Human Sciences Division Head or designate	Levin, Elizabeth	PhD		
Theme 1 Committee Chair	Maar, Marion	PhD		
ID representative	Migneault, Alisha			
Year 2 student representative	Olibris, Brieanne	PhD	May 22-Apr 23	
Clinical Sciences Division Head or designate	Osman, Elrasheed	MD		
Year 1 student representative	Patel, Div		Nov 21-Oct 22	

Voting member position	Name		Term (if applicable)	Present
Assistant Dean, UME, Learner Affairs or designate	Shack, Jason or Mongeau, Sherry	PhD		
Phase 1 Assistant Dean or Phase 1 Committee Vice Chair	Suntres, Zach	PhD		
UMECC Co-Chair, Phase 1 Assistant Dean	Suntres, Zach	PhD	Has one vote	-
Chair, SAPC (or Vice Chair)	Suntres, Zach	PhD	Has one vote	-
Year 3 student representative	Thomas, Sophie		May 22-Apr 23	
Associate Dean, UME and UMEC Chair	Toner, Lee	MD		
Theme 3 Co-Chair	Urajnik, Diana or Smith, Pat	PhD MD		
Director, Indigenous Affairs – In Yolanda’s absence, the Associate Dean, Equity & Inclusion is attending in her place	Wanakamik, Yolanda LeBlanc, Joseph	PhD		

UMEC Report to the NOSM University Senate

Prepared by Lee Toner, MD, Associate Dean UME

Prepared August 17th, 2022

UME/UMEC Overview

UMEC met on 9 occasions over the 2021-22 academic year (November 4, December 10, January 12, February 3, April 13, May 4, June 8 and August 5). Meeting information and minutes can be accessed at [this link](#). If this link does not work, please contact idepatie@nosm.ca

This year marked a year of change in UME. As vaccinations became more widely available, a gradual transition occurred back to in-person, on-campus learning. The Ontario government announced the expansion of 30 undergraduate seats in the UME program over the next 5 years. NOSM University became a reality on April 1st, 2022 with the proclamation of the NOSM University Act. Many UME policies, procedures and processes had to be updated. In the midst of these changes, UME leaders, along with input from other units, prepared for the upcoming accreditation limited site visit by CACMS in October of 2022. Written responses were assembled for the required Data Collection Instrument (DCI) on 23 elements.

NOSM University UME students continued to succeed academically. For the second year in a row, NOSM U students achieved a 100% match rate in the CARMS residency program match. The pass rate for graduating students on the MCC Part 1 exam was an impressive 100%.

Progress continues in the development of new curricular initiatives in UME. The Rural Generalist and Indigenous Peoples' Health and Wellness Collaborative Specializations have enrolled a second group of first year students and are developing Year 2 of their curricula. The Francophone Pilot Project will be starting in the fall of 2022 and will provide opportunities for francophone learners to take part in some small group and clinical skills sessions in French. For the second year in a row, the UME program has enrolled 5 students from the Military Medical Training Program for the upcoming year.

Moving forward, UMEC will collaborate with other units to address the concerns identified by accreditors at the upcoming Limited Site Visit. UME governance structures are being updated and simplified to facilitate change. Business plans and program delivery methods are being refined in light of the expansion of the UME program. Curriculum renewal is on the horizon as the UME Curriculum Renewal Steering Committee and the NOSM University Curriculum Renewal Task Force works to refresh our curriculum, incorporate new topics and modernize delivery methods to prepare graduates for the future needs of Northern Ontarians.

Further details of the work of the UME Committee have been provided under the appropriate headings of The NOSM Challenge Strategic Plan 2021-25. Specific details about the UME curricular content are outlined in the accompanying UME Curriculum Committee report.

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 electives will once again be possible starting in April 2023 for the Class of 2024 students. A new electives portal is coming online through the AFMC and will include NOSM electives.

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.

NOSM University UME graduates continue to match at a 50% or greater rate to family medicine residency programs in Northern Ontario and across Canada – many of them in rural and remote residency program sites.

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

NOSM University UME graduates continue to successfully match to residency programs (100% match rate) and continue to perform well on national exams (100% pass rate on MCC Part 1 exam).

- **G2.02.3** - Address the Calls to Action of the Truth and Reconciliation Commission and the Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.

Admitted students have been encouraged to complete training in Active Offer and Cultural Competence prior to the start of their first year in the UME program. It is anticipated that all students admitted in upcoming years will complete this training prior to the start of their UME program.

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.

Advocacy work continues to be done by our students are part of their Theme 1 curriculum. Many projects have garnered national media attention and raised awareness of important issues in the North.

- **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.

The UME Curriculum Renewal Steering Committee has conducted some preliminary work around curriculum renewal by designing tools to assess the strengths and opportunities for improvement within the existing framework. The NOSM University Curriculum Renewal Task

Force will provide further guidance and strategic prioritization to ensure that the UME curriculum continues to prepare UME graduates for the future needs of all Northern Ontarians.

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 CACMS will be conducting a Limited Site Visit on October 23-25 to assess progress made on the 23 elements that were deemed either satisfactory with monitoring (12 elements) or unsatisfactory (11 elements) at the time of the Full Site Visit in November 2020. The Data Collection Instrument has been submitted with updated policies and procedures.

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

All 58 of the graduating students from the Class of 2022 have successfully passed the MCC Part 1 Qualifying Examination.

G3.02. Leading-edge Curricula.

In UME, PGME, HS and CEPD programs:

- **G3.02.1** - Address emerging technology, incorporating virtual care (particularly for remote communities), innovative online curriculum, artificial intelligence, digital health, virtual reality.

As part of the curriculum renewal process, emerging technology and delivery methods will be discussed in order to better prepare our graduates for their future medical practices.

G3.03. Program Expansion.

- **G3.03.1** - Expand enrolment in the MD and PGME programs.

The Ontario government announced the expansion of the UME program by 30 seats over the next 5 years. Plans are being made in UME to accommodate these students by changing the way we teach and developing new sites.

- **G3.03.2** - Create regional campus hubs.

New regional campus hubs are being explored to accommodate the expansion of the UME program.

G3.04. New Pathways to health education.

- **G3.04.2** - Establish new pathways to education.

The UME curriculum continues to develop its Collaborative Specializations in Rural Generalism and Indigenous Peoples' Health and Wellness. A Francophone Curricular Initiative is being developed that will build on the Francophone Pilot Project being studied during the 2022-23 academic year.

- **G3.04.3** - Establish defined outreach to Northern Ontario communities and schools at

primary, secondary and postsecondary levels.

Admissions has continued to develop accessible in person and virtual recruitment activities through its CampMed and Science North / RBC Future Launch programs.

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

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

Admissions standards and processes continue to evolve to ensure that they reflect the diversity of Northern Ontario.

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

The College of Family Physicians of Canada Undergraduate Peer Consultation Review visit report highlight some of the strengths of the UME curriculum including the extensive exposure to Family Medicine and Family Medicine physicians in the program. They also highlighted the extensive exposure to the community setting for our learners and the success in residency matching to family medicine.

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.

The UME Code of Student Conduct has been updated to ensure alignment with the procedures of the Committee to Support Student Professionalism.

Strategic Enabler # 1: Valuing Our People

E1.05. Build school spirit.

- **E1.05.1** - Engage alumni to support NOSM through shared experiences with students, connecting with the alumni network and giving back to our Northern communities.

NOSM University recently hosted its first graduation in Sudbury and Thunder Bay. This celebration will continue to evolve to include alumni and community representation. Orientation week activities will also evolve to include more alumni and community stakeholders.

Strategic Enabler # 3: Investing in Our Infrastructure

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

- **E3.01.1** - Invest in and refresh the technology infrastructure for our education and research programs.

A new Curriculum Map (Elentra) has been developed based on needs identified through the accreditation process. Faculty are now able to search the Curriculum Map to identify where topics and objectives are covered in the UME curriculum.

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

Planetary Health objectives have been added to the curriculum and sessions on the Climate Crisis have been added to transition weeks in the UME curriculum.

Strategic Enabler # 4: Sustaining Our Resilience

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

- **E4.O1.1** - Create leadership positions in Equity and Inclusion and Wellness.

UME portfolio is working with the Associate Dean, Equity and Inclusion, to develop a 5-year implementation plan to address the goals of the NOSM University Equity Strategy approved by the Board of Directors.

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

The new Learner Support Services unit has procured more resources to support student wellness through Homewood Health Services. A peer support program is being developed as well.

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

The UME program is well represented at Medical Education Committee meetings at Thunder Bay Regional Health Sciences Centre and Health Sciences North in Sudbury. Discussions around common site feedback form have begun to address the needs of all stakeholders in a more efficient manner.

AY2021-22 Annual Assessment Report

Prepared by: Sam Budd

Prepared/Updated on: August 25, 2022

Student Performance Details

Phase 1 Year 1

Cohort Information

Cohort	E2021	Enrolled Students†	71	Number of Students (SUDB)	36
Year Level	Year 1	Promoted Students	69	Number of Students (TBAY)	35

Assessment Statistics

Module	Theme 1	Theme 2	Theme 3	Theme 4 MCQ	Theme 4 BRE	Theme 5
CBM101	83.80	89.18	89.85	75.18	-	80.50
CBM102	84.69	78.98	86.96	79.77	76.48	85.07
CBM103	80.44	66.47	71.79	80.17	75.78	78.79
CBM104	85.20	89.57	76.62	74.12	72.14	78.86
CBM105	88.80	85.70	79.61	75.46	78.38	85.29
CBM106	92.27	82.45	76.37	80.29	83.04	84.13
Average (Overall)	85.87	82.06	80.20	77.50	77.16	82.11
Average (TBAY)	85.17	82.17	80.00	78.50	76.80	82.67
Average (SUDB)	86.33	82.00	80.67	80.00	77.20	81.67

Longitudinal Report (Five-Year Comparison)

Entry Year	Theme 2	Theme 3	Theme 4 MCQ	Theme 4 BRE	Theme 5
E2017	85.56	82.43	81.04	71.60	80.38
E2018	82.29	81.34	80.11	66.80	82.49
E2019	78.36	76.70	79.82	77.99	78.65
E2020	79.82	78.20	80.96	78.16	83.39
E2021	82.06	80.20	77.50	77.16	82.11

Graph illustrating Five-Year Comparison of P1Y1 data can be found in the Appendix (A1.1).

Phase 1 Year 2

Cohort Information

Cohort	E2020	Enrolled Students [†]	66	Number of Students (SUDB)	40
Year Level	Year 2	Promoted Students	66	Number of Students (TBAY)	26

Assessment Statistics

Module	Theme 1	Theme 2	Theme 3	Theme 4 MCQ	Theme 4 BRE	Theme 5
CBM107	90.55	78.28	74.65	82.32	77.55	80.76
CBM108	89.47	77.71	79.06	82.07	80.17	66.72
CBM109	81.62	88.92	84.92	77.03	75.30	80.46
CBM110	87.12	87.47	78.38	87.47	74.99	80.53
CBM111	87.77	67.68	86.06	73.66	78.88	80.15
Average	87.31	80.01	80.61	80.51	77.38	77.72
Average (TBAY)	87.80	81.40	83.80	81.80	78.60	79.40
Average (SUDB)	87.00	78.80	78.60	80.00	76.40	76.80

Longitudinal Report (Five-Year Comparison)

Entry Year	Theme 2	Theme 3	Theme 4 MCQ	Theme 4 BRE	Theme 5
E2016	76.69	78.04	78.78	73.20	77.87
E2017	79.34	76.36	79.02	70.00	80.43
E2018	75.97	76.65	82.94	79.22	81.28
E2019	80.01	79.37	83.20	78.69	79.94
E2020	80.01	80.61	80.51	77.38	77.72

Graph illustrating Five-Year Comparison of P1Y2 data can be found in the Appendix (A2.1).

Phase 2 Year 3

Cohort Information

Cohort	E2019	Enrolled Students[†]	62	Number of Students (SUDB)	34
Year Level	Year 3	Promoted Students	62	Number of Students (TBAY)	28

Assessment Statistics

QPA	Statistic	Theme 4	Theme 5	Integrated
P2QPA1	Class Average	56.56	59.71	59.16
	Standard Deviation	9.95	6.68	6.34
	Learners Below 60%	38	26	33
P2QPA2	Class Average	66.40	63.51	64.06
	Standard Deviation	9.84	6.17	6.07
	Learners Below 60%	14	18	15
P2QPA3	Class Average	62.04	63.38	63.16
	Standard Deviation	8.87	5.93	5.60
	Learners Below 60%	22	17	17
P2QPA4	Class Average	72.35	78.59	N/A
	Standard Deviation	6.25	4.68	N/A
	Learners Below 60%	0	0	N/A

Longitudinal Report (Four-Year Comparison)

Year	Theme 4				Theme 5			
	P2QPA1	P2QPA2	P2QPA3	P2QPA4	P2QPA1	P2QPA2	P2QPA3	P2QPA4
AY18-19	55.05	65.59	61.98	72.82	60.24	62.88	64.41	74.65
AY19-20	58.92	66.67	68.58	75.76	60.13	65.47	65.28	76.55
AY20-21	58.92	67.80	63.06	77.75	62.13	65.11	65.19	80.18
AY21-22	56.56	66.40	62.04	72.35	59.71	63.51	63.38	78.59

Graphs illustrating Four-Year Comparisons of P2Y3 data can be found in the Appendix (A3.1).

Phase 3 Year 4

Cohort Information

Cohort	E2018	Enrolled Students[†]	61	Number of Students (SUDB)	32
Year Level	Year 4	Graduated Students	58	Number of Students (TBAY)	26

Assessment Statistics

QPA	INT	T2	T3	CH	EM	IM	MH	SU	WH
P3QPA1	63.86	59.72	58.28	72.46	67.38	71.89	70.84	53.77	55.22
P3QPA2	66.55	64.72	62.40	69.50	66.42	72.17	80.58	60.42	55.17
P3QPA3	68.79	63.56	60.06	79.54	73.45	74.52	70.26	64.22	65.97
P3QPA4	71.69	72.41	49.08	85.17	70.69	68.79	79.60	67.93	75.00

Longitudinal Report (Four-Year Comparison – P3QPA4)

Year	INT	T2	T3	CH	EM	IM	MH	SU	WH
AY18-19	70.13	72.35	54.89	83.67	71.42	64.08	77.32	65.56	70.67
AY19-20	69.81	73.22	55.14	83.90	69.83	65.42	78.72	61.19	68.31
AY20-21	70.33	76.55	50.30	82.73	70.23	65.76	79.21	62.05	71.97
AY21-22	71.69	72.41	49.08	85.17	70.69	68.79	79.60	67.93	75.00

Graphs illustrating the P3QPA average by theme for the AY2021-22 (A4.1) and a Four-Year Comparison of P3QPA4 data (A4.2) can be found in the Appendix.

Legend

INT Integrated Score	CH Children's Health	IM Internal Medicine
T2 Theme 2	EM Emergency Medicine	SU Surgery
T3 Theme 3	MH Mental Health	WH Women's Health

Overall Notes

† - "Enrolled Students" refers to the number of students at the *beginning* of the Academic Year. This value is obtained from the first assessment of that cohort (i.e. P1SA101, P1SA107, P2QPA1, and P3QPA1).

APPENDIX

A1.1 – P1Y1 Data

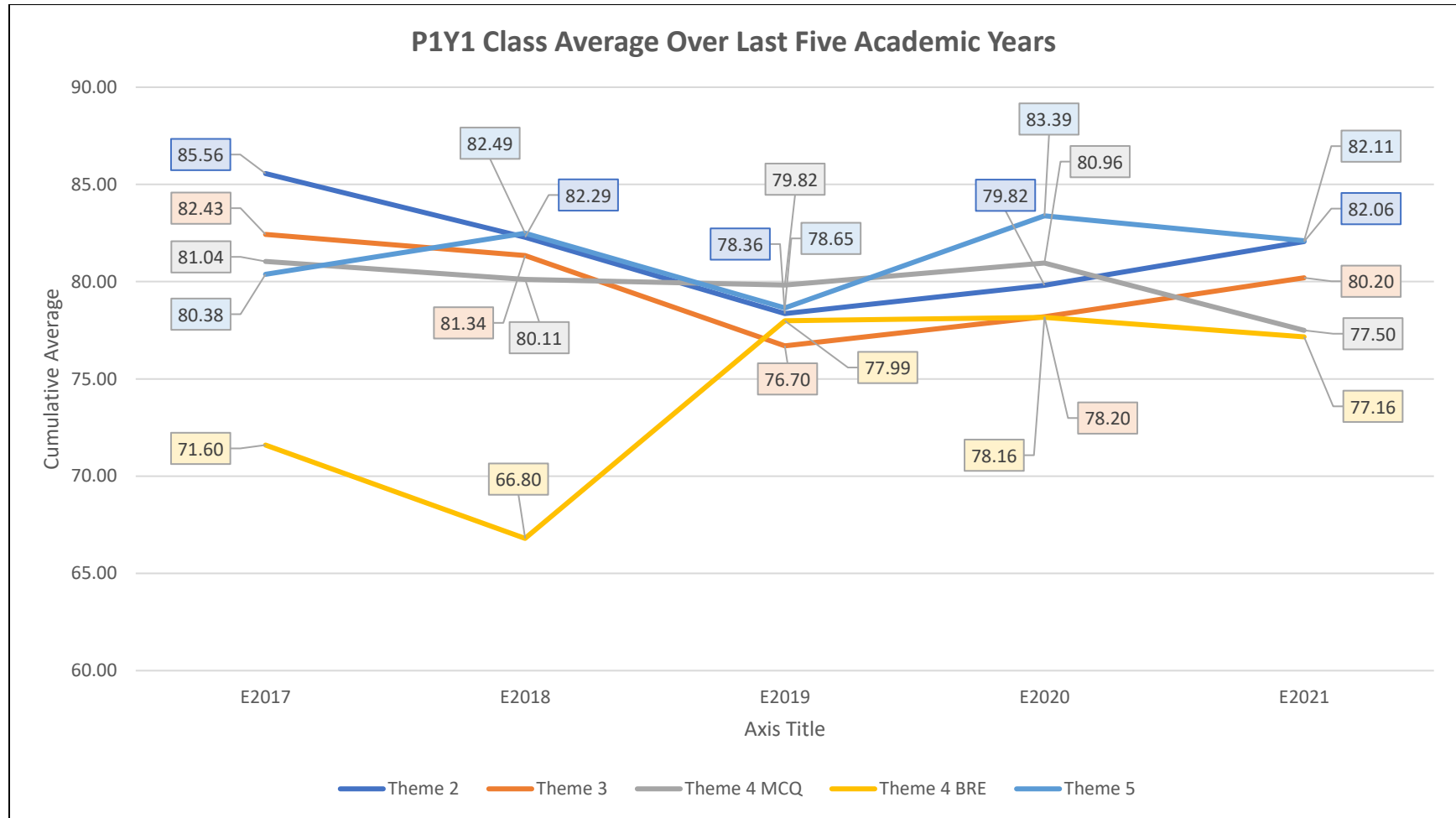


Figure 1.1: Cumulative Average of Phase 1 Summative Assessments for P1Y1 Students by Theme over the last five academic years.

A2.1 – P1Y2 Data

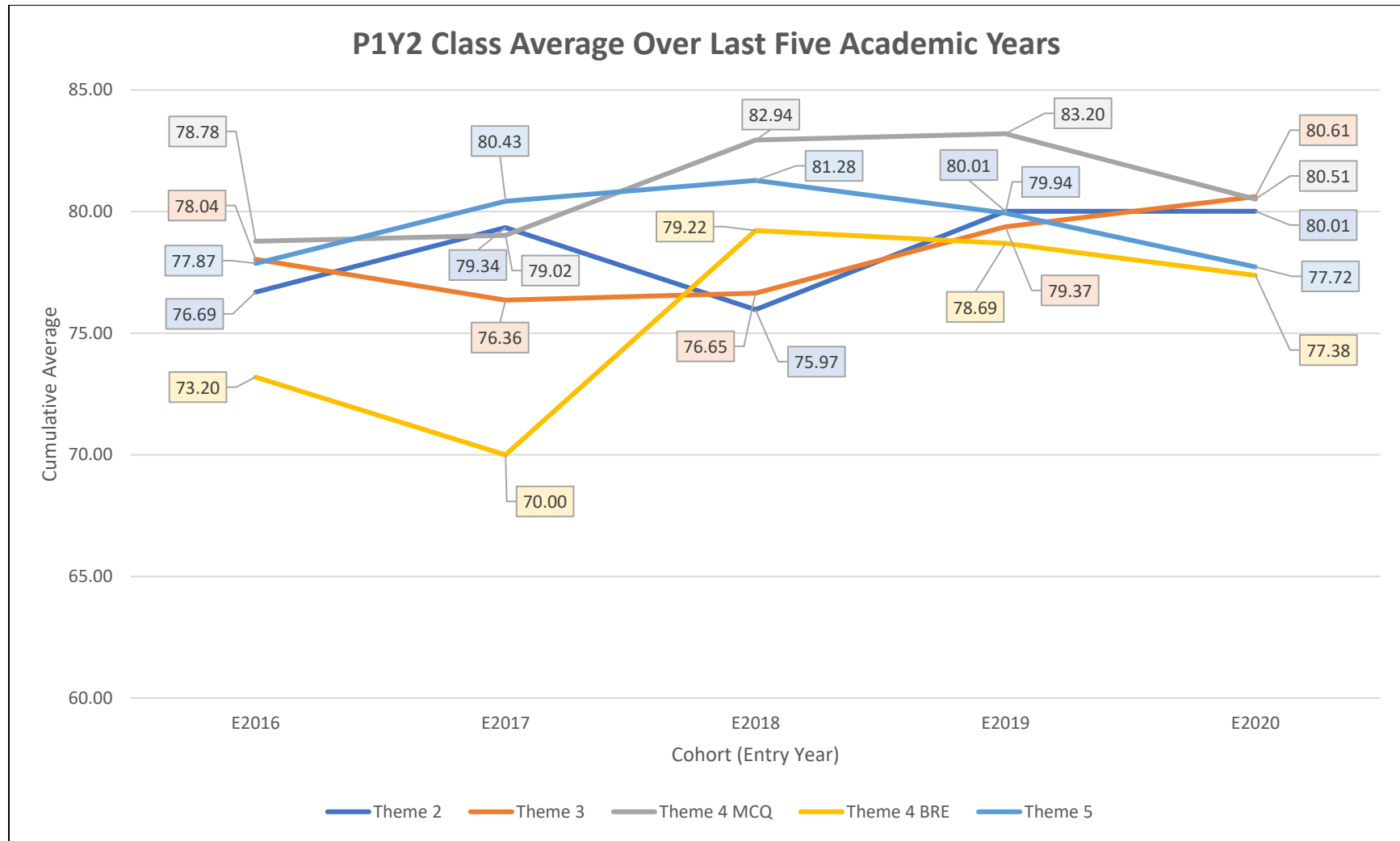


Figure 2.1: Cumulative Average of Phase 1 Summative Assessments for P1Y2 Students by Theme over the last five academic years.

