

Selected Definitions and Acronyms related to the UME program

Current as of 2021 08 04

Details of some explanations are subject to change

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| **Acronym, Word, or Phrase** | **Definition and/or Explanation** |
| AC | Academic Council. The Academic Council serves as the Faculty Council under the authority of the Senates of both[Lakehead University and Laurentian University](https://www.nosm.ca/our-community/partnering-for-a-healthier-north/host-universities/), and is responsible for oversight of the Academic Programs of the Northern Ontario School of Medicine Corporation in accordance with the  [Constitution of the Academic Council](https://www.nosm.ca/wp-content/uploads/2019/12/Constitution-of-the-Academic-Council-signed-signed.pdf) and the By-Laws.  Academic Council website |
| Academic Teaching Rounds and Academic Sessions | During the core rotations of Phase 3, students will be required to attend and participate in weekly academic teaching rounds and academic sessions. The teaching of these sessions will be conducted by clinical hospital faculty. During the four-week rotation blocks, students will participate in one two-to four-hour academic session per week. |
| AFMS | Aquifer Family Medicine Sessions are undertaken by students in Phases 2 and 3. These are online, interactive, case-based, virtual patient cases which focus on the diagnosis and treatment of common acute and chronic illnesses. Cases are designed to develop critical reasoning, diagnostic, and communication skills. These cases work through a series of steps, prompting the student to stop and answer questions or complete interactive activities. To facilitate learning, in most instances, feedback to these activities is generated immediately.  P2 myCurriculum website |
| Aquifer | See AFMS |
| ASAC | Academic Support and Advising Committee. As a SAPC sub-committee, the ASAC is responsible for developing processes and methodologies that enhance academic support of students; reviewing student performance data to determine which students require academic support; recommending as to how academic support should be provided to students taking into account individual circumstances including accommodations for disability or other reasons; providing recommendations to the SAPC when appropriate with regard to student academic probation, reassessment, remediation, promotion and graduation; and, assisting, as required, with decision making regarding academic matters such as leaves and electives.  ASAC ToR |
| BRE | Bell Ringer Exam. These exams, used to test students’ anatomy, histology, and physiology knowledge, are run at the end of each of years one and two case-based modules. |
| Calendar of Academic Events | The document which indicates dates when classes start and end, and the timing of breaks, and vacations. |
| CAR | Clinical Academic Rounds. Session type in Phase 2 during which students address the identification of common problems in clinical medicine using ‘real’ patients. The rounds help students to develop clinical reasoning skills as they work through common patient presentations. Formerly VAR  P2 myCurriculum website |
| CBL | Case-Based Learning session. CBLs are two-hour weekly sessions in Phase 1 in which small groups of students meet and, through a model of guided discovery designed to support self-directed research, consider a complex case which directs the learning for the module. Student learning is assisted by a facilitator. The cases are designed to deliver content related to the human sciences.  P1 Syllabus |
| CBM | Case-based module. Curriculum for Phase 1 is delivered in case-based modules. Each of these modules generally has an organ system focus and a remote, regional, or rural focus. The CBM format provides the "instructional fabric" within which learning outcomes and objectives from all five themes are woven. In each CBM, students encounter scientific, clinical, and professional aspects of medical education through a balance of small group and whole group learning sessions.  P1 Syllabus |
| CBM 101 | (Yr1) (September – 4 weeks) Students learn about their role in relation to three perspectives: the patient, the student, and the physician. An introduction to each of the basic sciences and problem-based, self-directed learning provides a foundation for future learning.  excerpt from myCurriculum |
| CBM 102 | (Yr1) (October-November – 6 weeks) Students are introduced to the gastrointestinal system and the normal function of the pancreas and liver. Common illnesses of these organs and the abdomen are the foci in the patient encounters. Nutrition is explored, with special reference to nutrition for children and the role of vitamins and micronutrients. Students examine the role of public health units and the physician’s interaction with the professionals there; specific topics include reporting structures for diseases and outbreaks. Students begin to consider the nature of addictions and addictive behaviours, and the physician’s role with other allied health professionals in diagnosis and treatment.  excerpt from myCurriculum |
| CBM 103 | (Yr1) (November-December – 7 weeks) The medical sciences focus is on the cardiovascular and respiratory systems. Students begin to investigate how the physician functions within the health care team to provide a circle of care for patient, how rural practice places demands on the physician that his or her urban counterparts do not face, and the roles of the physician: communicator, collaborator, manager, health advocate, medical expert/clinical decision-maker, and scholar.  excerpt from myCurriculum |