A3.1 – P2Y3 Data

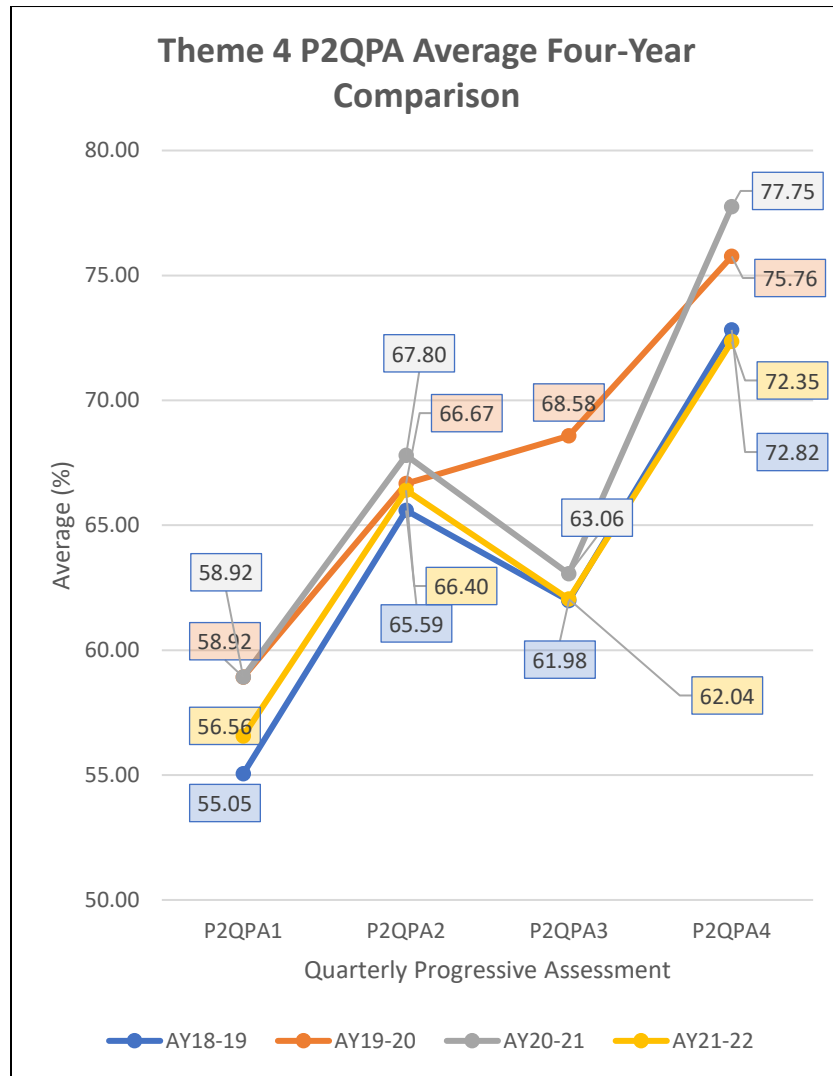


Figure 3.1: Average Theme 4 P2QPA score by QPA Instance over the last four academic years.

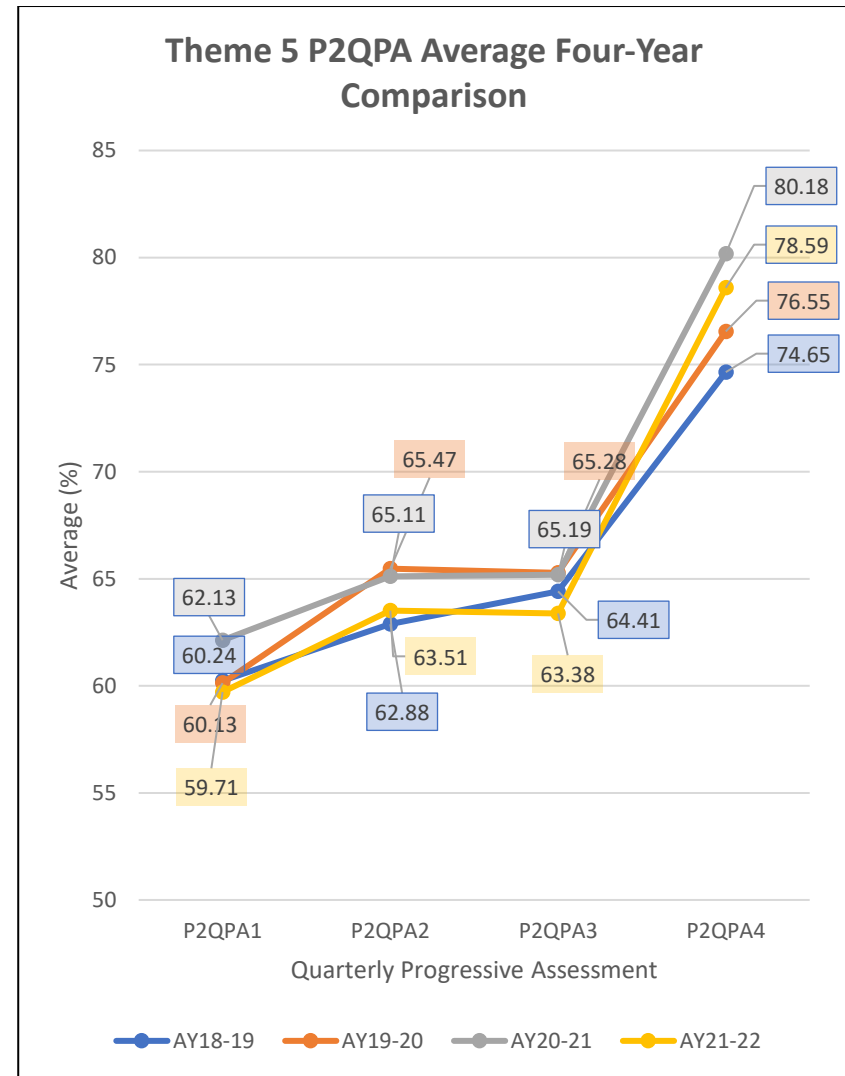


Figure 3.2: Average Theme 5 P2QPA score by QPA Instance over the last four academic years.

A4.1 – P3Y4 Data

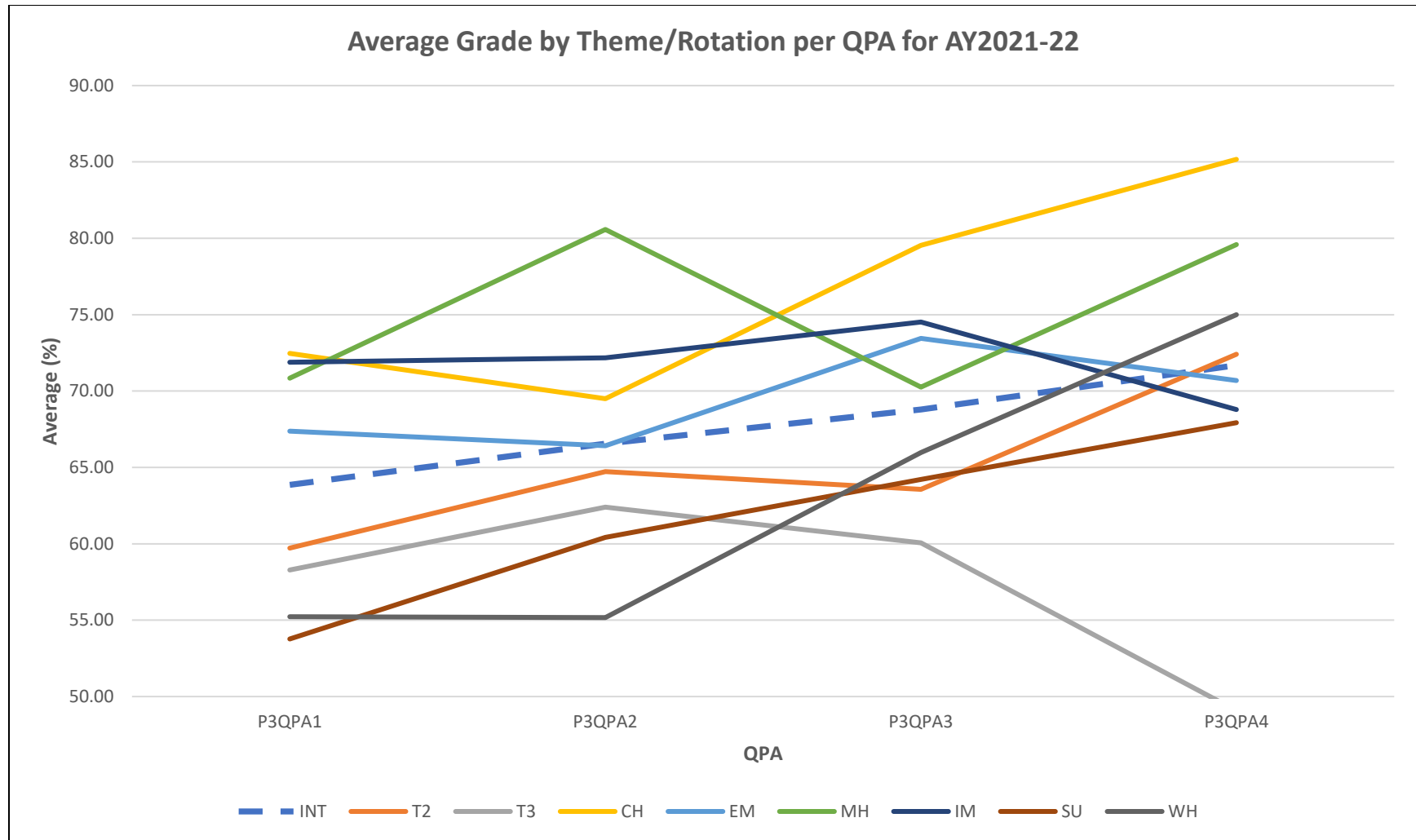


Figure 4.1: Average P3QPA score by theme over the 2021-22 Academic Year.

A4.2 – P3Y4 Data

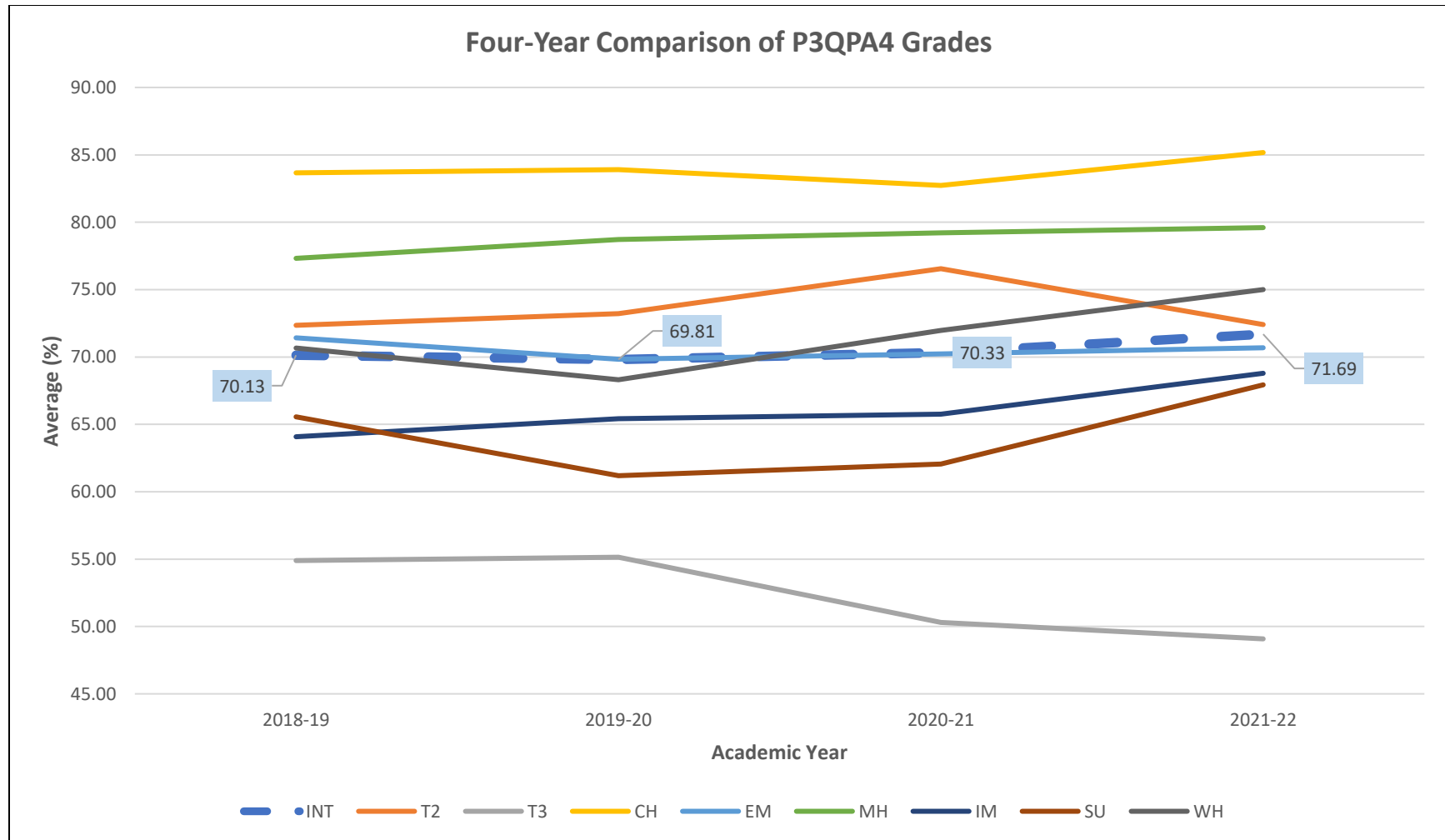


Figure 4.2: Average P3QPA score by theme over the last four academic years.

To: NOSM U Senate **Date:** September 16, 2022

From: Dr Lee Toner, Associate Dean UME

Subject: 2023-2024 UME Program Course Descriptions

Action Required: INFORMATION APPROVAL/DECISION

Title: 2023-2024 UME Program Course Descriptions

Executive Summary:

The document has undergone regular annual review and revision.

The version presented at the October 6, 2022 NOSM U Senate meeting has been duly reviewed and approved by the Undergraduate Medical Education Curriculum Committee UMECC.

MOTION OR RESOLUTION:

Moved that the 2023-2024 UME Program Course Descriptions be approved as presented.



Undergraduate Medical Education Program 2023-2024 Course Descriptions

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. 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 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. This will include engagement with relevant topics in professionalism, medical ethics, medico-legal issues and the historical developments related to medicine and health, including the practice of medicine and health in Northern Ontario. 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, students begin to develop relevant aspects of their professional identity 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. They will develop an appreciation for the importance of personal wellness, including financial wellness. 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. This will include engagement with relevant topics in professionalism, medical ethics, medico-legal issues and the historical developments related to medicine and health, including the practice of medicine and health in Northern Ontario. 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 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 and/or career choices, how they will function in collaborative practice, and maintain their wellness in the clinical environment. Relevant aspects of their professional identity 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.

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: Obstetrics and Gynecology

The four-week obstetrics and gynecology 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: Pediatrics

The four-week pediatrics 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: Psychiatry

This four-week psychiatry 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
	Spring 2021	The 2021 -2022 version was made available as the basis for Themes and Phases to revise to create the 2022-2023 version
	2021 09 02	Approved by UMECC
	2021 10 07	Approved by Academic Council
	2021 11 01	Approved by Joint Senate
	2021 11 29	Approved by Lakehead Senate
	2021 12 14	Approved by Laurentian Senate
	2022 02 – 2022 08 23	Posted 2022-2023 version on UMECC collaborative space to be used by Themes and Phases as the basis for the 2023-2024 document
	2022 09 01	2023-2024 version approved by UMECC



Undergraduate Medical Education Program Course Descriptions

~~2022-2023-2024~~

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. 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 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. This will include engagement with relevant topics in professionalism, medical ethics, medico-legal issues and the historical developments related to medicine and health, including the practice of medicine and health in Northern Ontario. 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 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 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. This will include engagement with relevant topics in professionalism, medical ethics, medico-legal issues and the historical developments related to medicine and health, including the practice of medicine and health in Northern Ontario. 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 and/or career choices, 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.~~ specialties as a foundation for post graduate training. Learning is focused through objectives and patient encounters in the outpatient and inpatient environment.

MEDS 5713: Obstetrics and Gynecology

The four-week obstetrics and gynecology 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: Pediatrics

The four-week pediatrics 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: Psychiatry

This four-week psychiatry 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 ~~can~~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
	Spring 2021	The 2021 -2022 version was made available as the basis for Themes and Phases to revise to create the 2022-2023 version
	2021 09 02	Approved by UMECC
	2021 10 07	Approved by Academic Council
	2021 11 01	Approved by Joint Senate
	2021 11 29	Approved by Lakehead Senate
	2021 12 14	Approved by Laurentian Senate
	2022 04-07 <u>02</u> – 2022 08 23	<p>UMECC approved Y4 Rotation name changes:</p> <ul style="list-style-type: none"> ● Women's Health to Obstetrics and Gynecology ● Mental Health to Psychiatry <p><u>Children's Health to Pediatrics</u> <u>Posted 2022-2023 version on UMECC collaborative space to be used by Themes and Phases as the basis for the 2023-2024 document</u></p>
	2022 06-16 <u>09</u> <u>01</u>	Changes above <u>2023-2024 version</u> Approved by NOSM U <u>Senate</u> <u>UMECC</u>

To: NOSM U Senate **Date:** September 16, 2022

From: Dr Lee Toner, Associate Dean UME

Subject: Proposed revisions to UME Student Assessment and Promotion
Regulations document

Action Required: INFORMATION APPROVAL/DECISION

Title: Proposed revisions to UME Student Assessment and Promotion Regulations document

Executive Summary:

The document has undergone revision since it was last approved by the NOSM U Senate on April 7, 2022.

The following revisions were approved by SAPC (Sept 08 2022) and UMEC (Sept 13 2022):

- Section 11 (“Assessment of Students with Accommodations”) of the SAPC Regulations is amended to ensure consistency with the ‘Academic Accommodations including in the Clinical Environment Policy’.
- Replaced Guidance and Advising Committee (GAC) (a standing Committee of SAPC, responsible for providing guidance, advising and support to students with performance concerns or learning difficulties) with Learner Support Services.
- Replaced Academic Council Appeals Committee (ACAC) with NOSM U Senate
- Minor stylistic and editing changes were made while the document was open for revision”

MOTION OR RESOLUTION:

Moved that the UME Program Student Assessment and Promotion Regulations be approved as presented.

Regulations

Undergraduate Medical Education (UME) Program Student Assessment and Promotion (SAPC) Regulations					
Approved By:	NOSM University Senate pending				
Approval Date: yyyy-mm-dd	pending	Effective Date:	pending	Next Review by:	2023 03 01
Responsible Portfolio / Committee:	UME / Student Assessment and Promotion Committee (SAPC)				
Responsible Officer(s):	Associate Dean, UME Chair, SAPC				

These regulations are subject to change

Student Assessment and Promotion Regulations

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Student Assessment and Promotion Regulations

1.0 Purpose

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

2.0 Scope

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

3.0 Guiding Principles

NOSM U is committed to the education of high-quality physicians and health professionals. It is NOSM U'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 U's values and educational philosophy.

The UME Program 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:

- i) Student assessment is primarily for the benefit of the students themselves, consistent with the principle of student-centered education;
- ii) Student assessment is performance-based. As much as possible, assessment modalities are realistic and practice focused, and should reflect the process and context in which learning took place;
- iii) 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 six curriculum Themes, across the full range of behaviours, in line with the University's vision, mission, and values;
- iv) Assessment and curriculum are not discrete entities as assessment is explicitly tied to learning objectives and competencies, which set the target for student learning and performance assessment. The University will strive to ensure that the assessment of students in the UME Program is consistent with curricular goals and the educational philosophy;

- v) Assessment tools and criteria are explicit, and the methods for determining academic standing should be explicitly documented and disseminated to students;
- vi) Assessment is comprehensive, with a balance between formative and summative assessment;
- vii) The frequency of assessment is sufficient such that faculty and students have a sense of progress towards, and achievement of, the required standards;
- viii) The assessment program includes the development of self- and peer-assessment, and life-long learning skills;
- ix) The methods of assessment are equivalent across all learning sites;
- x) 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);
- xi) The assessment program will be continuously evaluated to ensure that student assessment is responsive to student needs and consistent with NOSM academic principles;
- xii) The outcome of assessment in the Undergraduate Medical Education program is Pass/Fail. Numeric grades will not become part of the student's academic record;
- xiii) The assessment program should strive to achieve continuity and consistency in assessment across the entirety of the UME program;
- xiv) 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 the NOSM University 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 NOSM University Senate, 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).

4.1 UMEC Sub-Committee Responsibilities for Assessment

4.1.1 Responsibilities of SAPC

The UME Committee (UMEC), via its UME Curriculum Committee subcommittee (UMECC), has the primary authority to set consistent standards across the entire UME

Program. 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 of the SAPC Regulations and the procedures for monitoring, reassessment, remediation, academic probation, promotion, and accommodation as described in Sections 8, 9, 10 and 11 of the SAPC Regulations), to ensure compliance with approved University 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 the requirements for students to pass the Theme (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 reviewed by the SAPC to ensure compliance with its Regulations, 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

Theme 6: Medical Career

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 UMECC.

4.2 Annual Review of SAPC Regulations

The Student Assessment and Promotion Regulations shall be reviewed each academic year, and any changes will be forwarded to UMEC and Senate 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 Senate, 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 the Senate 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, as listed below.

- i) Tutor/facilitator/preceptor assessments of professionalism. Assessment of professionalism covers not only the skills, knowledge, behaviours, and attitudes expected of the student, but also personal conduct and relationships with peers, patients, hospital personnel, faculty, and staff, as well as attendance and punctuality.
- ii) Tutor/facilitator/preceptor assessments of learning performance.
- iii) 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.
- iv) Learning portfolios.
- v) Reflective exercises.
- vi) Research exercises and assignments.
- vii) 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.
- viii) Lab reports, case reports.
- ix) Class presentations.
- x) Other assessment tools and methodologies not covered in this list must be approved by SAPC before use.

5.2 Forms and Assessment rubrics

Forms and assessment rubrics must be developed and approved by the Theme and Phase Committees and reviewed 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 Section 3.0 (iv) and (v). 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 Section 3.0 (v) and contain all the information and instructions required for a competent student to answer the question.

6.3.2

For multiple choice questions, all questions must have an appropriate number of distinct answer options. Multiple selection question formats are also an appropriate type of multiple-choice question.

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 Section 3.0 (v). For example, if a student must provide four examples to receive full marks, this must be specified in the question.

6.4 Frequency of Assessments

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 Assessments

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 Assessment in the Clinical Setting

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 Return of assessment results to students

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 five 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. The Office of Assessment will release the students’ examination results from Monday to Thursday in order to ensure students with the opportunity to seek clarification, advice, and support.

6.8 Conflict of Interest

A conflict of interest is defined as a relationship in which an individual has competing interests or loyalties that have the potential to undermine their ability to act in an impartial manner. Example relationships that may cause a conflict of interest include but are not limited to: those involving a family member, partner or a friend; an individual involved in

teaching a preparatory course relating to a particular assessment; a health professional who provides, or has provided, health services to a student; or those relationships involving financial interests. A prior assessment, whether positive or negative, by a faculty member does not constitute a conflict of interest.

Faculty members who identify a potential, perceived or actual conflict of interest while assessing or advancing a medical student shall cease the assessment immediately and inform the Director of Assessment and Program Evaluation, Assistant Dean, Learner Affairs, or the Associate Dean, UME. Students who identify a potential, perceived or actual conflict of interest while being academically assessed or advanced shall inform the faculty member who in turn shall cease the assessment and inform one of: Director of Assessment and Program Evaluation, Assistant Dean-Learner Affairs, or the Associate Dean, UME. All disclosures will remain confidential.

In cases where there may be potential for subjectivity in the assessment(s), the academic lead(s) for the corresponding assessment(s) shall arrange for an alternate assessment(s).

Students who identify a potential, perceived or actual conflict of interest after having already been academically assessed will be assigned the grade submitted by the faculty member. In this instance, the SAPC will review the case on an individual basis; the medical student may also access the appeal mechanisms pursuant to the UME Appeals Policy. Medical students who do not report an actual conflict of interest relating to their assessment or promotion decisions will be referred to the appropriate professionalism review process.

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

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

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 regarding 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 assigned 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 0.50 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 Assessment and Promotion Committee will require that the student engage in 'make-up' activities prior to undertaking any required assessments. Make-up activities may include repeating all or part of a missed component of the curriculum or engaging in an experience deemed equivalent to that which was missed.

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 appropriate Phase 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 or appropriate Phase 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 consider 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 via the assessment email within five (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 two (2) days prior the regular assessment date, or within ten (10) working days following the end of the original, missed assessment: or,

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

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 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 reassessment, remediation, academic probation, or withdrawal from the Program.

8.2.1

When a student has not met the passing standard for two 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 Learner Support Services (via the Assistant Dean, Learner Affairs) for guidance, advising and support, placing emphasis on existing resources (e.g. recommending faculty advisor/coach) and possibly participation in learning strategies and/or courses (e.g. effective study strategies and techniques).

8.3 Student responsibilities and academic performance

Notwithstanding the recommendations outlined in 8.2.1, 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 provided by the NOSM U Student Support Services.

8.3.3

Students experiencing personal issues that are interfering with their learning should contact the NOSM U Learner Support Services officers, for support and referral to other resources as appropriate.

8.4 Tracking of Clinical Encounters in Phases 2 and 3

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 Assessment, UME. Students should refer to the respective Phase Handbooks for mechanisms to address missing encounters.

9.0 Reassessment, Remediation, Academic Probation and Withdrawal from the UME Program

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, (ii) undergo a process of remediation (including repeat of year), (iii) placed on academic probation and, (iv) be withdrawn from the UME program.

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. This decision by the SAPC is not appealable.

9.1 Reassessment

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.

9.2 Remediation

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 UME program already undertaken (including repeat of a year), (ii) completing new instruction requirements which are in addition to the regular requirements of the UME program, or a combination of (i) and (ii), as determined and required by the SAPC.

9.2.1

Students should note that they may be required to disclose all remediation to licensing bodies.

9.3 Eligibility for reassessment or remediation

Eligibility for reassessment or remediation is not automatic and may be denied by the Student Assessment and Promotion Committee (SAPC). This decision by SAPC is not appealable.

9.3.1

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

9.3.2

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.

9.3.3

When students are being reassessed or remediated, SAPC may require a higher passing standard 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.

9.4

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.

9.5

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 Theme (course), a Fail will be assigned to the Theme (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.

9.6

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.

9.7

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. When a student has failed more than one Theme and/or Program requirement, the corresponding Theme Chairs and/or Phase Directors must collaborate in the preparation of the reassessment/remediation plans.

9.8

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 acquiring 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.

9.8.1

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.

9.8.2

The Plan must include all details necessary for the Plan’s execution, including, but not limited to the following Plan Components, (i) the Theme (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.

9.8.3

In addition to the details described in 9.8.2, 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.

9.8.4

For Remediation or Reassessment Plans which last longer than one academic year it is permissible for any of the Components 9.8.2 (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 academic year to which they will occur within.

9.8.5

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.

9.8.6

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) UME Administrative Director, Curriculum and Learning Environment 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.

9.8.7

For Remediation Plans: The draft Plan will initially be given preliminary approval only by the same persons as described in 9.8.6. 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. 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.

9.8.8 Reassessment or Remediation Plans are not subject to Appeal.

9.8.9

Once approved, the Theme Chair(s) shall be responsible for implementation of the reassessment or remediation plan. Implementation shall occur by the usual academic and operational processes appropriate to the educational activities contained in the Plan.

9.8.10

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

9.8.11

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.

9.8.12

Students who do not successfully complete all elements and pass all summative assessments described in a reassessment plan assigned to them will have a Fail grade entered into their academic record and will either be required to remediate (including a repeat of year) or be withdrawn from the Program.

9.8.13

Students who do not successfully complete all elements and pass all summative assessments described in the remediation plan will not be offered reassessment.

9.8.14

Students who do not successfully complete all elements and pass all summative assessments described in the remediation plan and are repeating a year or have already repeated a year will not be offered further remediation and will be withdrawn from the Program.

9.8.15

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.

9.8.16

A student remediating a program requirement must receive permission from the Associate 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 they participate in program or university affiliated extra-curricular activities including research nor should they be granted an absence or leave of absence for other than medical or compassionate reasons.

9.9

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

9.10 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.

9.10.1 Placement on Academic Probation:

A student who has been asked by SAPC to repeat an academic year due to poor academic performance will be automatically placed on academic probation.

Also, 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 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 via email of the conditions they must satisfy in order to return to good academic standing.

9.10.2 Status whilst on Probation

Probation is essentially a clear warning to the student that they must show improvement if the student is to remain in the UME program. 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 withdrawal from the UME Program.

A student remediating a program requirement must receive permission from the Associate 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 they participate in program or university affiliated extra-curricular activities including research nor should they 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.

9.10.3 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:

- i) satisfactory remediation of all identified academic deficiencies
- ii) absence of any other issues of concern being considered by the SAPC.

10.0 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 (P) for each of the six 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 9.0 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 Code of Student Conduct, or as recommended to the SAPC by the Committee to Support Student Professionalism (CSSP), 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 U Code of Student Conduct and CSSP documentation. 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), academic probation, 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 assessed for Program or Theme requirements 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 Senate Policy Regarding Academic Appeals.

10.3

Students in Phase 2 will be registered in Phase 3 once they have successfully completed their final quarterly clinical performance review (QCPR). Students will be required to pass any remaining outstanding Phase 2 elements in order to meet the graduation requirements; if not, they will need to reassess or remediate the failed assessments during Phase 3, repeat the year, or withdraw from the program.

11.0 Assessment of Students with Accommodations.

11.1

Accommodations are provided to ensure that all individuals are treated fairly on all examinations. Under the Ontario Human Rights Code (Code), NOSM's Human Rights and Anti Harassment/ Discrimination Policy and the Accessibility for Ontarians with Disabilities Act (AODA), organizations are required to prevent and remove barriers and provide accommodation to students with the right to reasonable academic accommodations including in the clinical environment in post-secondary education. NOSM University has a legal obligation to eliminate barriers to equal access for students with disabilities. Accordingly, the purpose of this policy is to provide guidelines for the provision of reasonable academic accommodations including in the clinical environment for students at the NOSM University.

The requirement to provide accommodations is described in the "Academic Accommodations including in the Clinical Environment Policy (<https://www.nosm.ca/wp->

[content/uploads/2022/05/NOSM-U-Academic-Accommodations-including-in-the-Clinical-Environment-Policy.pdf](https://www.nosm.ca/wp-content/uploads/2022/05/NOSM-U-Academic-Accommodations-including-in-the-Clinical-Environment-Policy.pdf)).

11.2

Accommodation cannot compromise patient safety or well-being. The student with a disability must be able to demonstrate the knowledge and perform the essential skills independently and within a reasonable time. 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

Students with disabilities seeking an academic accommodation including in the clinical environment are expected to begin the process through a confidential meeting with a Learner Affairs Officer (LAO), the Assistant Dean, Learner Affairs or the Assistant Dean, Resident Affairs, who will discuss the Student's individual situation and answer questions.

To proceed with a formal request for accommodation a meeting with the Accessibility Advisor in the Registrar's Office will be arranged. The process and procedure for assessing formal requests for accommodations is set out in the Procedure for Academic Accommodations including those in the Clinical Environment (<https://www.nosm.ca/wp-content/uploads/2022/06/NOSM-University-Procedure-for-Academic-Accommodations-including-in-the-Clinical-Environment-SM.pdf>)

To proceed with a formal request for accommodation, a meeting with the Accessibility Advisor will be arranged. The student may bring a support person of their choice to the meeting(s) with the Accessibility Advisor.

11.4

Following the 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 have the right to appeal Theme grades, other assessments (or components thereof) or program requirements outlined in the Promotion Reassessment and Remediation plan according to the provisions of the UME Academic Appeals Policy and the appeal must be filed in writing in the allotted time outlined in the policy.

Students have the right to appeal a failure to promote, withdrawal or professionalism to the Senate, after all previous reviews and appeals have been exhausted. The appeal must be

submitted in accordance with the Senate Policy Regarding Academic Appeals in writing within 10 (ten) working days of receipt of the notice at the previous level.

12.2

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 Senate or Senate Committees, 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.

13.0 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.

14.0 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

15.0 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 yyyy-mm-dd	Authors/Comments
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		See previous edits and approvals on previous iterations
12.0		Annual review including a legal review. Edits to many sections & subsections; updated document template, addition and revision of subtitles; changes made new language and responsible bodies for NOSM U, Student Support Services (for LA), GAC Guidance and Advising Committee, academic probation, appeals.
	2021 12 10	Legal Review
	2022 02 10	Approved by SAPC
	2022 03 09	Approved at UMEC
	2022 04 07	Approved by NOSM University Senate
12.1	2022 08 22	Edits from ZSuntres SAPC Chair in consultation with ADUME L Toner and Director of Assessment EHogard; Replaced GAC with Learner Support Services; replace ACAC with NOSM University Senate; updated approval table to include UMEC; changes approved by Chair's action on 2022Aug22
12.1	2022 08 22	Approved at SAPC Chair's Action
	2022 08 29	Received by UMEC Admin Support
	2022 08 30	Sent to ADUME requesting they take UMEC Chair's action to approve revisions
12.2	2022 09 06	Changes received from ADUME and Learner Affairs; Approved by section revised; updates to NOSM U references; updated language; minor edits made to several sections; updated references to other policies; 7.6 update/revisions to Make-up activities; section 11 assessment of students with accommodations extensive revisions; Section 12 appeals revisions.
12.2	2022 09 07	Approved at SAPC Chair's action
	2022 09 13	Presented to UMEC for vote on approval. Approved with the caveat that further specific revisions be made
12.3	2022 09 13	Revised to reflect above.
	2022 09 16	Forwarded to NOSM University Senate for a vote on approval at their October 6, 2022 meeting

Regulations

Undergraduate Medical Education (UME) Program Student Assessment and Promotion (SAPC) Regulations				Class: A	
Approved By:	NOSM University Senate pending				
Approval Date: yyyy-mm-dd	2022-04-07 pending	Effective Date:	2022-04-07 pending	Next Review by:	2023 03 01
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Responsible Officer(s):	Associate Dean, UME Chair, SAPC				

Deleted Cells

These regulations are subject to change

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Student Assessment and Promotion Regulations

1.0 Purpose

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

2.0 Scope

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

3.0 Guiding Principles

NOSM U is committed to the education of high-quality physicians and health professionals. It is NOSM U'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 U's values and educational philosophy.

The NOSM U UME Program 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:

- i) Student assessment is primarily for the benefit of the students themselves, consistent with the principle of student-centered education;
- ii) Student assessment is performance-based. As much as possible, NOSM U assessment modalities are realistic and practice focused, and should reflect the process and context in which learning took place;
- iii) 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 six curriculum Themes, across the full range of behaviours, in line with NOSM U's the University's vision, mission, and values;
- iv) 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 The University will strive to ensure that the assessment of

students in the UME Program is consistent with curricular goals and the ~~NOSM U~~ educational philosophy;

v) Assessment tools and criteria are explicit, and the methods for determining academic standing should be explicitly documented and disseminated to students;

vi) Assessment is comprehensive, with a balance between formative and summative assessment;

vii) The frequency of assessment is sufficient such that faculty and students have a sense of progress towards, and achievement of, the required standards;

viii) The assessment program includes the development of self- and peer-assessment, and life-long learning skills;

ix) ~~NOSM U will ensure~~The methods of assessment are equivalent across all learning sites;

x) 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);

xi) The assessment program will be continuously evaluated to ensure that student assessment is responsive to student needs and consistent with NOSM academic principles;

xii) The outcome of assessment in the ~~NOSM U~~ Undergraduate Medical Education program is Pass/Fail. Numeric grades will not become part of the ~~student's~~ student's academic record;

xiii) The assessment program should strive to achieve continuity and consistency in assessment across the entirety of the UME program;

xiv) 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 ~~the~~ NOSM ~~U's~~ University 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 NOSM University Senate, 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).

4.1 UMEC Sub-Committee Responsibilities for Assessment

4.1.1 Responsibilities of SAPC

The UME Committee (UMEC), via its UME Curriculum Committee subcommittee (UMECC), 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 [of the SAPC Regulations](#) and the procedures for monitoring, reassessment, remediation, academic probation, promotion, and accommodation as described in Sections 8, 9, 10 and 11 [of the SAPC Regulations](#)), to ensure compliance with approved ~~NOSM-U~~University 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 the requirements for students to pass the Theme (MEDS Courses) on a year-to-year basis, define how such a 'pass'/'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 reviewed by the SAPC to ensure compliance with its Regulations, 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

Theme 6: Medical Career

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 UMECC.

4.2 Annual Review of SAPC Regulations

The Student Assessment and Promotion Regulations shall be reviewed each academic year, and any changes will be forwarded to UMEC and ~~NOSM U~~ Senate 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 ~~NOSM U~~ Senate, 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 the ~~University~~ Senate 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 U~~, as listed below.

- i) Tutor/facilitator/preceptor assessments of professionalism. Assessment of professionalism covers not only the skills, knowledge, behaviours, and attitudes expected of the student, but also personal conduct and relationships with peers, patients, hospital personnel, faculty, and staff, as well as attendance and punctuality.
- ii) Tutor/facilitator/preceptor assessments of learning performance.
- iii) 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.
- iv) Learning portfolios.
- v) Reflective exercises.
- vi) Research exercises and assignments.

vii) 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 ~~bellringers~~bell-ringers.

viii) Lab reports, case reports.

ix) Class presentations.

x) Other assessment tools and methodologies not covered in this list must be approved by SAPC before use.

5.2 Forms and Assessment rubrics

Forms and assessment rubrics must be developed and approved by the Theme and Phase Committees and reviewed 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 [Section 3.0](#) (iv) and (v). 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 [Section 3.0](#) (v~~7~~), and contain all the information and instructions required for a competent student to answer the question.

6.3.2

For multiple choice questions, all questions must have an appropriate number of distinct answer options. Multiple selection question formats are also an appropriate type of multiple-choice question.

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 [Section 3.0](#) (v). For example, if a student must provide four examples to receive full marks, this must be specified in the question.

6.4 Frequency of Assessments

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 Assessments

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 Assessment in the Clinical Setting

In the clinical setting, students will be evaluated using a rubric that assesses both the ~~student's~~ 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'~~'fail' for a clinical experience based on professional behaviour even if all other requirements are met.

6.7 Return of assessment results to students

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 five 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. The Office of Assessment will release the students' examination results from Monday to Thursday in order to ensure students with the opportunity to seek clarification, advice, and support.

6.8 Conflict of Interest

A conflict of interest is defined as a relationship in which an individual has competing interests or loyalties that have the potential to undermine their ability to act in an impartial manner. Example relationships that may cause a conflict of interest include but are not limited to: those involving a family member, partner or a friend; an individual involved in teaching a preparatory course relating to a particular assessment; a health professional who provides, or has provided, health services to a student; or those relationships involving financial interests. A prior assessment, whether positive or negative, by a faculty member does not constitute a conflict of interest.

Faculty members who identify a potential, perceived or actual conflict of interest while assessing or advancing a medical student shall cease the assessment immediately and inform the Director of Assessment and Program Evaluation, Assistant Dean, Learner Affairs, or the Associate Dean, UME. ~~Medical~~ Students who identify a potential, perceived or actual conflict of interest while being academically assessed or advanced shall inform the faculty member who in turn shall cease the assessment and inform one of: Director of Assessment and Program Evaluation, Assistant Dean-Learner Affairs, or the Associate Dean, UME. All disclosures will remain confidential.

In cases where there may be potential for subjectivity in the assessment(s), the academic lead(s) for the corresponding assessment(s) shall arrange for an alternate assessment(s).

~~Medical~~ Students who identify a potential, perceived or actual conflict of interest after having already been academically assessed will be assigned the grade submitted by the faculty member. In this instance, the SAPC will review the case on an individual basis; the medical student may also access the appeal mechanisms pursuant to the UME Appeals Policy. Medical students who do not report an actual conflict of interest relating to their assessment or promotion decisions will be referred to the appropriate professionalism review process.

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

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

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 regarding student progress or promotion.

7.2 Mandatory vs. Optional Assessments

Instances of assessment may be mandatory or optional. '~~Mandatory~~'Mandatory' indicates that the successful completion of the task is a requirement for promotion or graduation. '~~Optional~~'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 assigned a numeric mark, the passing standard is 60%; OSCE stations may define the requirements for a '~~minimally~~'minimally competent ~~candidate~~'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 0.50 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 1.7 of the Policy: UME Code of Student Conduct, the Student Assessment and Promotion Committee will require that the student engage in 'make-up' activities prior to undertaking~~

any required assessments. Make-up activities may include repeating all or part of a missed component of the curriculum or engaging in an experience deemed equivalent to that which was missed.

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 appropriate Phase 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 or appropriate Phase 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 consider 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 via the assessment email within five (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 two (2) days prior the regular assessment date, or within ten (10) working days following the end of the original, missed assessment: or,

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 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 reassessment, remediation, academic probation, or withdrawal from the Program.

8.2.1

When a student has not met the passing standard for two 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 ~~Guidance and Advising Committee (GAC). GAC is a standing committee of Learner Support Services (via the Student Assessment and Promotion Committee (SAPC) responsible to make recommendations to SAPC regarding academic Assistant Dean, Learner Affairs) for~~ guidance ~~of students. GAC places further,~~ advising and support, placing emphasis on existing resources ~~and may advise (e.g. recommending faculty advisor/coach) and possibly~~ participation in learning strategies and/or courses. ~~GAC may invite students to discuss issues related to their academic performance prior to making any recommendations to SAPC. (e.g. effective study strategies and techniques).~~

8.3 Student responsibilities and academic performance

Notwithstanding the recommendations ~~of the GAC outlined in 8.2.1~~, 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 provided by the NOSM U Student Support Services.

8.3.3

Students experiencing personal issues that are interfering with their learning should contact the NOSM U [StudentLearner](#) Support Services officers, for support and referral to other resources as appropriate.

8.4 Tracking of Clinical Encounters in Phases 2 and 3

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 Assessment, UME. Students should refer to the respective Phase Handbooks for mechanisms to address missing encounters.

9.0 Reassessment, Remediation, Academic Probation and Withdrawal from the UME Program

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~~ 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, (ii) undergo a process of remediation (including repeat of year), (iii) placed on academic probation and, (iv) be withdrawn from the UME program.

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. This decision by the SAPC is not appealable.

9.1 Reassessment

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.

9.2 Remediation

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~~ UME program already undertaken (including repeat of a year), (ii) completing new instruction requirements which are in addition to the regular requirements of the ~~MD-degree~~ UME program, or a combination of (i) and (ii), as determined and required by the SAPC.

9.2.1

Students should note that they may be required to disclose all remediation to licensing bodies.

9.3 Eligibility for reassessment or remediation

Eligibility for reassessment or remediation is not automatic and may be denied by the Student Assessment and Promotion Committee (SAPC). This decision by SAPC is not appealable.

9.3.1

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

9.3.2

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.

9.3.3

When students are being reassessed or remediated, SAPC may require a higher passing standard 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.

9.4

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

9.5

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

9.6

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.

9.7

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. When a student has failed more than one Theme and/or Program requirement, the corresponding Theme Chairs and/or Phase Directors must collaborate in the preparation of the reassessment/remediation plans.

9.8

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 acquiring 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.

9.8.1

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.

9.8.2

The Plan must include all details necessary for the ~~plan's~~Plan's execution, including, but not limited to the following Plan Components, (i) the Theme (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.

9.8.3

In addition to the details described in 9.8.2, 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.

9.8.4

For Remediation or Reassessment Plans which last longer than one ~~University Term~~academic year it is permissible for any of the Components 9.8.2 (iii)-(vii) to be declared ~~'To Be Determined'~~'Determined' but these details must be determined not less than 10 business days prior to the start of the ~~University Term~~academic year to which they will occur within.

9.8.5

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.

9.8.6

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) UME Administrative Director, Curriculum and Learning Environment 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.

9.8.7

For Remediation Plans: The draft Plan will initially be given preliminary approval only by the same persons as described in 9.8.6. 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. 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.

9.8.8 Reassessment or Remediation Plans are not subject to Appeal.

9.8.9

Once approved, the Theme Chair(s) shall be responsible for implementation of the reassessment or remediation plan. Implementation shall occur by the usual academic and operational processes appropriate to the educational activities contained in the Plan.

9.8.10

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

9.8.11

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.

9.8.12

Students who do not successfully complete all elements and pass all summative assessments described in a reassessment plan assigned to them will have a Fail grade entered into their academic record and will either be required to remediate (including a repeat of year) or be withdrawn from the Program.

9.8.13

Students who do not successfully complete all elements and pass all summative assessments described in the remediation plan will not be offered reassessment.

9.8.14

Students who do not successfully complete all elements and pass all summative assessments described in the remediation plan and are repeating a year or have already repeated a year will not be offered further remediation and will be withdrawn from the Program.

9.8.15

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.

9.8.16

A student remediating a program requirement must receive permission from the Associate 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 they participate in program or university affiliated extra-curricular activities including research nor should they be granted an absence or leave of absence for other than medical or compassionate reasons.

9.9

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

9.10 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~~ student's progress is presently described in our regulations as ~~'showing'~~ showing a failure to demonstrate satisfactory progress at any point which may be grounds for recommendation of remediation or withdrawal from the ~~program'~~ 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.

9.10.1 Placement on Academic Probation:

A student who has been asked by SAPC to repeat an academic year due to poor academic performance will be automatically placed on academic probation.

Also, 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~~ 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 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 via email of the conditions they must satisfy in order to return to good academic standing.

9.10.2 Status whilst on Probation

Probation is essentially a clear warning to the student that ~~she/he/they~~ must show improvement if ~~he or she~~ the student is to remain in the ~~School~~ UME program. 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~~ Committee's specified plan will result in automatic withdrawal from the UME Program.

A student remediating a program requirement must receive permission from the Associate 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 they participate in program or university affiliated extra-curricular activities including research nor should they 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.

9.10.3 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:

- i) satisfactory remediation of all identified academic deficiencies
- ii) absence of any other issues of concern being considered by the SAPC.

10.0 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 (P) for each of the six 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 9.0 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~~ U Code of Student Conduct, or as recommended to the SAPC by the Committee to Support Student Professionalism (CSSP), 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 U Code of Student Conduct and CSSP documentation. 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), academic probation, 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 assessed for Program or Theme requirements 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 U~~ Senate Policy Regarding Academic Appeals.

10.3

Students in Phase 2 will be registered in Phase 3 once they have successfully completed their final quarterly clinical performance review (QCPR). Students will be required to pass any remaining outstanding Phase 2 elements in order to meet the graduation requirements; if not, they will need to reassess or remediate the failed assessments during Phase 3, repeat the year, or withdraw from the program.

11.0 Assessment of Students with Accommodations.

~~NOSM recognizes that some students will have disabilities or be temporarily limited in terms of their ability. 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 as well as the academic standards of the medical profession. The requirement to provide assessment accommodations are described in the "Accommodations Policy and Procedure".~~

~~11.1~~

~~Consistent with the Accommodations Policy and Procedures, 11.1~~

~~Accommodations are provided to ensure that all individuals are treated fairly on all examinations. Under the Ontario Human Rights Code (Code), NOSM's Human Rights and Anti Harassment/ Discrimination Policy and the Accessibility for Ontarians with Disabilities Act (AODA), organizations are required to prevent and remove barriers and provide accommodation to students with the right to reasonable academic accommodations including in the clinical environment in post-secondary education. NOSM University has a legal obligation to eliminate barriers to equal access for students with disabilities. Accordingly, the purpose of this policy is to provide guidelines for the provision of reasonable academic accommodations including in the clinical environment for students at the NOSM University.~~

~~The requirement to provide accommodations is described in the "Academic Accommodations including in the Clinical Environment Policy (<https://www.nosm.ca/wp-content/uploads/2022/05/NOSM-U-Academic-Accommodations-including-in-the-Clinical-Environment-Policy.pdf>).~~

~~11.2~~

~~Accommodation cannot compromise patient safety or well-being. The student with a disability must be able to demonstrate the knowledge and perform the necessaryessential skills independently and within a reasonable time. 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.~~

11.23

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-U encourages incoming students to take such action immediately following their offer of admission. Early declaration enables NOSM-U to take decisive actions so that the students' academic programs will be seamless.

11.3

Students should disclose their disability and/or need for accommodations to NOSM-U's Student Support Services 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 university.

11.4

Students with a disability must register annually with the Student Accessibility Office of the University. An individualized plan regarding accommodations (if appropriate) will be recommended. NOSM-U's Student Support Services will work collaboratively to develop the annual plan and present it to SAPC.

11.5

The Student Support Services Officer will review the plan in consultation with the student and based on information provided by the Student Accessibility Office of the 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.

Accommodation will not modify the nature or level of the curricular content and clinical skills being assessed, nor use alternate assessment methods to measure the same standards and competencies. It should resemble, as much as possible, the accommodation that would be provided in the workplace to perform tasks similar to the ones performed during the assessment.

Requests for accommodations will be granted if the requests are reasonable, do not cause a fundamental alteration of the medical education program, are consistent with the standards of the medical profession, do not cause undue hardship to the University, cannot compromise patient safety and well-being, and are recommended directly by the Student Accessibility Services of the University.