| CBM 104 | (Yr1) (January-February – 6 weeks) The medical sciences focus is on the nervous system. Students are introduced to various presentations of neurological disease, infectious disease, the immune response and antibiotics, the head and neck, and spinal and cranial nerves, introduction to the broader principles of primary health care, public and community health, and basic epidemiology.  excerpt from myCurriculum |
| CBM 105 | (Yr1) (March-April – 6 weeks) The medical sciences focus is on the musculoskeletal system. Students will witness the strong presence of a cultural group in a community setting, how their language, history, values, attitudes, and worldviews affect both the experience of patients, and the delivery of health care. Students consider the roles played by other health services facilities and personnel, the history of health care and medicine in Canada, including the mandates of all levels of government in terms of health care and public health.  excerpt from myCurriculum |
| CBM 106 | (Yr1) (April-May – 7 weeks) The medical sciences focus is the endocrine system. This module is unique as it is set to be delivered in an Indigenous community where students are placed in pairs. Students will gain a better understanding of the health issues affecting Indigenous communities in Northern Ontario which will deepen their understanding of Indigenous culture, beliefs, and contemporary way of life.  excerpt from myCurriculum |
| CBM 107 | (Yr2) (September-October – 6 weeks)  This module focuses on the Reproductive System which includes reproductive physiology and health, pregnancy and delivery, breast cancer and cancer screening, and genetics. Other topics explored in this module include genetic screening, transfer of care, access to specialized services, and culturally sensitive approaches to health care in rural Northern Ontario. Focus is given to the patient and physician relationship, ethical practice, controversial issues and ethics, informed consent, and aspects of research ethics including legal requirements.  excerpt from myCurriculum |
| CBM 108 | (Yr2) (October-November – 6 weeks) This is the first of two Integrated Community Experience (ICE) modules in year 2. The medical science focus is the renal system. The anatomy, histology and embryology of the urinary system will be explored as well as the physiological processes of the kidney and the role of renal regulation within the body. Students undertake their core curriculum study while on placement in a rural or remote community setting and are expected to participate in at least three half days per week of clinical experience.  excerpt from myCurriculum |
| CBM 109 | (Yr2) (November-December-January – 6 weeks) The medical sciences focus is hematology and immunology. Topics addressed in the hematology section include: the composition and function of blood, the different types of blood cells and their function, hematological malignancies, hemostasis and coagulation, and red cell disorders and transfusion. The immunology section includes: the structure and function of antibodies, congenital and acquired immunodeficiencies with a particular focus on HIV, hypersensitivity, allergy, immunization, and solid organ transplantation. In this module, the Theme 5 Introduction to Clinical Medicine curriculum focuses on the pediatric interview and examination.  excerpt from myCurriculum |
| CBM 110 | (Yr2) (January-February – 6 weeks) The second of two ICE modules in year 2 explores the nervous system. The anatomy and physiology of the special sense organs will be investigated, as well as, central sensory processing. The module will also address complex brain functions such as cognition, mood, and memory. Dysfunction of the brain resulting in mental illness is explored which includes the neuroscience, treatment, and classification of these disorders. In the area of clinical skills students gain experience in interviewing patients with mental health disturbance.  excerpt from myCurriculum |
| CBM 111 | (Yr2) (March-April – 6 weeks) The final module in Phase 1 has a threefold focus: 1) study of structures and functions, normal features, and common abnormalities in the integumentary system, 2) review of physiology from an integrated perspective, and 3) poisoning which includes patterns and the principles that are applied in clinical emergencies.  excerpt from myCurriculum |
| CCC | Comprehensive Community Clerkship – Phase 2 of the MD program, which provides students with clinical experience in one of the medium sized Northern Ontario communities. The focus of the CCC experience is on delivery of primary care in rural Northern Ontario communities. Learning takes place in the environment of the hospital and on an out-patient basis at community-based clinics and doctors’ offices. |
| CEPD | Continuing Education and Professional Development |
| Clinical Clerkship | Phase 3 is a clinical clerkship that takes place in the academic health science centres in either Sudbury or Thunder Bay and is organized around a series of specialty clerkship rotations. |