The student shall be provided with the opportunity, when requested, 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.~~

~~41.6~~

~~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 Student's Accessibility Services from whence the recommendations originated.~~

~~41.7~~

~~Accommodation plans for students with disabilities shall be reviewed by the SAPC in an in-camera session.~~

~~41.8~~

~~Student Support Services will provide accommodated students with guidance on the Medical Council of Canada's (MCC) 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 U, but the MCC does not permit its use during the licensing examination.~~

~~41.9~~

~~**Following** Students with disabilities seeking an academic accommodation including in the clinical environment are expected to begin the process through a confidential meeting with a Learner Affairs Officer (LAO), the Assistant Dean, Learner Affairs or the Assistant Dean, Resident Affairs, who will discuss the Student's individual situation and answer questions.~~

~~To proceed with a formal request for accommodation a meeting with the Accessibility Advisor in the Registrar's Office will be arranged. The process and procedure for assessing formal requests for accommodations is set out in the Procedure for Academic Accommodations including those in the Clinical Environment (<https://www.nosm.ca/wp-content/uploads/2022/06/NOSM-University-Procedure-for-Academic-Accommodations-including-in-the-Clinical-Environment-SM.pdf>)~~

~~To proceed with a formal request for accommodation, a meeting with the Accessibility Advisor will be arranged. The student may bring a support person of their choice to the meeting(s) with the Accessibility Advisor.~~

~~11.4~~

~~Following the 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 have the right to~~ appeal Theme grades, other assessments (or components thereof) or program requirements outlined in the Promotion Reassessment and Remediation plan according to the provisions of the UME Academic Appeals Policy. ~~A student wishing to challenge a decision made following an appeal under the UME Academic Appeals Policy or a promotion decision shall have the right to request a review of the decision by the Academic Council Appeals Committee (ACAC) in a formal hearing as per the NOSM Policy Regarding Academic Appeals. The student shall specify the grounds for the review and shall provide the ACAC with all necessary supporting documents. The grounds for such review are limited to the following: (a) There is evidence of a factual error or procedural irregularity in the consideration of the appeal at a previous level of decision; and/or (b) that the previous body did not adhere to the principles of natural justice during the process, and the appeal must be filed in writing in the allotted time outlined in the policy.~~

Students have the right to appeal a failure to promote, withdrawal or professionalism to the Senate, after all previous reviews and appeals have been exhausted. The appeal must be submitted in accordance with the Senate Policy Regarding Academic Appeals in writing within 10 (ten) working days of receipt of the notice at the previous level.

12.2

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"); Senate or Senate Committees,~~ 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.

13.0 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.

14.0 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~~

15.0 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.

~~*In this document, 'NOSM' and 'NOSM-U' are used interchangeably. At the time the NOSM University Act 2021 comes into force, 'NOSM' will be continued as 'NOSM-U'.~~

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT

Version	Date yyyy-mm-dd	Authors/Comments
		See previous edits and approvals on previous iterations
12.0		Annual review including a legal review. Edits to many sections & subsections; updated document template, addition and revision of subtitles; changes made new language and responsible bodies for NOSM U, Student Support Services (for LA), GAC Guidance and Advising Committee, academic probation, appeals.
	2021 12 10	Legal Review
	2022 02 10	Approved by SAPC
	2022 03 09	Approved at UMEC
	2022 04 07	Approved by NOSM University Senate
<u>12.1</u>	<u>2022 08 22</u>	<u>Edits from ZSuntres SAPC Chair in consultation with ADUME L Toner and Director of Assessment EHogard; Replaced GAC with Learner Support Services; replace ACAC with NOSM University Senate; updated approval table to include UMEC; changes approved by Chair's action on 2022Aug22</u>
<u>12.1</u>	<u>2022 08 22</u>	<u>Approved at SAPC Chair's Action</u>
	<u>2022 08 29</u>	<u>Received by UMEC Admin Support</u>
	<u>2022 08 30</u>	<u>Sent to ADUME requesting they take UMEC Chair's action to approve revisions</u>
<u>12.2</u>	<u>2022 09 06</u>	<u>Changes received from ADUME and Learner Affairs; Approved by section revised; updates to NOSM U references; updated language; minor edits made to several sections; updated references to other policies; 7.6 update/revisions to Make-up activities; section 11 assessment of students with accommodations extensive revisions; Section 12 appeals revisions.</u>
<u>12.2</u>	<u>2022 09 07</u>	<u>Approved at SAPC Chair's action</u>
	<u>2022 09 13</u>	<u>Presented to UMEC for vote on approval. Approved with the caveat that further specific revisions be made</u>
<u>12.3</u>	<u>2022 09 13</u>	<u>Revised to reflect above.</u>
	<u>2022 09 16</u>	<u>Forwarded to NOSM University Senate for a vote on approval at their October 6, 2022 meeting</u>

To: NOSM U Senate **Date:** Oct 6 2022

From: Dr. Harshad Telang

Subject: Revised Emeritus Policy

Action Required: INFORMATION APPROVAL/DECISION

Title: Revised Emeritus Policy

Executive Summary:

The purpose of this briefing note is to advise the Senate of the proposed changes to the Emeritus Policy and seek approval of the new Policy. The new Policy replaces the previous Emeritus and Honorarius Policies.

MOTION OR RESOLUTION:

Moved that the revised Emeritus Policy be approved as presented.

Further that the Honorarius Policy be retired.

Context or Scope of Problem:

Rewarding and recognizing our faculty as well as improving faculty engagement are two of NOSM U's strategic goals. Bestowment of the Emeritus title is an important tool in helping us achieve these goals.

Policy Recommendations:

The Emeritus and Honorarius Policies were outdated and in need of updating. The revised Policy is more streamlined, provides greater clarity and reflects NOSM University status.

Consulted or Recommended Sources:

Vice Dean Clinical Relations

Associate Dean Faculty Affairs

Division Heads

Section Chairs

Physician Clinical Teachers Association

NOSM U Staff and Faculty Association

Communications Strategy:

The new Policy will be announced at the divisional meetings and distributed to the faculty.

The new Policy will also be sent directly to LEG Leads and Site Liaison Clinicians advising them of the new Policy and asking them for their cooperation in identifying eligible faculty.

The new Policy will replace the old one in the Faculty Handbook. The Handbook is placed on the internet and distributed to faculty at time of appointment and reappointment.

Current Associate and Professor Honorarius faculty will retain their title. Bestowment of the Emeritus title to stipendiary faculty will occur only after this Policy has been approved by Senate.

Professor Emeritus/Emerita Policy

Approval Authority: Senate

Established On: June 6, 2022 and replaces the NOSM Honorarius and Emeritus Policies approved by Laurentian University (November 18, 2014) and Lakehead University (December 1, 2014).

Category: Academic

1.0 POLICY STATEMENT

Recognizing the outstanding, lifelong contributions of our faculty and librarians is an important aspect of faculty engagement and is part of NOSM U's strategic plan. As such, the awarding of the Emeritus/Emerita Policy has been established to support the process of recognizing distinguished faculty members and librarians.

2.0 SCOPE

This Policy applies to faculty members or librarians with the rank of Professor, Associate Professor, Librarian IV or III who upon or after retirement from NOSM University have served the University with distinction for a minimum of ten years.

3.0 DEFINITIONS

Faculty members can be defined as individuals who have an active faculty appointment with NOSM U. All nominees must be in good standing with the University and should have made outstanding contributions to NOSM University in their scholarly activity, teaching/library service and or academic administrative work.

4.0 POLICY TERMS

Upon retirement and after a minimum of 10 years of service, a Professor, or a Librarian IV who has served NOSM U (including the previous Northern Ontario School of Medicine) and is in good standing with the University shall be awarded the title of Professor Emeritus/a, or Librarian Emeritus/a by the Senate. The title granted will be at the rank at the time of retirement.

Notwithstanding the above, upon retirement, Professors with less than 10 years of service and Associate Professors, Librarian IV or IIIs of at least 10 years' service may also be nominated and considered by the respective Promotions Committee provided they are in good standing with the University and are considered to have made outstanding contributions to the University in their scholarly activity, teaching/library service and or academic administrative work.

Process for Nomination and Award:

1. The Office of Faculty Affairs will put a call out to the Divisions to identify potential Emeritus candidates. The call out will include a nomination deadline. Nominations received after the call out deadline may not be considered in the year they were received.
2. A qualifying faculty member/librarian should complete the Notice of Retirement Form and indicate their desire to have the title Emeritus/a conferred upon retirement. The Notice of Retirement Form should be completed in the year of retirement or within 3 years after retirement. Note, the completed Notice of Retirement form doesn't confirm the appointment.
 - A. This form will require an updated CV and a completed NOSM U Dossier of supporting evidence (this is not required for Professors or librarians IV with ten or more years of service)
 - B. In cases where the retiree requests the title, it shall be based on merit and supported by one or more faculty or librarian member(s)
 - C. The associated Division Head may also choose to nominate a faculty member.
3. The Division Head (or designate) will confirm eligibility.
4. All nominations/Notice of Retirement Forms shall be forwarded to the appropriate Faculty or Librarian Personnel Committee (FPC/LPC) (for review for full-time Faculty and Librarian Personnel) or the Joint and Stipendiary Faculty Promotions Committee (for Joint and Stipendiary faculty) for review and confirmation.

5.0 RECCOMENDATIONS

Recommendations from the Promotion Committees will be presented to the Senate for approval at the first available meeting and a letter from the President will confirm the appointment.

6.0 PRIVILEGES

The Emeritus/a title will be listed in the NOSM University website on the Faculty Affairs webpage. A report on the recipients may be read at the appropriate Senate meeting (typically In the Spring). A certificate may be presented at a ceremony identified by Faculty Affairs and/or the President.

The Emeritus/a Professor shall retain the usual privileges of a member of the academic community; however, the title shall carry no remuneration, no formal duties and no voting privileges.

7.0 INTERPRETATION

Questions of interpretation or application of this policy or its procedures will be referred to the Associate Dean Faculty Affairs via facultyaffairs@nosm.ca

Review and Revision History

1. October 1, 2010 Academic Council (June 10, 2010), Joint Senate Committee (June 28, 2010) and host University Senates Approved: Laurentian University (September 21, 2010) Lakehead University (October 1, 2010)
2. December 1, 2014 Academic Council (October 2, 2014), JSC (October 15, 2014) Laurentian U Senate (November 18, 2014) Lakehead U Senate (December 1, 2014)

Review Period: 5 years or as required

Date for Next Review: Oct 2027

Office of Faculty Affairs

Faculty Notice of Retirement Form

1. This form should be used if you intend to retire.
2. A signed notice of intention to retire should be submitted to your Division Head at least two months in advance of the proposed commencement date.

A. PERSONNEL INFORMATION

Name _____

Rank _____

Division _____

B. NOTICE OF INTENTION TO RETIRE

1. I wish to retire beginning _____
2. I understand that this notice can be revoked by giving my Division Head one month written notice.
3. If I do not revoke my notice of intention to retire within the one month period the above retirement date becomes irrevocable.
4. If eligible, I wish to be appointed to rank of Emeritus/a in accordance with the Policy on Emeritus/a Status. I understand that eligibility will be confirmed by the Office of Faculty Affairs.
5. Once eligibility is confirmed, I will submit my CV and a completed NOSM U Dossier to stipjointfacpromotions@nosm.ca.

C. ACCEPTANCE: I hereby submit my notice to retire

Applicant's Signature _____

Date _____

APPROVAL:

Division Head's Signature _____

Date _____

D. DECLINE I hereby reject the notice to be appointed to rank of Emeritus/a in accordance with the Policy on Emeritus/a Status.

Applicant's Signature _____

Date _____

Division Head's Signature _____

Date _____

To: Senate

Date of Meeting: October 6, 2022

Submitted By: Miriam Cain

Responsible Registrar's Office
Portfolio:

Subject: Policy of the Establishment of the Schedule of Dates

Background:

The rationale for this policy is to guide the University in establishing an annual schedule of dates for communication and use by the university community. Guidelines Chart provides the guidelines to follow in setting the Academic Schedule referencing other procedures where applicable. The Office of the Registrar will strive to have draft dates set two academic years in advance internally. The dates will be published to the public annually in the Academic Calendar.

Furthermore, attached to the policy of the Establishment of the Schedule of Dates is a list of Important Dates without their specific days for the purposes of this policy. However, once approved the specific dates will be posted on the NOSM University website each year with updated dates for that academic year.

Examples of Important Dates – Religious Holidays is attached hereto. The rationale for requesting waiving the first reading is that these practices were already established, this policy merely articulates this into a document that supports the framework for quality of programs at NOSM U.

MOTION: Moved by Miriam Cain / Seconded By

Moved that the first reading for the Establishment of the Schedule of Dates Policy be granted.

MOTION: Moved by Miriam Cain / Seconded By

Moved that the Establishment of the Schedule of Dates Policy be approved as presented.

NEXT STEPS:

Upon Senate approval these dates will be posted on the NOSM University website by the Registrar's Office. Other Offices and Programs may then link their website to these pages accordingly.

SUPPORTING MATERIALS:

- New Policy
- Important Dates – Observance - Statutory and Paid Holidays

Important Dates

Statutory and Paid Holidays

- Canada Day
- August Civic Holiday
- Labour Day Monday
- Thanksgiving Day Monday
- Winter Holiday Closure To be confirmed
- New Year's Day
- Family Day
- Good Friday
- Easter Monday
- Victoria Day
- Canada Day

*Learners may be required to attend clinical placements during the above holiday periods. Please refer to the requirement of your program for clarification.

Observances and Religious Holidays

The university has an obligation to take reasonable measures to accommodate employees and learners who request time off for religious observances for which a day of observance is not provided by statute.

If you need a reasonable accommodation for a religious or spiritual observance, it is important to provide reasonable advance notice of your intended absence. Please contact either Human Resources or Learner Support Services for information.

- Le Jour des Franco-ontariens
- Rosh Hashanah (Jewish)
- National Day for Truth and Reconciliation
- Yom Kippur (Jewish)
- Dussehra (Hindu)
- First Two Days of Sukkot (Jewish)
- Shemini Atzeret (Jewish)
- Simchat Torah (Jewish)
- Diwali (Hindu-Jain-Sikh)
- Remembrance Day
- Hanukkah (Jewish)

- Christmas Eve (Christian)
- Christmas (Christian)
- Feast of the Nativity (Orthodox Christian)
- Lunar New Year (Buddhist)
- Purim (Jewish)
- Magha Puja Day (Buddhist)
- Naw-Ruz New Year
- Ramadan (Islam)
- International Transgender Day of Visibility
- Passover - Pesach (Jewish)
- Good Friday (Christian)
- Easter Sunday (Christian)
- Vaisakhi (Sikh)
- Holy Friday (Orthodox Christian)
- Easter (Orthodox Christian)
- Eid-al-Fitr (Islam)
- Vesak / Wesak (Buddhist)
- National Day of Awareness for Missing and Murdered Indigenous Women, Girls and 2SLGBTQQIA+ Peoples
- Earth Day
- Shavuot (Jewish)
- National Indigenous Peoples Day
- Hajj Pilgrimage (Islam)
- Eid-al-Adha (Islam)
- Tisha B'av (Jewish)
- Ashura (Islam)

Note: There are many religious observation dates associated with various faiths, and the absence of such dates on this list should not be interpreted to mean that accommodation will not be provided to students who observe those days.

Establishment of the Schedule of Dates

Approval Authority: Senate

Established On:

Amendments: n/a

Category: Academic

1.0 POLICY STATEMENT

To guide the University in establishing an annual schedule of dates for communication and use by the University community.

2.0 SCOPE

The policy applies to all NOSM University programs, except where otherwise stated. Due to the unique distribution and diversity of NOSM University programs, for example the Undergraduate Medical Education Program (UME) will have a unique academic schedule as outlined in Attachment A and B.

3.0 DEFINITIONS

For this policy:

3.1. **Academic “Term”**: An independent academic period. NOSM University terms include the following:

- Fall Term (September -December)
- Winter Term (January -April)
- Fall /Winter Term (September -April)
- Full-year Fall/Winter Term (April -April 12 months)
- Spring/Summer Term (May – July)
- Spring Term (May -mid-June)
- Summer Term (mid-June -July)

3.2. **“Confers”**: Grants degrees.

3.3. **“Convocation”**: The ceremony at which degrees are granted. The conferral date of degrees coincides with convocation dates for semesters in which a convocation ceremony is observed.

3.4. **“Reading Weeks and Study Breaks”**: are designated periods where normal class schedules and academic requirements are suspended for a period of time.

3.5. **“Schedule of Dates”**: A list of significant dates at the University, developed using policies approved by Senate.

4.0 POLICY TERMS

4.1 The schedule of dates satisfies the following basic principles of scheduling:

- The University must provide sufficient time for faculty and instructors to submit assessments.
- The University must provide final grades to students before the beginning of the next term.
- The University must allow for time to counsel students with academic difficulties.

4.2 The schedules of dates established in accordance with this policy shall be reported annually to Senate in the preceding Fall term.

4.3 Any changes to an established schedule of dates shall be presented to Senate at the next available meeting.

5.0 ROLES AND RESPONSIBILITIES

5.1 Academic date setting is the responsibility of the Office of the Registrar in collaboration with the programs.

5.2 The Office of the Registrar will strive to have draft dates set two academic years in advance internally. The dates will be published to the public annually in the Academic Calendar-Important Dates.

5.3 The Academic Schedule is approved by Senate.

5.4 An Academic Date Setting – Guidelines Chart provides the guidelines to follow in setting the Academic Schedule referencing other procedures where applicable.

5.5 Once tentative dates have been established, consultation will take place with the following offices:

- a) All academic programs
- b) Human Resources
- c) Office of the President
- d) Continuing Education and Professional Development

5.6 Any changes to an established schedule of dates shall be presented to Senate at the next available meeting.

6.0 INTERPRETATION

Questions of interpretation or application of this policy or its procedures will be referred to the

- Registrar registrar@nosm.ca

7.0 RELATED DOCUMENTS

- Program related Calendars (UME, PGME, MMS, Health Sciences etc.)
- University Calendar
- Important Dates and Paid Holidays

- Religious Dates and Dates in Observance

AUTHORITIES AND OFFICERS

The following is a list of authorities and officers for this policy:

- a. Approving Authority: University Senate
- b. Responsible Officer: University Registrar
- c. Procedural Authority: University Registrar
- d. Procedural Officer: University Registrar

Review and Revision History

Review Period: every 3 years or as required

Date for Next Review: 2025

Development History – this section will be deleted when the policy is finalized and ready for review/approval

Date	Action
2022 10	First development under the Registrar

**Appendix A:
Graduate Program Academic Structure**

Deadline	Fall	Winter	Spring/Summer
First day of the Term (Fall/Winter/ Spring-Summer)	Sept 1	Jan 1	May 1
First day of Classes	Wednesday after Labour Day if date Otherwise, Monday of the first full week in September allowing for minimum 12 weeks of instruction plus an exam and assessment period before the holiday break	Monday of the first full week in January otherwise, the first Wednesday following January 1st allowing for minimum 12 weeks of instruction plus an exam and assessment period before the holiday break	Starts Monday of the first full week in May.
Last day to add or drop a course	10 weekdays from the first day of class	10 weekdays from the first day of class	10 weekdays from the first day of class
Last day for Refund of Term Tuition for course(s) dropped and University Withdrawals	10 weekdays from the first day of class	10 weekdays from the first day of class	10 weekdays from the first day of class
Last day to pay full fees without penalty including deregistration	10 weekdays from the first day of class	10 weekdays from the first day of class	10 weekdays from the first day of class
Deadline for refund of term tuition to 50% for University Withdrawals – no refunds after this date	October 1	February 1	June 1
Term Break	A seven-day (Saturday – Friday) break in October of the Fall Term	A seven-day (Saturday – Friday) break in February of the Winter Term	N/A
Marks due	December 23	Last Weekday of April	Last weekday of August
Last Day to withdraw from program	First week of November	Second week of March	Second week of June
Approval to graduate	n/a	Third week of May	n/a

Appendix B: Medical Education Academic Structure

Fall/Winter Term (April-August)	
Year 4 Program begins	Third week of April
Year 5 Program begins	Third week of May
Year 3 Program begins	Third week of August
Year 1 Transition Week begins	First day after Labour Day
Year 2 Program begins	Second week of September
Last day to be Registered	First day of class
Last day to Withdraw	September 15
Winter Recess	Third week of December to end of December
Years 1, 2 Reading Week	Second week of March
UME Promotion to year 4	Mid April
Approved to graduate	Third week of May
UME Promotion to year 3	June 30

Action Briefing Template

To: Senate | Date of Meeting: October 6, 2022

Submitted By: Miriam Cain

Responsible Registrar's Office
Portfolio:

Subject: Process and Timeline for Graduation and Convocation

For Approval For Recommendation For Discussion

BACKGROUND:

- Now that NOSM U is a full University, we no longer issue a joint degree at Laurentian AND at Lakehead. We issue one degree, not 2 from two separate universities and the legacy of having two convocations no longer legally, financially, or logistically feasible.
- Establishing a sense of pride and ownership in the University by coming together as a whole university community to celebrate the accomplishments of our learners and our faculty is a foundational factor at this time in a new institution's history.
- Convocation will be held in Sudbury
- The Inaugural Chancellor will be installed at this first Convocation in 2023 and will attend all future convocations.
- A separate celebratory event will be held in Thunder Bay but will not the issuance of degrees.

Convocation ceremonies will also be available virtually. Photography and videography will be taking place at the Convocation Ceremonies for promotional and archival purposes. The photographs and recordings may be used in applications including but not limited to print, broadcast, electronic, digital, and social media, for promoting, publicizing, or explaining its activities and for administrative and/or educational purposes. For those unable to attend in person degrees will be sent by mail.

Information on attendance and specifics during the ceremonies will be sent to various groups at a later date.

NOSM University Regalia

The Office of the Registrar is engaged in the process of purchasing regalia that learners, faculty, and dignitaries will be able to use year over year. Specialized gowns for the Chancellor and Vice Chancellor have been commissioned as well.

MOTION: Move that Senate approve that the NOSM University Convocation ceremonies will take place in Sudbury on Friday May 26, 2023

Further that, the Registrar's Office will work with the President's Office to plan the Installation of the Chancellor and the Convocation Ceremonies.

SUPPORTING MATERIALS:

Convocation Ceremony Draft Agenda



Graduation 2023 – NOSM University
Draft Agenda Plan for Convocation Ceremonies
Friday May 26, 2023
Location: Sudbury

- Procession of NOSM University Dignitaries and Learners led by Indigenous drummers
- Blessing from Elder
- Welcome and Opening Remarks
- Installation of the Chancellor
- Convocation of the Degrees
- Hooding and Delivery of Names
- Valedictorian Address and Class gift
- Alumnus to read the Oath
- White Coat Ceremony for Medical Students
- Closing Remarks
- Recessional - Francophone Fiddlers
- Reception to Follow

To: Senate **Date:** October 6, 2022

From: Office of Learner Support Services – Dr. Sherry Mongeau

Subject: New Learner EAP (Homewood Health Services)

Action Required: INFORMATION APPROVAL/DECISION

Title: Homewood Health Services (Student Assistant Program)

Executive Summary:

The satisfaction with the counselling and life services offered through LifeWorks (formerly Morneau Shepell) decreased among learners. As a result, usage rates – particularly amongst learners and residents – were low. This was problematic as the need for mental health resources has increased in recent years. It is imperative that NOSM University provides EAP services deemed to be helpful in addressing the mental health needs of learners.

Learner Support Services engaged with Homewood Health to offer the support and services required to ensure our all NOSM University learners (UME, PGME, NODIP, Graduate) are equipped to handle any mental health challenges they are experiencing.

Learner Support Services launched the new EAP program on September 1, 2022.

Some key points:

- Homewood Health offers counselling and life services that are specifically designed for learners and is currently used by several universities
- Homewood offers a comprehensive, integrated continuum of services including wellness and prevention services, employee and family assistance programs (EFAP), crisis management services, as well as disability prevention services.
- They are the only provider offering e-Courses for learning support.
- Homewood Health has a mobile app option offering the ability to talk to someone 24/7/365.
- They are the only provider in the industry offering instant access to a Health Risk Assessment.
- Additional services include:
 - Life balance solutions such as childcare and parenting services, new parent support, elder and family care services, legal advisory services, stress solutions, etc.
 - Career coaching services such as career development, pre-retirement planning, etc.
 - Health services such as nutritional coaching, smoking cessation programs, and *Jumpstart Your Wellness*

- Homewood health offers consultation and support for key persons and identified leaders and can engage in formal employee referrals for services.
- Crisis management services and post-traumatic stress counselling are available as needed.
- They offer a variety of one-hour seminars to motivate and educate learners. Topics include stress and resiliency; workplace challenges; mental health and addiction; healthy living and self-improvement; and work/life balance.

Attachments/Appendixes:

See attached Homewood Health Presentation

Key Person Orientation

NOSM University

Student Assistance Program (SAP)





Who are we?

- Homewood is a trusted Canadian company; providing assistance program services since 1979.
- Homewood is Canada's leader in mental health and addiction treatment and is supported by a national network of over 4500 employees and clinical experts.
- Homewood's services are delivered by qualified professionals including registered coaches and certified counsellors.





Agenda

A Review of Your Services

- Privacy and Confidentiality
- Counselling Services
- Life Smart Coaching
- Online Services
- Accessing the Assistance Program
- Information Collected

A Part of your Tool Kit

- Supporting Learners
- Signs/Indicators
- Effective SAP Referrals

Additional Resources for Leaders

- Key Person Advice Line
- Formal Referrals
- Crisis Management Services



Privacy and Confidentiality

Our Commitment

- Information is confidential
- Appointments scheduled for privacy
- Private offices are offsite
- Clients contact us directly
- Phone messages are never left without prior permission
- Flexible scheduling
- Reports include group data only
- Secure record-keeping

No identifying information is transferred to anyone without your known, written consent.

Exceptions are children at risk, risk to self or others, or subpoena.



Full Suite of Services

Counselling

- Telephonic
- Face-to-face
- Video
- Online
(email or chat formats)

Online Resources

- Homeweb.ca
- Online Courses
- Child and Elder Care Locators
- Health Risk Assessment
- Pathfinder

Life Smart Coaching

- Life Balance Solutions
- Health Smart Coaching
- Career Smart Coaching



Key Counselling Highlights

- Accessible toll-free 24/7/365; self-register at www.homeweb.ca
- Book an appointment or access help right away, including immediate crisis support (First Call Care)
- Short-term, solution-focused counselling — a client-centred approach to goal setting and problem solving
- Bridging to community services, specialized referrals, and treatment if needed
- Depression Care and Trauma Care included
- Multilingual diverse clinical network; minimum of Masters degree
- Available to students/learners, spouse/partner, eligible dependents
- Online CBT
- Pathfinder
- Voluntary, confidential, no cost to the user





Life Smart Coaching

Practical and proactive resources that help people 'Life Smart'

- Telephonic assessment of needs by a specialist.
- Information and supportive coaching from an expert in the field.
- Customized searches for relevant resources.
- Up-to-date and tailored information including:
 - topical workbooks;
 - current articles;
 - referral to online tools and resources.



Life Smart Coaching — Life Balance Solutions

- New Parent Support
- Childcare and Parenting
- Elder and Family Care
- Financial Consultation
- Legal Advisory
- Relationship Solutions
- Grief and Loss
- Stress Solutions





Life Smart Coaching— Health Smart

- Nutritional Coaching
- Jumpstart your Wellness
- Smoking Cessation





Life Smart Coaching — Career Smart

- Career Planning
- Pre-retirement Planning
- Shift Worker Support





Online Service Locators

- Locators for both child and elder care services

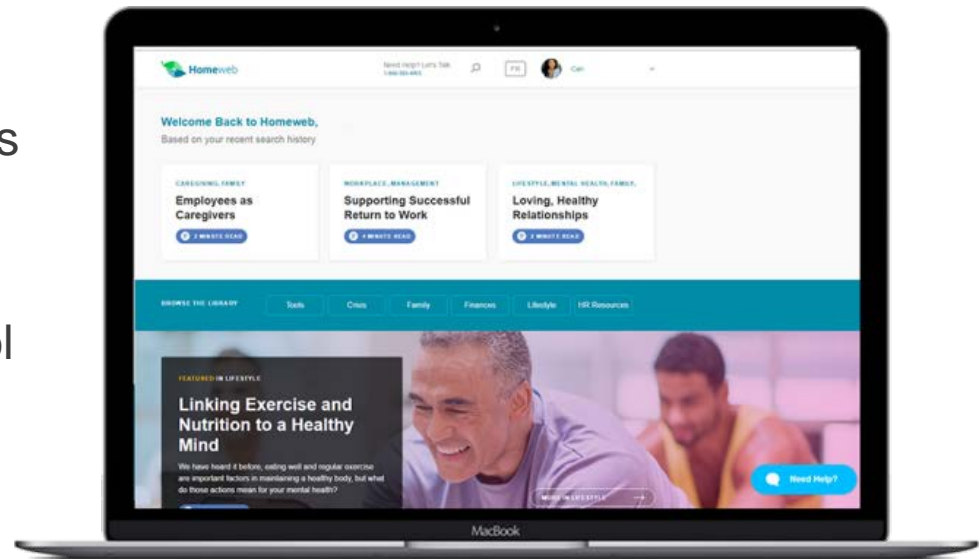
Health & Wellness Resources

- Comprehensive suite of online tools to assess health risk and develop improvement plans
- Health Risk Assessment (HRA) tool
- Health Library

Online Courses

- Empowers learners to better manage personal health and expand work-related skill sets

Pathfinder (New)





20 Online Courses

For Employees & Family:

- Taking Control of Stress
- Taking Control of Anger
- Resilience
- Taking Control of Your Mood
- Foundations of Effective Parenting
- Taking Control of Job Loss and Transition
- Resolving Conflict in Intimate Relationships
- Embracing Workplace Change
- Responsible Optimism
- Taking Control of Alcohol Use
- Taking Control of Your Career
- Taking Control of Your Money
- Stop Smoking: Get Your Life Back
- Preparing For Your Retirement
- Respect in the Workplace



For People Leaders:

- Leading the Human Side of Change
- Values-Based Leadership
- Managing Sensitive Employee Issues
- Supporting Respect in the Workplace
- Fundamentals of Effective Supervision



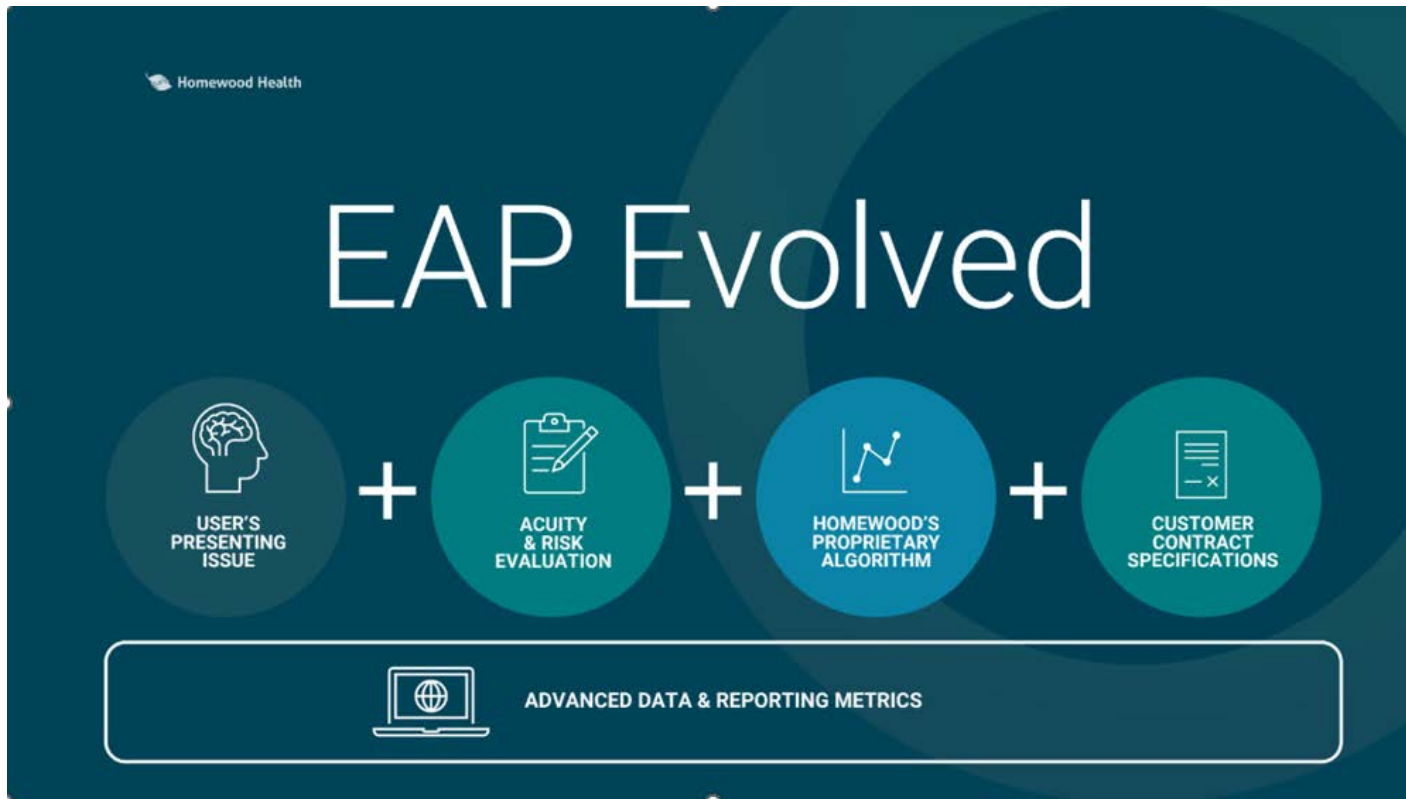
Online CBT for the treatment of Depression and Anxiety

- ✓ Provides an alternative cost-effective online solution versus traditional face to face and telephonic therapy
- ✓ Provides innovative treatment engaging individuals who may be hesitant to seek support reducing both presenteeism and absenteeism
- ✓ 24 self-guided, evidence based and clinically validated modules available on desktop or mobile devices
- ✓ Teaches coping strategies based on the individual's challenges and experiences
- ✓ Empowers and enables the individual to challenge their disorder while modifying their lifestyle
- ✓ Accessible, Convenient, and provides Anonymity





Invitation Code: NU8785



Pathfinder [link to video](#)



SAP - A Part of Your Toolkit



Supporting Learners/Students

- As a people leader, it's important not to ignore signs and symptoms given your role in supporting performance. It is not your job to diagnose.
- Support means acknowledging that there is something going on that is affecting performance, and may require assistance, and encouraging individuals to actively seek help via the Assistance Program.
- If an individual becomes emotional, encourage them to call the Assistance Program right away, or offer your support with an assisted referral.
- If an individual expresses concern about calling the Assistance Program, be ready with program information, especially regarding confidentiality.



What to look for

Patterns or trends of possible indicators based on:

- Distinct change in behaviour/performance
- Marked change over period of time – typically more than 2 weeks
- Increasing frequency of indicators/signs





Things to Keep in Mind

Remember to:

- Listen with empathy
- Keep your response focused on the employee
- Avoid the hazard of relating your personal experience
- Reinforce their personal worth

Ensure you do not:

- Label
- Get angry
- Offer personal advice
- Confront on rumour

You are there to support the learners/students as their leader but **not** to diagnose the individual's personal issues. The Assistance Program allows you to establish this important and appropriate boundary.



EFAP Referral for Leaders



1. Self Referrals
2. Assisted Referrals
3. Formal Referrals



Key Person Advice Line (KPAL)

Assistance for leaders dealing with challenging situations including:

- Suspected substance abuse by an individual
- Unusual or inappropriate behaviour
- Bullying, aggression or violence
- Conflict or safety concerns
- Low morale or negative attitudes

KPAL provides:

- Consultation and advice
- Tips on how to provide assistance to individuals
- Help separating performance from personal issues
- Strategies for assisted referrals if applicable



Vitality! Quarterly Newsletter

EFAP Newsletter for Human Resource and Occupational Health Professionals, Program Administrators, Supervisors, and Key Personnel

Vitality

Volume 5 | Number 1

In This Issue

- What is — and isn't harassment
- Handling a complaint
- Who harasses whom and why
- Interview tips
- The effects of harassment
- Creating a harassment-free zone



Dealing with Harassment in the Workplace

Employees have the right to a safe workplace — one that is free of harassment, physical and emotional violence and discrimination. Creating and maintaining such a work environment not only creates an organization that attracts and retains the best and brightest talent but in most jurisdictions, it's the law.

A healthy workplace is one in which employees feel welcome and safe, where their opinions are respected, their contributions are rewarded and their physical and mental health is protected. In addition, management is perceived as being fair and ethical, encouraging new ideas, fresh opinions and collaboration.

Such a workplace benefits everyone. Productivity, morale, customer service, innovation and engagement increase and errors, accidents,

Bullying, discrimination, and harassment result in a toxic work environment where stress, error, absenteeism and turnover rates are high and productivity, morale, innovation and customer satisfaction decrease. And that is bad for any business.

Accessed through
www.homeweb.ca



Crisis Management Services*

Critical incident — a traumatic or troubling event that is sudden, unexpected, and outside the normal realm of daily experience.

(sudden death of a student, learner or colleague, serious work-site accidents, serious injury (or threat of), disasters, violence, terrorism, illness, etc.)

Critical incident support:

- 24/7 certified responder availability
- On site group or individual debriefings
- Preparedness consultation
- Training for key persons and peers
- Customized communications
- Post incident counselling for individuals

**Fee for service.*



TEAMcare™ – CMS*

The program adapts to address the unique needs of your organization, facilitating a healthy recovery for both the organization and all affected employees and/or students/learners.

- ✓ Focused on cumulative stress resulting from multiple and on-going critical events.
Eg. During the COVID- 19 crisis, some teams may be working virtually for the first time and maybe feeling isolated, anxious or even lost without the day to day comforts of the worksite
- ✓ Employs a multi-faceted, resilience-based approach
- ✓ Designed to offer consultation, psychological first aid and psychoeducation on reactions, coping and self-care strategies



TEAMcare™ proactively addresses the range of emotions, reactions and psychological impacts at a group and/or individual level. Sessions can be either psycho-educational or interactive and include themed discussions surrounding various topics including rebuilding after the COVID-19 crisis, related stigma, fear and bullying, management support, and more.

**Additional fees apply*



Employee Wellness Sessions

Life Skills

Establishing Work/Life Harmony
Managing Time and Energy
Assertiveness
Healthy Sleep Habits
Forgiveness: Letting go and Moving Forward
The Journey to Wellness: One Step at a Time*
The Science of Happiness

Mental Health

Beyond Stigma: Increasing our Understanding of Mental Health in the Workplace*
Understanding Anxiety and Depression

Family

Helping Children Succeed at School
Foundations of Positive Parenting

Change/Stress

Fundamentals of Change & Transition
Stress Busters*
The Art of Relaxation
Taking Action During Times of Change and Uncertainty
Building Resilience*

Work/Career

Conflict Resolutions in the Workplace
Improving Workplace Communication
Building Working Relations
The Emotional Effects of Retirement
Professionalism in the Workplace
Respectful Relationships in the Workplace
Making Shiftwork Work for You
Respectful Relationships in the Workplace

*Webinar Format

Thank you

Questions?



The success of an Assistance Program rests largely with leaders who are aware of the program, advocate when appropriate, and support this important benefit.

1-800-663-1142 (English)

1-866-398-9505 (French)

1-888-384-1152 (TTY/hearing impaired)

1-604-689-1717 International (call collect)

To: Senate

Date: October 6, 2022

From: University Secretary

Subject: Senate Elections / Nomination Documents

Action Required: INFORMATION APPROVAL/DECISION

Background:

In accordance with the power vested in the Board by the [NOSM University Act, 2021 \(the Act\)](#), proclaimed in full force on April 1, 2022 (Regulations) the documentation contained herein was approved by the NOSM University Senate on April 7, 2022. [NOSM University, Senate By-Law \(April 7, 2022\)](#) The Bylaws are designed to provide a reference on Senate operations, structure, and policies at NOSM University. The Senate is responsible for oversight of the University's academic programs in accordance with the Act and By-Laws.

The previous policy is [HERE](#) – although many of the elements still remain the same, due to the nature of the changes a new document is presented.

RECOMMENDATIONS: Two New / Revised Documents for Approval

The following documents have been revised to reflect the changes required to hold a senate election. Over the next year, once the Senate has established a Senate Executive Committee, the documents will be reviewed again and updated as required. Documents presented in support of the Nomination and Election Process:

- Senate Nomination and Elections Guidelines – revised to incorporate new procedures related to the transition to Senate.
- Senate Roles and Responsibilities – new document

Motion: Moved to approve the revised Senate Nomination and Elections Guidelines as presented.

Motion: Moved to approve the Senate Roles and Responsibilities as presented.

Attachments/Appendixes:

- Senate Nomination and Elections Guidelines – revised to incorporate new procedures related to the transition to Senate.
- Senate Roles and Responsibilities – new document

Senate Nomination and Elections Guidelines and Procedures

Approved By:

Responsible Office(s):

Responsible Officer(s):

Established On:

Effective Date:

Revised:

Category:

NOSM University Senate elections are managed centrally by the University Secretary/Chief Electoral Officer and are held annually in preparation for the upcoming academic year.

1. Call for Nominations

The University Secretary/Chief Electoral Officer shall circulate a call for nominations within those constituencies that have members whose term of office is expiring or who are otherwise resigning from their position at the end of the academic year. The call shall state the number of vacancies to be filled, the terms of office, the eligibility requirements to stand for nomination and to vote, the date and hour for the closing of nominations, and the date and method of the vote. The nomination period shall be at least five working days.

To be eligible for nomination, candidates shall:

- be eligible faculty in good standing, either full time or stipendiary from one of the divisions.
- be a learner registered full-time student or resident in good academic standing
- must be available to attend all meetings

For the purposes of this document a learner is defined as “a person formally registered in NOSM University in a course or program of study. A learner may be registered in an undergraduate, a graduate, NODIP, health sciences or a postgraduate program.”

2. Term of Office

Elected or appointed non-learner members of Senate shall serve for three-year terms beginning July 1 and end June 30 of the third year.

Learners shall serve for two-year terms that begin July 1 and end June 30 of the second year.

3. Nomination Process

All nominations for Senate positions must be made in writing and endorsed by at least one other member of that constituency or Senate, except for Learner nominations. All nominations must be accompanied by a declaration/statement by the nominee that they are a member in good standing of the constituency they are being nominated and, if elected, to attend and participate in scheduled meetings, and be bound by the By-laws.

Nomination Period: The nomination period shall be posted by the University Secretary/Chief Electoral Officer.

Nomination Forms: The appropriate official nomination form (electronic) shall be distributed and posted on the Senate website, must be completed as indicated.

- The eligibility of all faculty nominees and nominators must be verified by the University Secretary/Chief Electoral Officer.
- Learner eligibility will be confirmed with the Registrar's office.
- All nominees must confirm their acceptance of the nomination through the means indicated on the form.
- The Chief Electoral Officer must receive all nomination forms by the close of nominations – incomplete nominations or forms will be disqualified.

4. Elections

Elections will be held for those positions where more than one nomination is received. Following the close of nominations, the names of the nominated candidates, along with their statements, will be collated by the University Secretary/Chief Electoral Officer.

Elections shall take place for a specified period through an electronic confidential voting process. Provisions will be made for those who are unable to vote online. Only those members of the specified constituency may vote for the nominee of that constituency. No minimum voter turnout is required to validate an election.

Elections shall be conducted and completed no later than March 31 (except for the inaugural year).

Elections, except for the Learners which will be conducted by the University Secretary/Chief Electoral Officer.

Faculty Nominations: As the Faculty area elections are held before the faculty at Large elections, those nominated for the faculty area positions will be asked to indicate on their nomination forms if they also wish to stand for Faculty At-Large positions if not elected to the faculty area position.

Posting for Senate Website: Each candidate must supply a short candidate profile to be published in the election electronic communications.

Acclamation: If at the close of nominations, the number of candidates is equal or less than the number of seats available for that constituency, the candidates shall be acclaimed.

5. Election Results

All election results will be reported at the first available meeting date of the Senate Executive Committee and Senate. Once all candidates have been notified of the election results, the names of those elected shall be posted on the Senate website.

6. Senate Committee Nominations

The University Secretary issues to all members of Senate or respective Divisions a call for nominations or request for volunteers for the vacant position(s). Nominations shall remain open for no more than 14 business days, unless otherwise determined by the requesting Committee. A representative elected or appointed to fill the vacancy of a member shall hold office for the remaining term of that member. Nominations for standing committees and/or other committees for NOSM University shall follow their respective Terms of Reference.

7. Posting of Results

The election results will be posted on the Senate website.

8. Interpretation

Questions of interpretation or application of this policy or its procedures will be referred to the University Secretary at governance@nosm.ca

7. Related Documents

University Documents and Information:

- [NOSM University Senate By-laws](#)
- [NOSM University Regulations](#)

Review and Revision History

Review Period: 3 years or as required

Date for Next Review: 2025



POLICY NAME

Roles and Responsibilities of Senators

Approved By:

Responsible Office(s):

Responsible Officer(s):

Established On:

Effective Date:

Revised:

Category:

1.0 POLICY STATEMENT

The Senate is the foremost academic decision-making body of NOSM University and Senators have a vital role in fostering and supporting the mission and goals of the University. The Senate is responsible for the establishment and regulation of academic policy, standards and procedures at NOSM University. In particular, the Senate is in charge of all matters pertaining to NOSM University’s academic resources, academic programming, academic strategic planning, student affairs and any other such matters relating to academic issues. Membership on the Senate consists predominantly of faculty but also includes learner representation and members of the academic administration.

2.0 Roles and Responsibilities

Members shall conduct themselves in an ethical and professional manner and shall make decisions in the best interests of the University. A member shall have the duty to:

- act in good faith in the best interests of the University and respect the principles of collegiality and fairness.
- become and stay informed as to the guidelines, policies and affairs of Senate and the University.
- assume a shared responsibility, along with the Board of Governors, for a living and learning environment that promotes the well-being of learners, faculty, and staff.
- commit through policies and programs to an environment at the University that recognizes equity and diversity as being vital to, and in harmony with, its educational purposes and standards of excellence as an institution.

Commented [GK1]: New to align with edi and healthy

Sudbury Campus
935 Ramsey Lake Road Sudbury, ON | P3E 2C6
Tel: 705-675-4883 | Fax: 705-675-4858

Thunder Bay Campus
955 Oliver Road Thunder Bay, ON | P7B 5E1
Tel: 807-766-7300 | Fax: 807-766-7370

nosm.ca
1-800-461-8777

- ensure that information designated as confidential is held in confidence and disclosed only when appropriate.
- attend and be prepared for meetings and provide advance notice to the Secretary if unable to attend a meeting.
- Members shall make themselves available to their constituencies and will keep their peers informed of major issues before the Senate.
- Participate in Senate Committees and working groups as opportunities arise and scheduling permits.
- Act in the best interests of the University, trying to foresee probable consequences of each proposed course of action.
- Be knowledgeable of the NOSM University Senate By-Laws including the jurisdiction and function of the Senate.
- Be knowledgeable of the Universities conflict of interest and conflict of interest with commercial Interest policies.

Commented [GK2]: New to reinforce coi as identified in accreditation UME

Consistent with the Senate By-Laws (Section 7), the Senate will have Speaker and Deputy Speaker, who shall be voting members of Senate. The Speaker shall be responsible for conducting all meetings of the Senate in accordance with the Bylaws of the Senate. The Speaker shall ensure that all meetings follow the basic rules of parliamentary procedure. In the absence of the Speaker, the Deputy Speaker shall conduct the meeting.

The Secretary of Senate shall inform the Senate Executive Committee or other body which has elected an individual to the Senate of the name of any elected member who has missed three regular meetings in any academic year, and that the seat held by that individual be declared vacant and may appoint a replacement to serve the balance of that individual's term pursuant to the By-laws and other Nomination and Election policy.

6.0 INTERPRETATION



Questions of interpretation or application of this policy or its procedures will be referred to the University Secretary at governance@nosm.ca

7.0 RELATED DOCUMENTS

University Documents and Information:

- NOSM University Senate By-laws
- Senate Nomination and Elections Policy

Review and Revision History

Review Period: 1, 2, 3 4 or 5 years or as required

Date for Next Review:

Development History – this section will be deleted when the policy is finalized and ready for

Prepared by	[Gina Kennedy, Corporate Secretary, Manager of Policies and Governance Relations]	MM/DD/YYYY
Groups/members involved in preparation and review		
Reviewed by		
Approved for submission by		

To: Senate **Date: October 6, 2022**

From: University Secretary

Subject: Senate Elections and Associated Documents

Action Required: INFORMATION APPROVAL/DECISION

Background:

In accordance with the power vested in the Board by the [NOSM University Act, 2021 \(the Act\)](#), proclaimed in full force on April 1, 2022 (Regulations) the documentation contained herein was approved by the NOSM University Senate on April 7, 2022.