| CLS | Community Learning Session. Weekly sessions in Phase 1 during which students attend a wide variety of learning sites or activities, typically occurring in a community or hospital setting. CLS are designed to provide opportunities for interaction with health and social care professionals and patients/clients under the guidance of a facilitator. These experiences involve the content of Themes 1, 2 and 3 and provide a focus for interprofessional learning.  P1 Syllabus |
| Collaborative Specialization | NOSM’s 2020 Strategic Plan identified the need for new training pathways that are deliberately designed and intentionally planned to support clinicians who can become leaders and advocates for rural, remote, Francophone, Indigenous communities across Northern Ontario where health human resources shortages continue to impact health outcomes. The creation of dedicated and specifically tailored pathways across all sectors (i.e., admissions, UME, PGME, CEPD) is a NOSM priority and Collaborative Specializations are UME’s branches of these pathways.  Collaborative Specializations follow the UME mandatory curriculum and, in addition, will offer self-identified students enriched experiences through mentorship, priority placements, and increased advocacy/leadership, interprofessional, and multi-cultural learning opportunities.  Excerpt from Feb 11, 2021 briefing note to Academic Council |
| Core rotations | The curriculum for Phase 3 is organized around students spending blocks of time in each of six specialty clerkship core rotations of: Children’s Health, Emergency Medicine, Internal Medicine, Mental Health, Surgery, and Women’s Health. |
| CRaNHR | Centre for Rural and Northern Health Research |
| CRAS | Critical Reflection Assessment Sessions in Phase 1 are assessment sessions that are part of the Community Learning Sessions (CLS) requirements. Students submit written critical reflections based on their CLS experiences, and during the small group session, do an oral presentation of their reflections and provide and elicit feedback from peers and from their facilitator.  Provided by Instructional Designer |
| CSSP | Committee to Support Student Professionalism. The CSSP exists to support and promote the professional development of all students in the Program, review and investigate reported lapses in student professionalism, recognize exceptional student professionalism, and advise relevant committees regarding strengthening of professionalism education in the Program.  CSSP ToR |
| DCI | Data Collection Instrument (relevant to Program accreditation) |
| DOCS | Direct Observation of Clinical Skills (assessment form used in Phase 2) |
| DTS | Distributed Tutorial Session. A means to deliver instruction while students are on placement in communities off campus. A DTS is the distributed equivalent of the on-campus WGS. While a WGS is delivered face-to-face by a faculty member, a DTS is distributed online as a two-part learning session using a pre-recorded multimedia presentation prepared by a faculty member followed by a teleconference tutorial to discuss the material covered in the presentation. These occur in Phase 1 ICE modules (CBM 106, 108, and 110) as well as in Phase 2.  P1 Syllabus |
| Elentra | Online system used for student completion of RCLEs (ED-2 logs), student evaluation of preceptors and of the Program, and preceptor evaluation of the students.  P2 & 3 Clerkship Coordinator |
| ExamSoft | ExamSoft is the software used by the UME Assessment Office to administer written examinations. |
| FMR | Formative module review. Students in Phase 1 are provided with questions to help them determine their knowledge of the current curriculum prior to undertaking a summative assessment of that same knowledge base. |
| FOS | Faculty Orientation Sessions. In Phase 1, 30-minute sessions are held for faculty who are facilitating small group sessions. The goal of these faculty- only sessions is to provide facilitators an opportunity to meet, discuss and collaborate on the best approaches for facilitating sessions in that particular module. Also, facilitators are given an update on changes to their sessions and assessment requirements.  Provided by Instructional Designer |
| FRG | (NOSM) Francophone Reference Group |
| HASLC | Health Advocacy and Service-Learning Committee |
| HCS | The Hospital Care Sessions in Phase 2 include in-patient rounds, emergency room care, and obstetrical care, with on-call responsibilities. Under supervision, students participate in the daily care of in-patients. |
| HSN | Health Sciences North/Horizon Santé Nord: Regional hospital in Sudbury, Ontario. Primary teaching hospital for students assigned to the Laurentian Campus (East Campus). |
| ICE | Integrated Community Experience: Students complete one ICE module in year one (CBM 106) and two ICE modules in year two (CBM 108 and CBM 110) that combine living in a rural community with regular academic studies. The ICE is designed to provide students with an environment in which they will experience the practice of medicine in rural and remote communities through the lens of comprehensive family medicine generalist. These placements provide an opportunity for students to work with and learn from community members and health care providers to better understand the delivery of rural health services in Northern Ontario, and experience aspects of life as a physician in rural Northern Ontario.  P1 Syllabus |
| ICL | Integrated clinical learning |
| IRG | (NOSM) Indigenous Reference Group |