[NOSM University, Senate By-Law \(April 7, 2022\)](#) The Bylaws are designed to provide a reference on Senate operations, structure, and policies at NOSM University. The Senate is responsible for oversight of the University's academic programs in accordance with the Act and By-Laws.

Call for Nominations and Expressions of Interest

The University Secretary is pleased to begin the process of identifying and setting the election schedule and timeline for the new NOSM University Senate. In June, the Transitional Senate approved the extension of current terms until the completion of this year/or election, whichever came first.

All terms for this special election will begin on January 1, 2023, however regular terms after this election shall begin on July 1 of the proposed year and end on June 30.

Important: For the purposes of this special election for the New Senate, all elected members of the former Academic Council and Transition Senate will ALL be required to submit their name for election, with the exception of the MD Students currently in place shall remain until the end of their terms.

Pursuant to the Regulations and By-law, the following are Ex-Officio Members of Senate:

Ex-Officio

President	Dr. Sarita Verma
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Chancellor	To Be Announced
------------	-----------------

Provost, VP Academic	To Be Announced
----------------------	-----------------

Registrar	Miriam Cain
Vice Dean Research Innovation and International Relations	Dr. David Marsh
Vice Dean Clinical Relations	Dr. William McCready
Associate Dean Undergraduate Medical Education	Dr. Lee Toner
Associate Dean Postgraduate Medical Education	Dr. Rob Anderson
Associate Dean Faculty Affairs	Dr. Harshad Telang
Associate Dean Continuing Education and Professional Development	Dr. James Goertzen
Assistant Dean Admissions	Dr. Owen Prowse
Assistant Dean Graduate Studies	Dr. Alain Simard
Assistant Dean Research	Dr. TC Tai
Heads of the Academic Divisions	Dr. Barb Zelek (Clinical Sciences) Dr. Douglas Boreham (Medical Sciences) Dr. Elizabeth Levin (Human Sciences)

Standing Committee Chair not already on Senate

Academic Indigenous Health Education Committee	Dr. Joseph LeBlanc
------------------------------------------------	--------------------

Elected Senators (pursuant to [Act](#), [Regulations](#)/[bylaws](#))

Up to 8 Learners

such number of individuals, not exceeding eight, elected by the students from among themselves;

** MD Students that were elected to the positions will remain until the end of their current terms

2 Other Teaching Staff - and two individuals appointed by the Senate who: are members of the teaching staff of a university in Ontario, but not members of the Teaching Staff of NOSM University; and are not engaged in the teaching of medicine or health sciences which will be at the recommendation of the President.

Elected Teaching Staff - (this number will vary depending on the numbers for Ex-Officio - such number of individuals elected by the Teaching Staff Senators from among themselves, which number shall be at least twice the total number of all other members of the senate)

Noted within the changes to the Ex-Officio titles – recommendation from the Univ Secretary that ‘Librarian’ should be considered in the membership of the elected teaching staff – at large

Additionally, consistent with practices - NOSM University's Senate should be comprised of members who reflect the geographic and demographic diversity of Northeastern and Northwestern Ontario, including Indigenous, Francophone, and rural and remote communities. Membership should be drawn widely to achieve the balance of skills and expertise required to enable the Senate to fulfill its governance responsibilities.

- And of the At Large Elected recommended to be at minimum:
 - Four (4) members from the Human Sciences Division, Four (4) members from the Medical Sciences Division, Twelve (12) members from the Clinical Sciences Division
 - A minimum of 4 Indigenous and 4 francophone Academics
 - And other at large members to maintain the 2:1 ratio

RECOMMENDATIONS:

2022 Election Dates and Timelines for the new Senate

SAMPLE Call for Nominations – All

Recruitment for NOSM University Senate - If you share NOSM University's commitment to improve health care access for the people and communities in Northern Ontario, this is an ideal opportunity for you. NOSM University's vision of Innovative education and research for a healthier North means we remain steadfast in our commitment to providing high quality education to physicians and health professionals, and continue to be a leader in distributed, learning-centred, community-engaged education and research.

The University Secretary invites those interested to send their name as well as a short 150-word statement giving their qualifications and/or the reasons for their interest, via online before **NOON DATE**

Term: The term for elected faculty/teaching staff is 3 years** and 1 year for student/ Learner. Elected members are eligible for re-election, subject to the provisions in the By-Laws and the NOSM University Act, 2021 and applicable policies.

Terms **may need to be staggered to avoid having the members terms end at the same time – all terms will be renewable consistent with the bylaws and policies.

Dates:

- **October 17, 2022** - Nomination period open *Late or incomplete nominations will be automatically disqualified
- **October 28, 2022** – Nomination period will close at Noon
- **November 7 – November 11** – Election Period (if required)

Motion: Moved that the 2022 Election Dates, Timelines and Report be approved as presented.

Attachments/Appendixes:

To: Senate

Date: October 6, 2022

From: University Secretary

Subject: Senate Executive Committee

Action Required: INFORMATION

APPROVAL/DECISION

Background:

In accordance with the power vested in the Board by the [NOSM University Act, 2021 \(the Act\)](#), proclaimed in full force on April 1, 2022 (Regulations) the documentation contained herein was approved by the NOSM University Senate on April 7, 2022.

[NOSM University, Senate By-Law \(April 7 2022\)](#) The Bylaws are designed to provide a reference on Senate operations, structure, and policies at NOSM University. The Senate is responsible for oversight of the University's academic programs in accordance with the Act and By-Laws.

- Consistent with other like university Senate Executive Committees
- Required for Agenda and planning

If Senate agreed this could be presented for approval in order to prepare for population once the elections have been completed. Otherwise, this is for feedback.

Motion: Moved that the Senate Executive Committee Terms of Reference be approved as presented.

Attachments/Appendixes:

- Senate Nomination and Elections Guidelines – revised to incorporate new procedures related to the transition to Senate.
- Senate Roles and Responsibilities – new document

Senate Executive Committee Terms of Reference

Purpose

To review and make recommendations to Senate, and approve as required, policies, regulations, and requirements pertaining to curriculum, admissions, and studies.

Responsibilities

The Senate Executive Committee's duties are to:

1. Arrange the agenda and plan the forthcoming business of Senate.
2. To review academic governance practices of the University to ensure that the principles of collegial governance as vested in Senate are followed at all levels of academic governance, and to make recommendations to Senate for change when appropriate.
3. To advise Senate on matters of academic governance.
4. To review periodically the academic governing documents of the university, Senate and the various Senate committees and make recommendations to Senate for development and/or change where appropriate.
5. To recommend to the Senate the number, size, and terms of reference of standing committees of the Senate.
6. To act as a Nominating Committee for Senate committees and appointments.
7. Make decisions on such matters as the Senate may delegate to it.

Any actions under this authority are reported to the Senate at its next meeting. The SEC may create ad hoc committees to develop any of the responsibilities above.

Membership

- President and Vice-Chancellor (Chair)
- Provost (Vice Dean Academic) (Vice Chair)
- University Registrar
- University Secretary
- Speaker of Senate [or in the absence of the Speaker, the Deputy Speaker of Senate]
- Three faculty members, appointed from and by Senate
- One learner appointed from and by Senate

The term of a member of Senate Executive is coterminous with the term on Senate.

Quorum and Voting

The Quorum is 50% of the membership, with at least one elected faculty member present.

Voting shall be by simple majority.

Reporting

The committee reports to the Senate.

Review

These terms of reference will be reviewed every 3 years at minimum.



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Matawa First Nations

REMOTE FIRST NATIONS MEDICAL RESIDENCY PROJECT TPA 2016-01758

Year 6: April 1, 2021 – March 31, 2022
Year-End Report

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Introduction

This report provides the accompanying 2021-22 narrative report to the **Remote First Nations Medical Resident Project-Program Development Detailed Funding Table (Appendix A)**.

We are at a transformative point in the stream's development; this year being the first to see a Remote First Nations Stream graduate not only practicing with the *Matawa* Health Cooperative (MHC) but also concurrently taking on the role of Site Director.

The second phase of the evaluation report from the Centre for Rural and Northern Health summarizing areas of strengths, challenges and opportunity for further development is complete and has informed quality improvement and program enhancement (**Appendix D**).

New collaborative structures, the Implementation Meeting Group, have been introduced between Northern Ontario School of Medicine University (NOSM U)¹, Matawa, Eabametoong First Nations, and the Ministry of Health that will help to address some of the challenges addressed in the evaluation report with respect to the return of service (ROS), physician contract, and other administrative issues in a timely and proactive manner.

Additionally, new curricular enhancements have been, or are well on the way to being added to the program. These include 4 weeks emergency pediatrics rotation for our PGY3 with the University of Manitoba, child and adolescent psychiatry, and partnership with Ornge to gain experience in Pre Hospital and Transport Medicine including air ambulance and medi-vacs that are frequently part of Remote First Nation emergency care

As a socially accountable university, the Northern Ontario School of Medicine University recognizes its responsibility to the Indigenous Peoples of this country and its obligation to redress the legacy of residential schools and to advance reconciliation and is committed to continuing to build with First Nations and Métis peoples of Northern Ontario to promote a healthier North, *minobimaadziwin*. We are intensely proud of the work completed so far, which is an important reconciliation step toward reducing health disparities in the First Nations communities of the *Matawa* Tribal Council, with learning that will benefit broader efforts to ameliorate deep-rooted health inequities in this region.

The Ministry of Health established the Remote First Nations Family Medicine Funding Stream for the betterment of health care for Matawa First Nations, with *Eabametoong* First Nation as the lead community and as a positive step toward addressing the Calls to Action. The Program and the *Matawa* Health Co-Operative have both evolved substantially over the last five years and now the first graduates are ready to serve the community. Other successes of the program so far have included the co-created partnership structure and curriculum/training that supports cultural safety in Remote First Nations health care. The intention of the Program was to serve as a pilot for further physician services development with other First Nations in Ontario, which contains 78% of the province's First Nations communities, and as noted in the Five-Year Workplan for Program Development, Schedule 5.2 of the Remote First Nations Family Medicine Residency Program Agreement between NOSM U and EFN, the final objective of expanding opportunities to other First Nation communities is a continuation of NOSM's work on its response to those Calls to Action.

This report is submitted by *Eabametoong* First Nation (EFN), the Northern Ontario School of Medicine University (NOSM U), *Matawa* First Nations Management (MFNM) and *Matawa* Health Co-operative (MHC) as a tripartite Agreement and equal creators of this unique partnership which has an explicit goal of improving health care access in the *Matawa* remote First Nations communities in Ontario.

Continuing Impact of COVID-19

The impact of COVID-19 continues to have a significant impact on aspects of the stream. Residents have seen a reduction in travel to communities and the completion of expected touchbacks has been drastically reduced. Elder sessions were moved to an online format, and as such, many of the community-based activities we had hoped residents could partake in were annulled. Admission Interviews both In-person phase 1 at NOSM U Western Campus and phase 2 at EFN were moved to virtual platforms. These changes have had ramifications on spending in the stream, as outlined in **Appendix A**. The Program, however, fully expects, and is actively planning and scheduling remote community touchbacks and in person elder teaching in the 2022/23 fiscal year.

Notwithstanding the challenges posed by COVID-19, the stream evaluation, through the Centre for Rural and Northern Health Research (CRaNHR), was able to complete its review of the Program (summary report attached in **Appendix D**).

¹ In April 2022 NOSM became the first and only medical university in Canada.

Resident Status and Updates – 2021-22

In this fiscal reporting period, one of the two graduates who began in July 2019, Dr. Esha Arora, completed her residency and is working at Anishnawbe Mushkiki Community Health and Wellness, Aboriginal Health Access Centre in Thunder Bay. Anishnawbe Mushkiki Aboriginal Health Access Centre serves all Indigenous people providing holistic healthcare including comprehensive primary health care, traditional and alternative approaches. While not serving Matawa First Nations Co-op, Dr. Arora is supporting Indigenous patients including some who are Matawa members and working in an Indigenous clinic in an urban setting. In that sense, the culturally competent training she received in the program has enabled her to work in a culturally safe and informed way with the Indigenous people she sees in the clinic as well as preparing her to operate seamlessly within an Indigenous governed health care organization. While this is positive from a program and socially accountable point of view, there are lessons to be learned from this experience in terms of the timely availability and appropriately compensated physician contract, the Return of Service and the collaboration between Matawa Health Cooperative and the Ministry of Health with regards to Remote, First Nations settings where medical doctors will ultimately work following their residency. Those lessons will be outlined in the physician's contract section of this report. Collaborative structures involving various branches within the Ministry of Health, leaders from Matawa Health Cooperative and the Northern Ontario School of Medicine University have been introduced to address these issues and problem solve in a proactive and timely manner.

Dr. Vijayakanthan transferred to NOSM University's psychiatry program. While this means that Dr. Vijayakanthan is not within NOSM U's Family Medicine program and the RFN Program, the relationship between Dr. Vijayakanthan and the Matawa Health Co-operative continues, with hopes that his return of service can be reconceptualized to provide psychiatric services to Matawa Tribal Council communities upon completion of the psychiatry residency.

Drs. Omolara Odulaja and Dr. Shukrulah Sanaye have each moved to their PGY2 year. We expect that they will be ready to take on employment within the Matawa Health Co-operative in the next fiscal year pending the timely availability of the physician's contract.

Drs. Kaur and Vahabimoghaddam (PGY1) are each continuing in the Program. Dr. Kaur was on maternity leave for much of this fiscal year with an anticipated date of return in the next fiscal year. Dr. Vahabimoghaddam is on track to complete her PGY2 year with a keen interest in endocrinology. Diabetes is a major health concern for many Indigenous people in Remote Northern communities and Dr. Vahabimoghaddam's capacity in this area will be an important contribution to the Matawa Health Co-operative and the unmet health care needs of people in Remote Northern settings regarding management of these conditions.

The Resident Intake and Return of Service (RoS) Schedule (Appendix B) demonstrates anticipated training completion and Return of Service dates which are subject to change depending upon resident progression through all program requirements.

The original 2016 proposal projected that in this year we would reach a full complement of two (2) PGY2's and two (2) PGY1's plus two (2) PGY3 residents annually for a total enrolment of six (6). The Transfer Payment Agreement (TPA) budget was built on the premise of reaching six (6) Full Time Equivalents (FTEs) and we have realized four (4) FTEs in this year, and as such several direct resident costs are under-spent and explained in this narrative report (Appendix A). The stream has, so far experienced one resident transfer out of the Remote First Nations Stream program but as mentioned above that resident hopes to continue with the Matawa Health Cooperative providing specialized psychiatric services.

Stream Evaluation (Centre for Rural and Northern Health Research)

The Stream continues to work with Lakehead University's Centre for Rural and Northern Health Research (CRaNHR) and we are currently embarking on Phase 3 of an evaluation framework based on confirmation of continued funding for another fiscal year in the 2022 updated TPA. The scope of the evaluation will be shared with MOH through the Implementation Group.

Time Spent Training in *Eabametoong* First Nation & Other Matawa communities

The residents in 2021-22 saw a reduction in visits to *Eabametoong* and Marten Falls (as noted above). The clinical curriculum had been structured to include one-week visits to EFN to begin to build patient continuity longitudinally. The community weeks allow the residents to leave their Thunder Bay or Sioux Lookout rotation environments to become accustomed and orientated to EFN and way of life in the community, however, as noted above, this has been limited. Residents continued to spend time in more urban environments to ensure a broad range of cases and volume exposure to Family Medicine (FM) competencies through a wide variety of in-hospital and office-based rotation experiences including

mental health, women's health, maternal care, pediatrics, emergency care, internal medicine, and various electives. In summary, we hope that moving forward residents will spend approximately 11 weeks each in their entire residency in EFN as proposed in our Year 5 report.

Unique Admission and Selection Processes

The two-step community driven selection process remains a hallmark of success in this program that best reflects community self-determination and partnership with NOSM U. Applicants who do not include a Community Reference Letter as part of their application continue to not be considered for interviews. The Community Reference Letter is an application requirement specific to the Remote First Nations Stream. It must be written by a prominent member (such as an educator, community leader, volunteer organizer etc.) or physician in a community, who has worked with the applicant.

Building on lessons learned in the first three cycles, improvements were made to ensure assessment tools better aligned to elements specific to community suitability. Our assessment includes closer assessment of community letters and profiles to better ensure likelihood of retention following residency. We also have plans to strike a selection committee, with full consultation from our Elders, to ensure that the entire selection process, assessment tools and interview process reflect Indigenous worldviews and protocols. A summary of CaRMs applications, interviews, offers and acceptance is attached **(Appendix C)**.

We received only one application to the stream during the second iteration who was taken through to the interview round. However, we were not able to match with this resident. After a successful post-match process (in which the stream received over 200 applicants) and interview round, we successfully appointed two new International Medical Graduate (IMG) Residents to the Stream; Dr. Sandeep Kumar and Dr. Qudsia Badar will begin in August, 2022. Dr. Kumar already works with the Matawa Health Co-operative and Eabametoong First Nation in a health care capacity. He interviewed for three streams with NOSM U PGME Program and matched with all. He was given the choice of any three and he selected the RFN Program which bodes well for future retention and supports our recruitment and selection process. Dr. Badar is from Barrie and has strong support from Eabamatoong First Nation based on the interview with the Matawa Health Co-operative and EFN Team. We expect that both these physicians will contribute positively to the success of the Program and have a high likelihood of retention based on our selection committee's assessment.

Housing in Community and Physician Services Contract

Housing During the Return of Service

Since the commencement of this project, requests for funding for physician housing has been discussed with numerous provincial and federal government officials, the *Matawa* First Nations Health Co-Op, the EFN housing department which reports to Chief and Council, and *Matawa* First Nations Management. Despite best efforts and lobbying, capital has not been raised for this build. *Matawa* leadership continues to work with EFN towards capital procurement while reviewing alternate options for the return of service component that may be less dependent upon housing in the community.

Physician Services Contract

A comprehensive proposal related to the *Matawa* Health Co-op was submitted to the Negotiations Branch of the Ministry of Health and Long-Term Care during the 2021-2022 fiscal year. The proposal outlined conditions for the Physician Contract in the area of annual salary, travel costs, benefits, holidays, continuing medical education leave, on-call shifts, and the quotient of consecutive days spent in the remote community.

However, the main risk to the Program is the timeliness regarding the announcement of funding for the physicians' contract. This issue was the main reason that Matawa was unable to secure Dr. Esha Arora who utilized the provision in the contract to pursue alternative employment.

The primary issue is that funding for the Return of Service was not given prior approval and any request for funding is subject to a lengthy application process and is not guaranteed, which poses a significant barrier to the post-residency phase of the program. Secondly, the funding received thus far for the Return of Service component, does not adequately compensate remote, fly-in health care where physicians practice on their own with none of the supports available in urban centres and need to be available 24/7 for serious illness/injury. Funding and a contract that is less than similar communities has a negative impact on both applicants and residents in the stream.

Moving forward, we expect that these issues can be addressed with the Implementation Committee meetings and more timely, collaborative communication between the branches within the Ministry of Health and key partners from Matawa and NOSM U.

Return of Service

In the 2020-2021, the Ministry of Health graciously approved the reduction in the stream's return of service requirement from four years to two years, as a result of evaluation data, lessons learned and with the support of Matawa, EFN and NOSM U.

Curriculum

Academic Courses

In this reporting period, our residents were again able to participate in several courses such as ALARM (Advances in Labour Risk Management) and Compassionate Inquiry – an online module-based course focusing on patients with mental health and addictions issues. In addition, several of our residents were able to conferences such as the annual Society for Rural Physicians (SRPC) conference and the Canadian Society for Addictions Medicine conference (CSAM).

Additionally, PGY2 Residents are expected to deliver a scholarly project as part of their academic work and Drs Odulaja and Sanaye presentations at the Family Medicine Academic Session Conference in June centered on Indigenous health care issues; one was on the physician experience of servicing Remote First Nation people, the kinds of presenting issues typically seen, and the types of interventions provided while the other was on the usage of social media as a tool for belonging for isolated Indigenous youth. Through forums such as these the Program can transfer knowledge to a larger group of health care physicians who will be providing a range of medical services to the broader population of Northern Ontario.

Elders' Teaching Program

Elder engagement continued in this fiscal period with constant learning for us that traditional healing practices are sacred, spiritual, and have been hidden and/or misappropriated for a longtime causing trepidation among community members and Elders/Knowledge Keepers. We understand this knowledge must be stewarded with great care, and collectively belongs to many in the community. Thus, the Program continues to take care and time in developing trust and comfort in its Elders' Teaching Program.

The Elders' Teaching program has the following goals for residents:

1. Engage and educate residents with teachings from the Elders both within and outside of the community;
2. Foster cultural safety and humility in residents who will live and work directly in a Remote First Nation community;
3. Learn about the community itself, and to better understand the role of traditional healing in the holistic approaches of Indigenous People.

The original aim of the Elders' Teaching Program was for it to occur when residents are completing one-week clinical rotations in the community, as well throughout their residency when they are on rotation in other locations, such as Thunder Bay. However, due to the COVID-19, sessions were moved to an online format. Elder teachings were originally scheduled twice a month at the convenience of the Elder and resident while based in Thunder Bay with additional group meetings with the Elder and all three residents at least quarterly. Online sessions have ensured that Elder sessions are held weekly with the Elder attending independent sessions with individual residents followed by a group session on the fourth week.

Plans are underway this year to expand the Program to quarterly in person meetings with the entire resident group. Elder driven expectations of what residents can expect are being developed by the Elders Group. Part of this involves suggestions by the Elders for partnering with Matawa to use their cultural room as a more conducive setting for cultural learning with residents. This change of setting will also help in building and sustaining relationships with the residents and the Matawa Health Co-operative as well as strengthen our curricular partnership with Matawa.

Expansion of the program to other regions

Discussions are ongoing regarding the expansion of the program to other regions in the Matawa Tribal Council area and a new TPA submission will be tendered outlining our goals and intentions.

Contract Staffing

Community-based Residency Liaison Coordinator

We continue to experience some challenges with this position in this fiscal year. We are in the process of beginning negotiations to restructure a relationship agreement between NOSM U and Matawa and EFN to allow more flexibility for the Eabametoong Health Services to deliver this important function for residents in the community. We expect to have a final agreement in August 2022 in time for the incoming resident who will be experiencing both the delivery of health care in Eabametoong touchbacks and becoming enculturated to the traditions and customs of the community.

Program Coordinator

Funding for a dedicated Program Coordinator continues to be vitally needed and is projected to continue as a full-time operational need for as long as we have a dedicated RFNRS and intend to expand to other communities. We are grateful this was recognized in the updated transfer payment agreement realized in the spring of 2022.

Next Directions

We are well into the 2022-2023 reporting period at the time of this report and are continually enthused with our residents' state of engagement in the Program and its development. We are looking forward to touchbacks, cultural immersion at Eabametoong and in-person Elder learning. We have realized the first graduate contractual agreement with the MHC and have recruited two new Residents to the stream after a further successful CaRMs process. Graduates from the Program are sought after as they are able to deliver culturally informed and safe health care to First Nation people.

We continue to be mindful of the fragility of relationships and trust and the broader social and political context of Indigenous relationships between settlers and Indigenous people. We are always cognizant of the health inequities endured by Indigenous people and the legacy of colonialism resulting in disparities in all health and social indicators.

We believe that the investment in this collaborative residency stream demonstrates the Ontario Government's commitment and political will to drive improvement in the poor health outcomes and inequitable access to physicians and other health services that First Nations experience.

We strongly urge MOH to continue leading the Implementation Committee initiative with representation from MOH, NOSM U, EFN and Matawa First Nations Management so that the investment in this Program matches its intended goals and can be expanded to the benefit of more regions in Northern Ontario.

Appendix A – Remote First Nations Medical Resident (RFNMR) Project Program Development Detailed Funding Table

ON-CYCLE FUNDING 2021-22	Year 6	Expenses YTD	Expenses YTD	Expenses YTD	Balance
	2021-22	Q2 - Sept 30/21	Q3 - Dec 31/21	Q4 - Mar 31/22	2021-22
Personnel Salaries and Benefits	\$ 48,000	\$ 52,149	\$ 79,496	\$ 97,582	\$ (49,582)
MD Leadership	\$ 40,800	\$ 17,917	\$ 26,975	\$ 35,968	\$ 4,832
Community Residency Liaison Coordinator	\$ 121,500	\$ 49,500	\$ 49,500	\$ 49,500	\$ 72,000
Preceptor Fees	\$ 100,800	\$ 16,821	\$ 31,321	\$ 46,750	\$ 54,050
Academic Sessions	\$ 39,000	\$ 1,200	\$ 1,200	\$ 1,200	\$ 37,800
Rotational Travel	\$ 78,300	\$ -	\$ 1,114	\$ 1,879	\$ 76,421
Remote Accommodations away from home base	\$ 36,000	\$ -	\$ -	\$ 700	\$ 35,300
Faculty and staff travel	\$ 12,000	\$ -	\$ -	\$ -	\$ 12,000
Elder Honorariums for teaching	\$ 18,000	\$ 7,300	\$ 11,650	\$ 16,325	\$ 1,675
Meeting and Catering	\$ 14,400	\$ -	\$ -	\$ -	\$ 14,400
Materials and Supplies, including printing and postage	\$ 3,600	\$ 1,800	\$ 2,700	\$ 3,600	\$ -
Rent, telephone and utilities	\$ 3,600	\$ 1,800	\$ 2,700	\$ 3,600	\$ -
Overhead	\$ 24,000	\$ 12,000	\$ 18,000	\$ 24,000	\$ -
TOTAL	\$ 540,000	\$ 160,487	\$ 224,656	\$ 281,104	\$ 258,896
Funding from existing TPA	\$ (259,800)	\$ (75,775)	\$ (129,900)	\$ (162,375)	\$ (97,425)
Off-Cycle Funding Received	\$ 280,200	\$ 84,712	\$ 94,756	\$ 118,729	\$ 161,471

TOTAL FUNDING

Budget #1	Year 6	Expenses YTD	Expenses YTD	Expenses YTD	Balance
	2021-22	Q2 - Sept 30/21	Q3 - Dec 31/21	Q4 - Mar 31/22	2021-22
Program Development - One-Time Funding	\$ -	\$ -	\$ -	\$ -	\$ -
Off-Cycle Resident - One-Time Funding	\$ -	\$ -	\$ -	\$ -	\$ -
Operating - First Three Years of Program	\$ -	\$ -	\$ -	\$ -	\$ -
Operating - Steady State (6 FTE @ \$46,700/FTE)	\$ 280,200	\$ 84,712	\$ 94,756	\$ 118,729	\$ 161,471
TOTAL	\$ 280,200	\$ 84,712	\$ 94,756	\$ 118,729	\$ 161,471
Rounded Funding Total	\$ 280,200	\$ 84,700	\$ 94,800	\$ 118,700	\$ 161,500

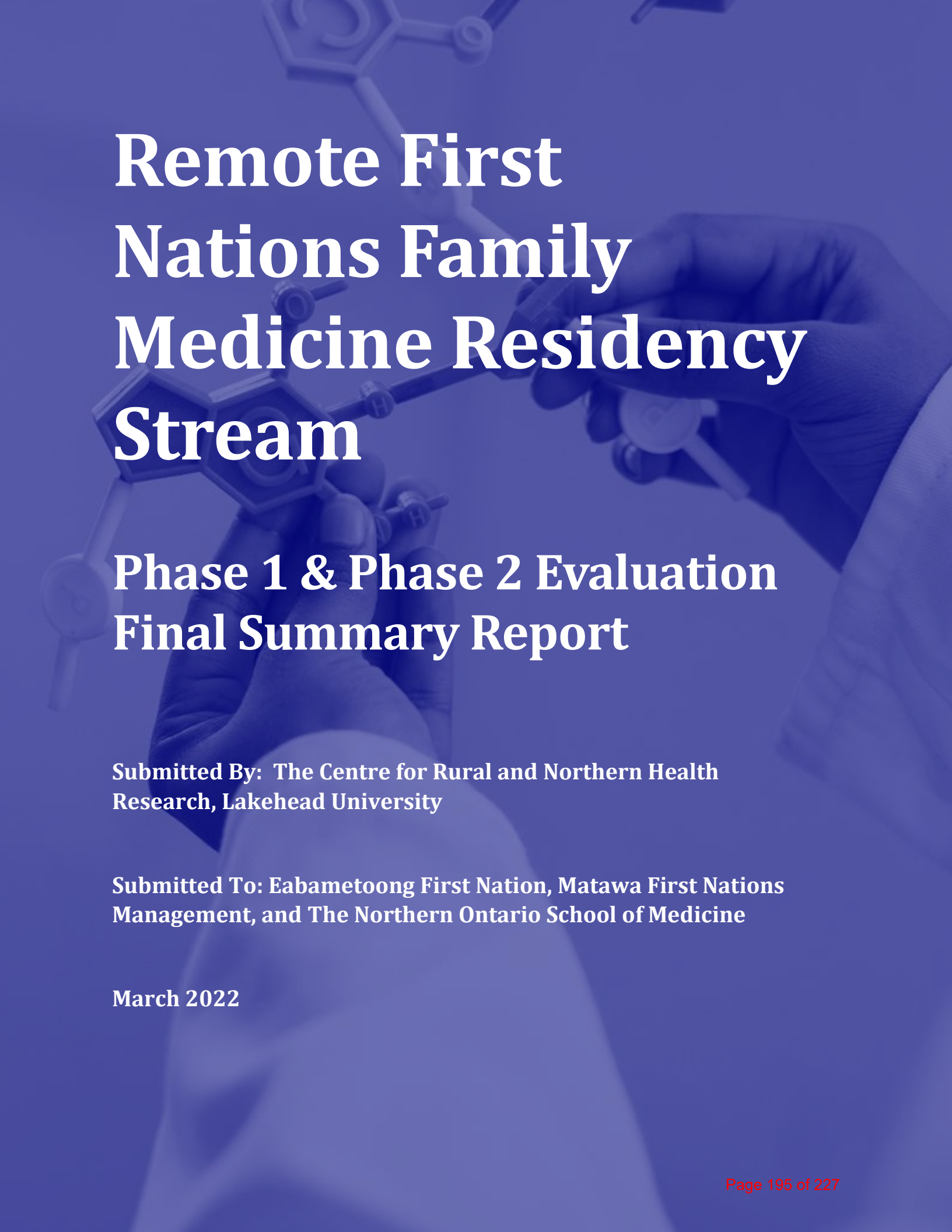
Appendix B – Resident Intake and Return of Service (RoS) Schedule

Resident	Start Date	Graduation Date	Intake Year 2017-2018	Intake Year 2018-2019	Intake Year 2019-2020	Intake Year 2020-2021	Intake Year 2021-2022	Intake Year 2022-2023	Intake Year 2023-2024	Intake Year 2024-2025	Intake Year 2025-2026	Intake Year 2026-2027
Deepak Murthy	01-Jul-17	22-Sep-19	PGY1	PGY2	PGY3	RoS						
Majid Haditaghi	01-Jul-17		Withdraw									
Jacinta Oyella	01-Oct-18	05-Apr-21		PGY1	PGY2	PGY3	RoS					
Rizwaan Farid	01-Oct-18		Withdraw									
Esha Arora	29-Jul-19	11-Jan-22			PGY1	PGY2	PGY3	RoS				
Anand Vijayakanthan	29-Jul-19	30-Jun-24			PGY1	PGY2	PGY3	PGY4	PGY5	RoS		
Omolara Odulaja	27-Jul-20	February 2023				PGY1	PGY2	PGY3	RoS			
Shukrullah Sanaye	27-Jul-20	February 2023				PGY1	PGY2	PGY3	RoS			
Asal Vahabimoghaddam	09-Aug-21	Mar-24					PGY1	PGY2	PGY3	RoS		
Davinder, Preet, Kaur	09-Aug-21	Mar-25					PGY1	PGY2	PGY3	RoS		
Kumar, Sandeep	08-Aug-22	01-Jan-25						PGY1	PGY2	PGY3	RoS	
Badar, Qudsia	08-Aug-22	01-Jan-25						PGY1	PGY2	PGY3	RoS	

Note: All dates are projections only and are subject to successful completion of resident requirements and assumes each resident will complete 4-6 months of Enhanced Skills training.

Appendix C – CaRMS Summary 2017-2022

Year	Iteration	Number of Applicants	Interviews Offered	Interview Offers Accepted	Offers of Admission	Offers of Admission Accepted
2017-18	1	<i>Note: The first round of candidates for Remote First Nations Stream participated in a process outside of the Canadian Residency Matching Service (CaRMS), thus only information for the 2nd iteration candidates have been included for the 2017-2018 year.</i>				
	2	25	5	5	1	1
	Post Match					
2018-19	1	5	2	1	0	0
	2	103	4	4	3	2
	Post Match					
2019-20	1	1	0	0	0	0
	2	5	2	2	2	0
	Post Match	212	4	4	2	2
2020-21	1	1	0	0	0	0
	2	4	0	0	0	0
	Post Match	238	4	4	2	2
2021-22	1	0	0	0	0	0
	2	7	1	1	1	0
	Post Match	201	6	5	2	2



Remote First Nations Family Medicine Residency Stream

Phase 1 & Phase 2 Evaluation Final Summary Report

Submitted By: The Centre for Rural and Northern Health Research, Lakehead University

Submitted To: Eabametoong First Nation, Matawa First Nations Management, and The Northern Ontario School of Medicine

March 2022

Acknowledgements

This study of the Eabametoong First Nation, Matawa First Nations Management, and Northern Ontario School of Medicine's *Remote First Nations Family Medicine Residency Stream* (RFNRS) would not have been possible without the assistance of many people.

Representatives from Eabametoong First Nation (EFN), Matawa First Nations Management (MFNM), and the Northern Ontario School of Medicine (NOSM) participated in evaluation planning, and provided continuing assistance throughout the project.

We would like to acknowledge the contributions of the core group who formed the evaluation committee: Mr. Robert Baxter (EFN), Mr. Paul Capon (MFNM), Dr. Claudette Chase (NOSM), Dr. Kristy Côté (NOSM), Ms. Jennifer Fawcett (NOSM), Ms. Jennifer Turcotte-Russak (NOSM), Mr. Joseph Michalik (NOSM), and Mr. David Booth (NOSM). They helped develop the evaluation tools, and guided the approach. Once the study was underway, they participated in discussions, supplied written information about the RFNRS, and helped make arrangements for the community visit and interviews.

We would especially like to thank the many people from EFN, MFNM, and NOSM who took part in our interviews. We greatly appreciate them contributing their time, and the thoughtfulness that they showed in answering our questions about the RFNRS development, implementation, successes, and challenges. It is our hope that the information shared in this report will assist the RFNRS as it continues to develop, and that it may also assist in the development of similar initiatives in the future.

Opinions expressed in this report are those of the individuals interviewed; any conclusions drawn are those of the authors alone and any responsibility for errors in fact or interpretation rests with them.

Suggested Citation

Mushquash, C.J, Hill, M.E., Nadin, S., Dampier, A., Dowhos, J., Ewen, V., Zacharias-Bezanson, R., Fernandes, K. (2022). *Evaluation of Eabametoong First Nation, Matawa First Nations Management, and the Northern Ontario School of Medicine Remote First Nations Family Medicine Residency Stream: Final Summary Report* (Technical Report). Thunder Bay: Centre for Rural and Northern Health Research.

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1

Introduction



Background

In 2016 – 2017, with support from the Ontario Ministry of Health (MOH), Eabametoong First Nation (EFN), Matawa First Nations Management (MFNM), and the Northern Ontario School of Medicine (NOSM) collaboratively established a new Remote First Nations Residency Stream (RFNRS) within the NOSM Family Medicine Residency Program.



The RFNRS is designed to respond to identified needs for physicians prepared to deliver independent and culturally safe primary health care in remote First Nations communities.

It is a five-year pilot initiative (2017-18 through 2021-22), with consideration for expansion. The hope is that the collaboration between EFN, MFNM, and NOSM and lessons learned through this pilot might serve as a model for physician services development with other First Nations communities.

Commissioned jointly by EFN, MFNM, NOSM, and MOH, the Centre for Rural and Northern Health Research at Lakehead University (CRaNHR) was engaged to conduct a three-year (2019–22) evaluation of the pilot phase of the RFNRS initiative.



This report presents a summary of the insights gained through the three-year evaluation.



Evaluation Framework

Purpose & Approach

This evaluation was designed to examine the first five years of the RFNRS implementation. The focus was on describing the program and its processes, and on identifying successes and challenges.

As directed by the RFNRS Evaluation Advisory Group, the evaluation involved 2 phases:

- **Phase 1 (2019-2020):** Emphasized acquiring an overall understanding of the RFNRS implementation, its strengths, challenges, and emerging outcomes during its first three years of operation. This phase examined resource issues, including funding and availability of supports, with the goal of identifying lessons learned that could improve the delivery of primary health care in remote First Nations.
- **Phase 2 (2020 – 2022):** Focused on gaining an in-depth understanding of three unique aspects of the program identified as areas of interest to the Evaluation Advisory Group: (i) Program Structure and Function (roles and responsibilities); (ii) Resident Applicant & Selection Process; (iii) Program Curriculum and Supports. The intention was to describe each aspect, and identify related successes, challenges, and areas for improvement.

The evaluation was guided by these **evaluation questions**:

- ① What is the RFNRS, what does it aim to do, and how did it come to be?
- ② How has the RFNRS been implemented? What differences, if any, are there between actual and planned implementation?
- ③ What is working well? What is not working well? What improvements, if any, are needed?
- ④ To date, what impact has the program had on the community, NOSM, and learners?
- ⑤ What “lessons learned” have informed the process of RFNRS planning and might be helpful to other groups interested in delivering similar initiatives?
- ⑥ Overall, what are the “keys to success” in implementing a specialized family medicine residency initiative like this?

Data Collection

Phase 1 (2019 - 2020):

The CRaNHR team used a mixed-method approach, which included:

33

key informant interviews

+

11

documents reviewed

Phase 2 (2020 - 2022):

The CRaNHR team used a mixed-method approach, which included:

17

key informant interviews

+

23

documents reviewed

- It is noted that a COVID-19 outbreak in EFN the time of Phase 2 data collection prevented interviews with EFN community members for this phase.
 - ***This is a significant limitation for the Phase 2 evaluation.***

Reporting

Detailed answers to each of the evaluation questions were provided in the Phase 1 (November 2020)¹ and Phase 2 (March 2022)² reports.

This report summarizes the insights gained through all evaluation activities. Insights are **organized by topic** in the following sections:

- Program Description
- Program Implementation
- Successes and Challenges
- The report concludes with a discussion of participants' views on opportunities for expansion.



¹ Mushquash, C.J, Hill, M.E., Nadin, S., Ewen, V., Zacharias-Bezanson, R., Fernandes, K. (2020). *Evaluation of Eabametoong First Nation, Matawa First Nations Management, and the Northern Ontario School of Medicine Remote First Nations Family Medicine Residency Stream* (Technical Report). Thunder Bay: Centre for Rural and Northern Health Research.

² Mushquash, C.J, Hill, M.E., Nadin, S., Dampier, A., Dowhos, J., Ewen, V., Zacharias-Bezanson, R. (2022). *Evaluation of Eabametoong First Nation, Matawa First Nations Management, and the Northern Ontario School of Medicine Remote First Nations Family Medicine Residency Stream: Phase 2 Evaluation Report* (Technical Report). Thunder Bay: Centre for Rural and Northern Health Research.



2

Program Description

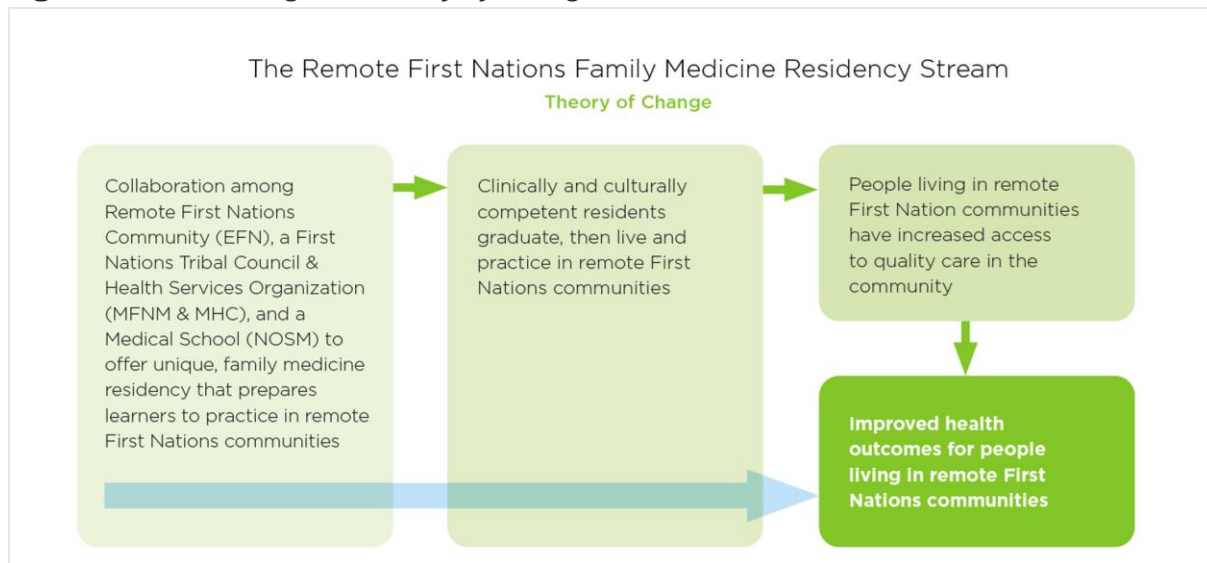
The Remote First Nations Family Medicine Stream (RFNRS)

The RFNRS is a three-way partnership between a remote First Nations community (Eabametoong First Nation), a tribal council (Matawa First Nations Management), and a medical school (Northern Ontario School of Medicine).

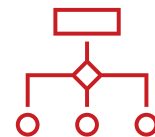
The partnership **co-created** a unique family medicine residency that aims to train culturally safe and clinically competent physicians to live and work in remote First Nations communities. In doing so, the aim is to have better access to quality care in remote communities and, ultimately, improved health outcomes for people living there.

The RFNRS is currently being piloted in one remote First Nations community (Eabametoong First Nation). The theory of change is illustrated in **Figure 1**.

Figure 1. RFNRS Program Theory of Change



A detailed program logic model is provided in **Appendix 1**.





3

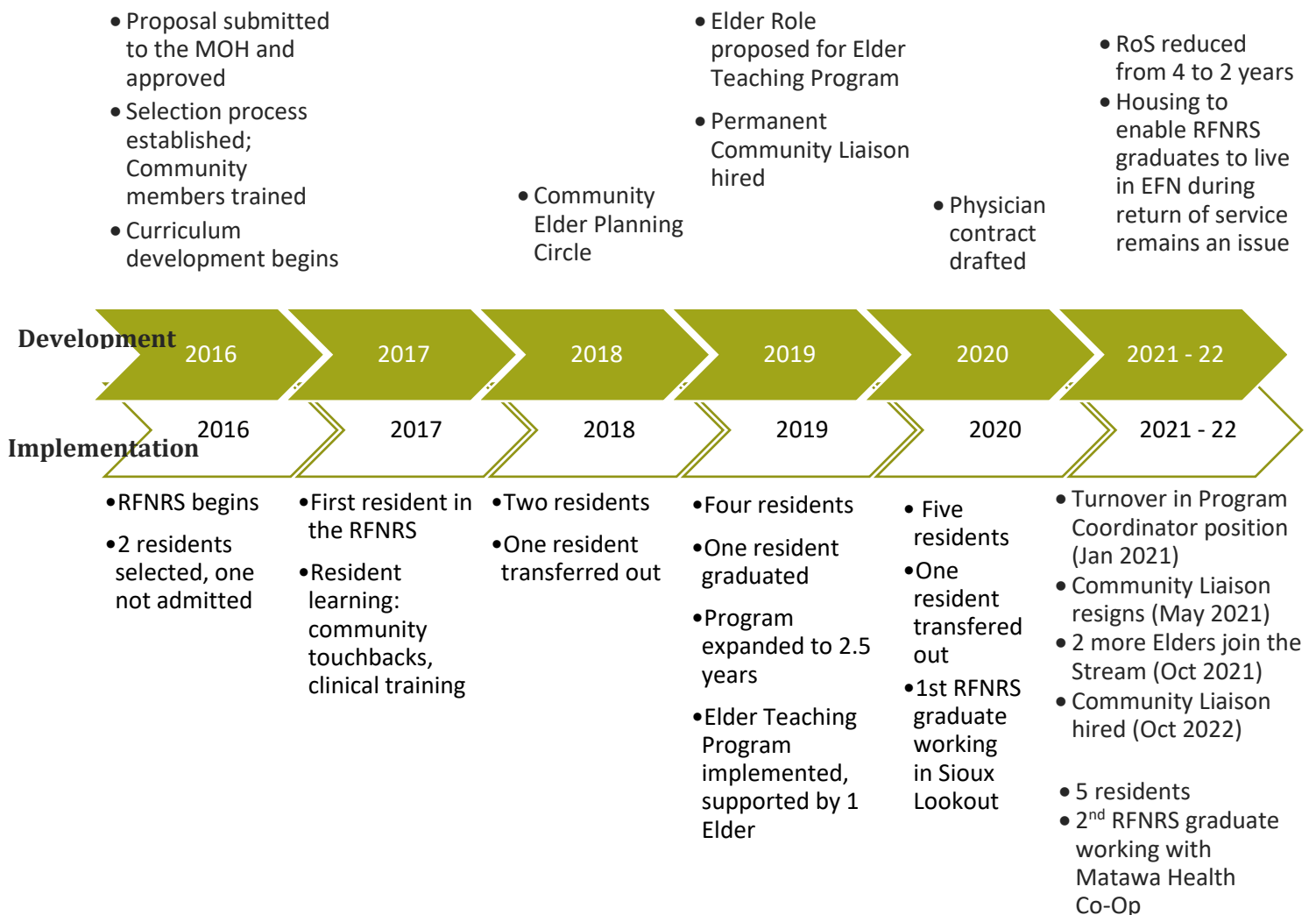
Program Implementation

Program Timeline

Funding was received in 2016. Due to pressure to accept learners “right away”, the program development timeline was “very, very short.” Program development and implementation were taking place at the same time.

Figure 2 depicts some key RFNRS developments and milestones. And illustrates how program development (depicted in green) and implementation (depicted in white) occurred simultaneously.

Figure 2. RFNRS Development & Implementation Timeline





Development & Implementation

All aspects of the RFNRS were **co-created**, through an equal partnership among the community (EFN), the tribal council (MFNM), and the medical school (NOSM).

Unique program elements, key developments, and milestones include:

Development of the Process for Selecting Applicants

2016

The partners developed a **unique applicant co-selection process**. The process is equally driven by considerations of whether the applicant meets NOSM's requirements for program entry *and* EFN's determination about who would be the best resident physician for the community.

Applicant file reviews are conducted independently by both EFN and NOSM representatives. To ensure the applicant meets the requirements of the medical school and the community, the selection process includes **two rounds of interviews**, one with community representatives, and the other with NOSM. Ultimately, the **community has "the final word"** on who is accepted."

Development of the Curriculum

2017-
2019

A unique curriculum has been developed that includes clinical and cultural elements. This **2.5-year curriculum is composed of three interrelated elements:**

- Clinical training (base family medicine requirements + advanced clinical skills required for remote practice).
- Cultural training including an Elders Teaching Program and training in cultural safety and Indigenous health.
- Community-based training, includes clinical rotations and cultural training (*community touchbacks*) in the remote community.

Return of Service

2017 -
2021

Residents accepted into the RFNRS sign a Return of Service (RoS) contract. Initially the RoS was for 4 years: This required graduates to work two years in a remote fly-in community, such as EFN, followed by two years in a road-accessible Matawa First Nations community.

In April 2021, the RoS was **reduced from 4 years to 2 years** to align it with the RoS expectations in other Indigenous residency programs.

While graduates are expected to complete their RoS in a remote community, challenges in securing housing have made this impossible to date. As an alternative, graduates are now completing an RoS with the Matawa Health Co-Operative, spending 1 week every month in EFN. To date, no residents have completed the RoS.

Physician Contract Drafted



There were delays in getting the Physician Services Contract developed. As of March 2020, a draft had been created and was under review. This agreement would permit completion of resident service commitments through the Matawa Health Co-Op. **The physician contract is still not finalized.**

Residents in the Program

The stream began selecting and accepting residents immediately after receiving approval and funding. Table 2 summarizes the annual number of residents:

Table 2. Annual Summary of RFNRS Residents

Year	# Of Residents Admitted	# Withdrew/Transferred	# Graduated	# Still in Residency
2017 - 2018	2	1 (withdrew)		1
2018 - 2019	2	1 (transferred)		2
2019 - 2020	2		1	4
2020 - 2021	2	1 (transferred)		5
2021 - 2022	2		1	5
All Years	10	3	2*	

** 1 working with Matawa Health Co-Op after graduation*



Milestones

- 2 residents have graduated from the RFNRS
- 1 is working for EFN in the Matawa Health Co-Op

4

Strengths & Challenges



Strengths

Participants described the RFNRS as a “**unique**” and “**innovative**” program with many “**great strengths.**”



Strengths Identified Include:

- An equal, tripartite partnership
- A community-driven approach
- A continual learning orientation
- A unique curriculum that includes advanced clinical training, cultural training (including a unique Elders teaching program), and community-based rotations
- An applicant co-selection process in which the community has the “final say”
- A learning environment that directly applies to future practice
- A supportive learning environment for residents

Challenges

Overall, participants emphasized that the RFNRS was doing “**good.**” They also noted that, as with any new program, “it’s not without its challenges.”

In the spirit of quality improvement, participants identified some challenges related to the development, implementation, and sustainability of the RFNRS.

Challenges Identified Include:

- Tight program development and implementation timelines
- Limited infrastructure in the community & difficulty securing physician housing
- Delays drafting and finalizing the physician services contract
- Challenges navigating the complex structural environment of the Stream
- Concerns about the mandatory return of service component
- Balancing clinical training/rotations, cultural training, and scheduling community touchbacks
- Challenges to resident well-being
- Limited human resources to run the Stream



Impact of COVID-19

All aspects of the RFNRS have been impacted by the COVID-19 pandemic.

In March 2020 travel into EFN was halted due to COVID-19, and periodic lockdowns have occurred when cases were detected. Over the last 2 years, COVID-19 has had continuing negative impacts on the community including: the need for community workers to prioritize pandemic preparations and response; travel restrictions; and recently, a serious outbreak in the community in February/March 2022.

The resident selection process (applicants could no longer travel to the community for in-person interviews), the community touchbacks (only a small number were possible in 2020-21 and 2021-22), and the community's ability to engage with the Stream (as health staff, who usually advise the RFNRS were 'overwhelmed' by pandemic planning and response) have been negatively impacted.

5

Expansion Potential

Expansion Ideas

Phase 2 interviewees were asked:

“Looking toward the next five years, do you see opportunities to expand the RFNRS?” The collective answer can be described as “**Yes. But...**”



Yes.

There was consensus that participants see potential for expanding the RFNRS to other communities, explaining that “has always been the goal.” Participants felt the program has “a lot of potential,” and that “other communities will want the same thing.”

One participant explained:

“This upstream investment has the potential to have a huge beneficial impact downstream on so many of the social and other determinants of health that have such a terrible impact on Indigenous people and communities.”

But...

However, there was also consensus that successful expansion can only be done with enough capacity, resources, and strong relationships among NOSM, Matawa, and communities.

Participants offered the following considerations:

Need to Iron out the Kinks:



Participants cautioned that the RFNRS is still new, and that there are some things that need to be “ironed out.” There were challenges associated with the tight timelines, simultaneous development and implementation, and the complex multi-jurisdictional structural environment the Stream is operating in. As such, they felt the focus should be on getting a “well-running system” established, and that expansion “shouldn’t be rushed” -- that the program “should [only] be expanded when it’s ready”.

Examples of things to consider to facilitate expansion and ensure sustainability include:

- **Physician Services Contract:** This needs to be finalized to provide transparency and certainty for residents, and to guarantee that there will be work for them when they graduate.

- **Infrastructure in the Community:** Infrastructure is needed to enable physician(s) to practice (e.g., a place for residents to stay during their community touchbacks, and housing for physicians when they graduate). There were some suggestions that this element of the model should be assessed, to determine if it is realistic, and whether it should be retained in the model.
- **Additional Human Resources:** Examples include:
 - A senior leadership role (e.g., Program Manager) that can focus exclusively on the RFNRS, bridge all parties, and navigate the complex parts of the systems the Stream is operating in.
 - The Program Coordinator role (NOSM) should be made into a permanent position to address turnover in that position.
 - More preceptors who go to the community are needed to facilitate more community touchbacks for residents.
 - Additional community-based Liaisons would be needed to support the program in other communities.



Continue to be Community-Driven:

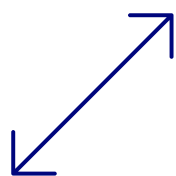
Participants also emphasized the importance of community engagement and participation in the residency; a community-driven approach was central to its success. This pilot was driven by EFN. Should the Steam expand to other communities, it would require similar engagement with each new community to ensure their local context is reflected in the way the RFNRS is implemented.

- **Acknowledge Diversity Among Communities:** To this point, participants highlighted the need to acknowledge diversity among regions and communities. Different communities have different dynamics, cultures, traditions, capacities, health systems, health needs, and so on. Working *with* local community members would be the key to success. Some also noted the need to acknowledge that residents trained in EFN may have some additional (local level) learning to do if they practiced in another First Nations community.

Summarizing these points, one participant explained that when the RFNRS comes to a point where it can expand to another community:

“It’s not just about adding another resident. You have to then start building all new relationships with another community. It’s like a whole new program in a new community because,

again, just applying cookie-cutter to this community is the antithesis of what this needs. So, as we build and grow, we need dedicated people to make sure this is done correctly.”



Consider Opening Broader Pathways:

Others felt the Stream should be broadened beyond a specific community and tribal council. Some felt for example, that the RFNRS should consider opening up and working with other tribal councils and communities, or perhaps applying the RFNRS approach and principles to existing residency opportunities. The essence of these suggestions was to consider broader pathways where residents would have a larger number of communities where they can choose to work.

Keys to Success

Interviewees in Phase 1 were asked to share their thoughts on what they saw as the ‘keys to success’ in implementing a specialized family medicine residency like this. In reflecting on their experiences with the RFNRS, they offered several suggestions (presented in detail in the Phase 1 report, November 2020).

Those keys to success are summarized below. They are offered here, in addition to the considerations offered by Phase 2 participants (presented above) because they would apply equally to expanding the RFNRS.



Keys to Success Identified Include:

- ✓ **Focus on Community Needs**
 - Involving the First Nations community in decision-making and keeping the focus on community need is an essential component to any remote First Nations residency stream.

- ✓ **Communication Among All Parties**
 - Ensuring communication among the many groups involved in the residency stream is key to success in development and implementation. Effective communication among partners also means allowing enough time to build relationships. Ongoing communication with residents was also emphasized

as necessary to identify their needs and ensure they are being met as they progress through the Stream.

✓ **Continual Learning Orientation**

- A “willingness to fail and learn” was “really critical” in making sure the RFNRS developed with all parties involved and remains focused on community needs.

✓ **Ongoing Government Support**

- Ongoing and meaningful involvement and support of government, both provincial and federal, is important. Having government representation at the table could facilitate negotiations to resolve some of the complex structural issues the Stream faced. This is particularly important for addressing challenges that are “outside of [the partners’] control” such as securing physician housing and establishing a physician contract.

✓ **Supportive Learning Environment**

- It is important to seek resident input and feedback on the program. Taking the time to listen to residents and address their learning needs is central to the success of the Stream. It is also important to emphasize maintaining resident wellness in the face of a challenging curriculum such as this, and provide additional wellness supports as required.



6

Summary & Conclusion

Summary & Conclusion

This evaluation was designed to assess the initial years of RFNRS development and implementation. In summary the findings show:

- ✓ Funding for the Stream was received in 2016. Program development and implementation began right away, both processes occurring simultaneously.
- ✓ All parties have worked hard under tight timelines to develop the RFNRS and get it up and running. Much has been accomplished: a unique curriculum has been developed, a co-admissions selection process is in place, 5 cohorts of residents have begun the program. These are all important intended activities outlined in the Program Logic Model (Appendix A).
- ✓ The RFNRS initiative has many strengths. Significantly, the tripartite partnership is a truly equal one, with all three parties involved in Stream decision-making. Another key factor is that the RFNRS is community-driven and community-led. A particular asset is the unique applicant co-selection process in which community members have the “final say” in resident selection. Another key resource is the unique RFNRS curriculum that includes advanced clinical training (specialized skills for remote practice), cultural training (including an Elders teaching program), and community-based rotations.
- ✓ Important milestones include 2 residents graduating the Stream, with one currently working for the community through the Matawa Health Co-Operative.
- ✓ Though it has many strengths, the RFNRS has not been without its challenges. Ongoing challenges include navigating a complex structural environment, concerns about the mandatory return of service, limited human resources, difficulties securing physician housing in the community, and delays finalizing the physician services contract. Many of these are important and intended (required) inputs as outlined in the Program Logic Model (Appendix A).
- ✓ Overall, participants had positive impressions of the RFNRS and felt the Stream is an “amazing program” with many strengths, representing a “very significant and promising endeavour.” Despite evidence that the program has been successful to date, there are areas that have been identified as needing enhancements and consideration. Participants were hopeful that funding would continue and that some of the identified challenges could be addressed.



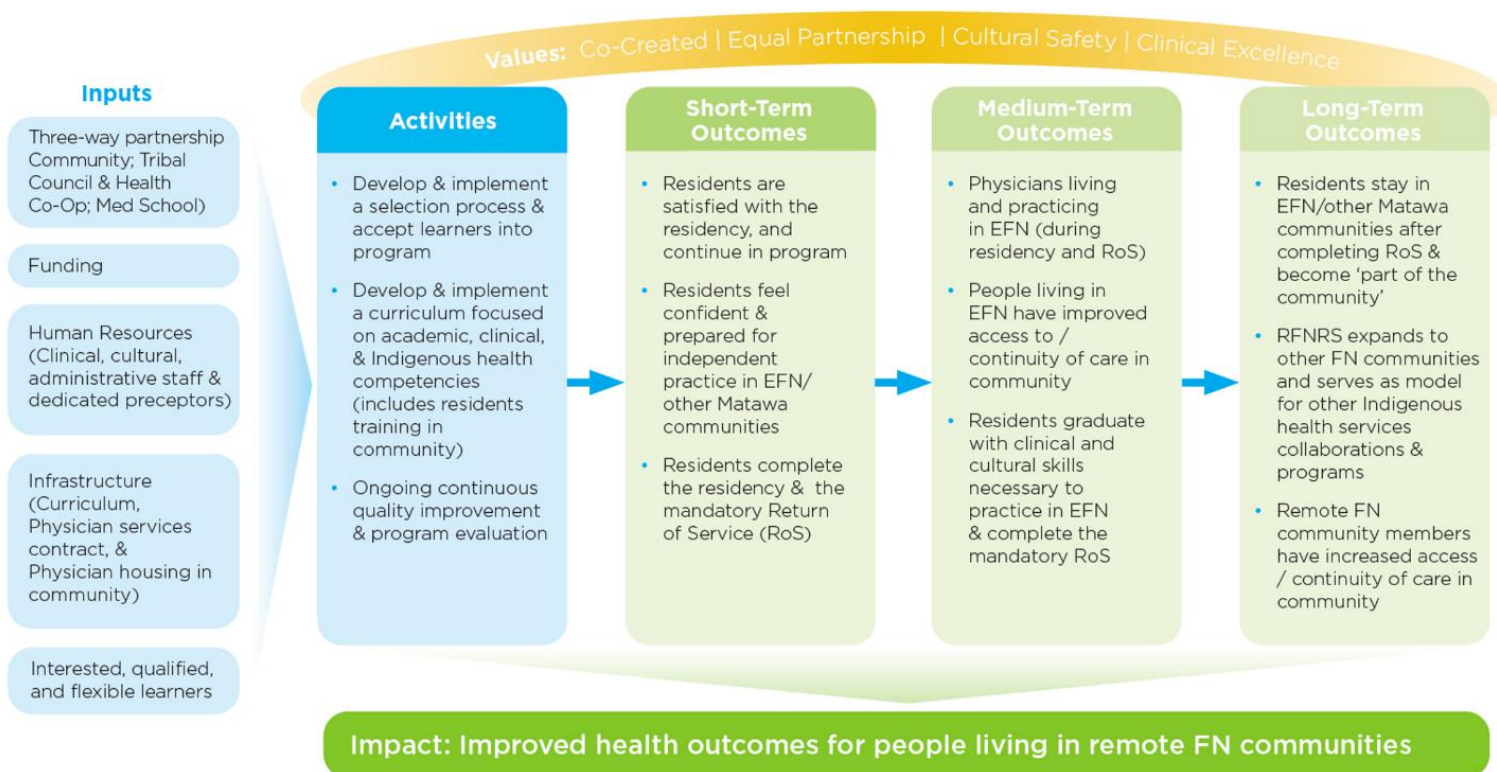
7

Appendix

Appendix: RFNRS Program Logic Model

RFNRS Program Logic Model (EFN Pilot)

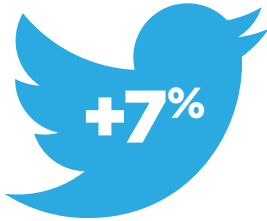
Aim: To address the health gaps and improve health outcomes for people living in EFN (and ultimately other remote First Nations communities) by developing and implementing a unique family medicine residency stream that trains family medicine residents to become clinically competent and culturally safe practitioners who will live and work in EFN (and ultimately other remote First Nations communities).



President's Engagement Report

(05/28/2022-09/15/2022)

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Northern Routes Blog



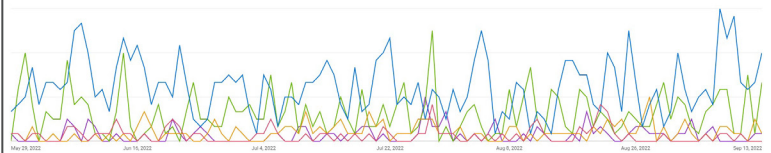
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Average



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3,2k
Views

93.8
Watch Time
(Hours)

44,5K
Impressions

@thenosm followers

Twitter **↑5%**
4,068

Facebook **↑2%**
8407

LinkedIn **↑7%**
3703

Instagram **↑6%**
2614

YouTube **↑3%**
342 subscribers

Notable Meetings and Presentations: 29

- 2 x AFMC Board
- 3 x HSO Meetings
- 2 x ICES Meetings
- 3 x TBRHSC Board meetings
- 2x AMS Meetings
- 2x BSCPA Governance
- CFSA Celebration
- Camp Med Launch
- COFM Meetings
- FONOM Northeastern Municipal Conference
- IPAC Graduation
- HSN AGM (Health Sciences North)
- IPHWCS Orientation (Collaborative Specialization Orientation)
- Canadian Medical Hall of Fame Induction Ceremony
- NODIP Graduation
- Northern Health Research Conference
- Public Health Partner Debrief-COVID 19
- Woman Deans in Canada Interview
- Laurentian Convocation & NOSM University Reception
- Lakehead Convocation & NOSM University Reception
- Indo Canadian Youth Festival

Donations Raised to Date

FY = 2021/22 = \$10,759,986 (as of September 15, 2022)**

FY = 2020/21 = \$3,112,750

FY = 2019/20 = \$732,512

** **NOSM University is excited to announce a \$10M donation from the FDC Foundation to support Learner Financial Aid.**

Alumni Initiatives:


- Spring 2022 Alumni eNewsletter 54.6% open rate
- Alumni representation at 2022/23 Oweek reception on September 8, 2022

June 14, 2022

Class of 2022: Kinesiology student takes one shot at her dream school and makes it

AUTHOR
Stacy McGuire, Kinesiology

SHARE THIS ARTICLE



Researcher Melissa McElroy is on track to become a doctor in a remote Indigenous community


Getting into a medical school is tough. It's highly competitive and often students are rejected on their first try and apply two or three times and to multiple medical schools before they are accepted. However, Melissa McElroy, BKin'22, who recently graduated with first-class honours from the University of Calgary, only applied to the one medical school she wanted to attend: The Northern Ontario School of Medicine.

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Public Health Sudbury & Districts Board appoints Associate Medical Officer of Health

By Rosalind Powell | July 19, 2022



Public Health Sudbury & Districts has appointed its Associate Medical Officer of Health. Board chair, Steve Gorman said: "It is a pleasure to have Dr. [Name] join our team as the Associate Medical Officer of Health starting October 16, 2022. He will be responsible for [Name] and the [Name] staff."

NORTH BAY NUGGET

News / Local News

North Bay Regional Health Centre's recruitment efforts are paying off

Jennifer Hamilton-McCharles
Jul 04, 2022 - July 4, 2022 - 2 minute read - Join the conversation



Recruitment efforts are paying off at the North Bay Regional Health Centre. The hospital has been able to recruit 21 doctors and specialists since 2020. PHOTO BY JENNIFER HAMILTON-MCCHARLES, THE NUGGET (jpg, NB)

CTV NEWS
NORTHERN ONTARIO

NEWS VIDEO SHOWS ABOUT LOCAL

WATCH LIVE: Peel Regional Police give update on the murders of Const. Andrew Hong and Mr. Shakeel Ashraf

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NORTHERN ONTARIO | News

Med school hosts summer camp to inspire youth to work in health care



Newsline

Federal licensing of doctors, fast tracking foreign physicians among MP's proposals for easing doctor shortage | CBC News

By [Name] | August 9, 2022

Thanks to the recent news of Ontario's provincial plan to make recommendations to the federal government about easing the physician shortage in rural communities, Ontario and other parts of Canada.

Physicians, in emergency departments and ambulances, are the backbone of the health care system. But the shortage of doctors is a major concern for many Canadians.

Based on the news, the province, including in the western, has been struggling to keep their emergency rooms. It's a sign of an unprecedented shortage of doctors and nurses.


In Canada, the health care system is facing a shortage of doctors. It's a crisis that is being exacerbated by the COVID-19 pandemic. It's a crisis that is being exacerbated by the COVID-19 pandemic.

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You are here: Home / Community / Town of Huntsville welcomes third-year medical students



Town of Huntsville welcomes third-year medical students

BY DORPHER DAUNE ON SEPTEMBER 13, 2022

Photo from left: (front row) Jacob Bonik, Sadie Bennett, Ella Frouth, Laura Deschamps, Sara Curran, Jacob Béranger, Hannah Kishner, Talia DiMarco, Councillor Bob Stone (back). Missing from photo: Taylor Hammond. (Photo by Charly Kingenberg)

Huntsville Mayor Karin Terziano, Councillor Bob Stone, and Huntsville economic development officer Lauren MacDermid welcomed third-year medical students last Friday afternoon with lunch at On the Docks Pub.

After lunch, Councillor Bob Stone took the students to experience the Portage Flyer, followed by a hike up to Lion's Lookout.

The Sioux Lookout Bulletin

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4:00PM - 5:00PM REGISTRATION

7:00PM - DINNER

9:00PM - DANCE

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Wahna Distance Education Centre invites students to apply for our upcoming school year 2022-2023.

Tuesday, September 13, 2022

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Johnathan Poenn. Photo courtesy SLMHC

SLMHC welcomes new group of NOSM University learners

Home > News > New Muskoka physicians given tour of Bracebridge

Featured News

New Muskoka physicians given tour of Bracebridge

By Mathew Reisler Wednesday Sep. 7th, 2022

Facebook Twitter Reddit WhatsApp Email



The 10 students were joined by Bracebridge Mayor Rick Maloney for a group photo (Photo credit: Mathew Reisler)

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The Valley Gazette (Barry's Bay, ON)

Source name: The Valley Gazette (Barry's Bay, ON)

Source type: Press - Newspapers

Periodicity: Weekly

Geographical coverage: Local

Origin: Barry's Bay, Ontario, Canada

Wednesday, July 27, 2022 p. 3

Saving the rural 'family doctor' from the endangered species list

STEPH ARMSTRONG

Following:

RENEW COUNTY: According to the Canadian Institute for Health Information, the number of qualified doctors has increased every year since 2001, but Statistics Canada data indicates that more than 1.3 million Ontarians do not have access to a primary healthcare provider for family doctor. How can this be? Several factors have contributed to this distribution: family doctors are unevenly distributed throughout the province; most doctors prefer to practice in areas where patient volume is high in densely populated urban areas, such as the GTA; 19% of Ontario's population lives in rural areas but has only 8% of all medical practitioners in the province; leaving rural areas disproportionately underserved and under-funded.

Specialization: In the late 1990s, an increasing number of medical students trained to become specialists. Compared

Limited residency: While the number of residency positions for international medical graduates has increased from 90 to 200 in Ontario, a bulk of these residencies go to Canadian students who have trained abroad.

Retirement: Many Family Physicians are retiring in the near future with no new practitioners to replace them.

According to a recent Ontario Medical Association press release, "Doctor shortages are especially acute in northern and rural communities" — those where people tend to be older and with more complex health histories. The number of Ontario seniors is only set to increase: by as much as 22.2 per cent simply amazing SUNDAY BREAKFAST 9 am - 12 noon \$15 coffee & tea 2022 Sports: Lake RL Barry's Bay, ON K0J 1R0 1.800.567.4044 specte-

The Ontario Medical Association said, "There is a shortage of 100 family doctors and 130 specialists in northern Ontario alone." According to other estimates, at least 325 doctors are needed to realistically address the shortage in northern Ontario, including 135 family doctors and 160 specialists such as psychiatrists and pediatricians.


Ontario's doctor shortage can be traced back decades, but the pandemic has exacerbated the problem. Nearly three-quarters of doctors surveyed by the Ontario Medical Association said they experienced some level of burnout, and 40 per cent say they're considering early retirement due to the pandemic.

Of the family doctors who have left rural communities, limited career prospects for their partners, burnout, and a lack of opportunities and amenities in those communities were some of the range of reasons that make it hard to recruit and

WATCH LIVE: CTV News coverage of the death of Queen Elizabeth II and accession of King Charles III

NORTHERN ONTARIO NEWS

Northern researcher promotes better ways to help people quit smoking



Sergio Arango CTV Northern Ontario.ca Videomasthead

A habit that is the top cause of preventable premature death in Canada is more common in northern Ontario than in the rest of the province, says researcher Dr. Patricia Smith. Yet Smith said most programs to help people quit smoking only offer basic counselling and nicotine therapies, which she said tend not to be effective.

two today


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HEALTH

Health care in crisis, Part 3: A northern doctor on the challenges facing family physicians

TVO.org speaks with Sarah Newbery about pandemic response, coordinated care, and why we need a "wholesale transformation" of the system

Written by Matt Surtees



According to researchers from the Northern Ontario School of Medicine, at least 500 doctors are needed to address the shortage in northern Ontario. (Shutterstock)





NOSM
UNIVERSITY

Strategic Plan

Status Report

2022-10-06

Strategic Direction #5

Becoming NOSM University

- Work has begun on creating a new Strategic Direction to reflect the priorities related to NOSM University.
- A new Direction, Goal, Aspiration and series of Outcomes have been created using input from the NOSM University engagement sessions and by feedback from the Executive Group in-person meeting as well as general feedback by portfolios over the past year.
- The new Direction “Becoming NOSM University” was approved by the Board in May 2022.
- The Board subsequently approved the Goal, Aspiration and series of Outcomes attached to the new Direction at the September 2022 meeting.
- The Office of Institutional Intelligence is currently working with the portfolios to draft corresponding Objectives and Key Results (OKRs) to demonstrate our success in achieving Outcomes.

Strategic Direction #5

Becoming NOSM University

GOAL

To ensure a seamless transition by optimizing our resources to engage and build our capacity and infrastructure as we transition from the Northern Ontario School of Medicine to NOSM University, Canada's first independent medical University.

ASPIRATION

The proclamation on April 1, 2022, was another historic moment for health education in Northern Ontario and will have impacts nationwide. A recognized trailblazer, NOSM University will shape what it means to be an independent medical university in Canada.

OUTCOMES

1. Establish effective governance
2. Set the stage for future growth by strengthening the foundation
3. Maintain academic excellence throughout the transition to NOSM University
4. Build an appropriate Research structure befitting a standalone University

Strategic Direction #5

Next Steps

OCTOBER 7, 2022

- Portfolios to provide feedback on OKRs and suggest revisions, new objectives and/or key results

OCTOBER 13, 2022

- Executive Group to look at first draft of OKRs.

OCTOBER 20, 2022

- MSG to review revisions from EG and provide additional feedback.

NOVEMBER 10, 2022

- Presentation of drafted OKRs to MG for review.

NOVEMBER 17, 2022

- Formal approval by EG.

NOVEMBER 24 and 25, 2022

- Approved OKRs to be presented to the Board for information.

DECEMBER 15, 2022

- Approved OKRs to be presented to the Senate for information.