| ISA | Independent Student Analysis (relevant to Program accreditation) Students in a school preparing for accreditation visit are expected to organize their own self-study of the educational program, courses and curriculum, student support services, and the environment for learning  CACMS website |
| LCC | Local Community Coordinator. Each of the communities hosting a student for CBM 106 has a LCC to guide and support medical students while they are there.  Indigenous Affairs unit |
| Learner | The term used in UME and NOSM documentation and language when referencing students as part of the more global group of ALL NOSM learners. |
| Learning objectives | Brief, clear, specific statements of what students will be able to do at the end of a lesson as a result of the activities in that lesson. |
| LEG | Local Education Group. A group of physician clinical faculty who have joined together to assume responsibility for the provision of significant, identifiable components of NOSM's current academic mandate. LEGS work closely with the NOSM Undergraduate and Postgraduate Associate Deans to ensure the academic/curriculum needs of learners are met. To-date, >40 LEGs have been implemented and approved in Northern Ontario. The purpose of the LEGs is to provide the physician clinical faculty with an organizational structure to address the challenges of balancing the demands for the provision of academics and clinical services. It is also intended to facilitate the ongoing delivery of the NOSM academic mandate by the physician clinical faculty. |
| LIC | Longitudinal Integrated Clerkship. Phase 2 of the Program is a LIC. |
| MCAC | Medical Career Advising Committee was the precursor to the creation of Theme 6 – Medical Career Committee. |
| MCAP | Medical Career and Practice sessions (relevant to all Phases) |
| MCCQEI | Medical Council of Canada Qualifying Examination Part I |
| MCCQEII | Medical Council of Canada Qualifying Examination Part II |
| MCS | Module Coordination Sessions. Occur in Phase 1 and are (usually) one-hour facilitated sessions during which students are encouraged to raise any concerns about the instructional content of the learning process. The session provides an opportunity for dialogue between students and faculty.  Overview of the Four-year UME Program at NOSM |
| MCU | Ministry of Colleges and Universities |
| Medical Student or “student” in the UME context | The term used in NOSM documentation and language to describe a person enrolled in any of the four years of the NOSM MD program. |
| MEPOs | Medical Education Program Outcomes. Statements of what medical students are expected to be able to do at the end of the educational program, i.e. exit or graduate competencies. |
| MG | (NOSM) Management Group |
| MiPS | Medicine in Practice sessions in Phase 1. Students are introduced to clinical reasoning through a combination of whole group case and problem-based learning and small group sessions using a team-based format. The whole group sessions will focus on applying clinical reasoning to clinical scenarios, while the small group sessions will explore higher level concepts of the “behind the scenes” steps in clinical reasoning. Concepts such as the process of diagnosis, cognitive error, and the effects of bias in physician decision-making will be explored.  CRS (now MiPS) description from P1 Syllabus |
| Module | See CBM above |
| MOH | (Ontario) Ministry of Health |
| MOU | Memorandum of Understanding |
| MSG | (NOSM) Management Steering Group |
| MSPR | Medical Student Performance Record |
| MSS | Medical School Self-Study (relevant to Program accreditation) |
| NOAMA | Northern Ontario Academic Medical Association |
| NRHRP | Northern and Rural Health Research Proposal: This is a project undertaken by Phase 2 students to introduce them to community-based research |
| OADA | Accessibility for Ontarians with Disabilities Act |
| OMSAS | Ontario Medical School Application Service |
| One45 | Online system used by UME for student completion of RCLEs (ED-2 logs), student evaluation of preceptors and of the Program, and preceptor evaluation of students. |
| OSCE | Objective Structured Clinical Examination. Assessment method used to evaluate students’ clinical skills. |
| OTN | Ontario Telemedicine Network |
| P1SA | Phase 1 Summative Assessment. The P1SA is comprised of multiple-choice questions from Themes 2 to 5, as well as some Theme 4 short answer questions. The Theme 1 P1SA is a separate assignment. The P1SA is the final exam of each CBM. |
| PaRRP | Promotion and Reassessment/Remediation Plan. A separate document is developed annually by each Phase to reflect the assessment items and criteria for each. |
| PBL | Problem-based learning |
| PCS | Primary Care Sessions. These Phase 2 sessions occur on a weekly basis and are scheduled for five half-days in a typical week. They provide students with opportunities to develop and refine their communication and physical examination skills, and management approaches, under the supervision of experienced clinicians. Students participate in the care of two to four patients per half day session. |
| PEC | Program Evaluation Committee. The PEC is responsible for all Program Evaluation in the MD Program. Program Evaluation is the process whereby an entire program, or parts thereof, is/are reviewed through a variety of methods including outcome measures, key performance indicators and multiple stakeholder perspectives. The Office of Program Evaluation (OPE) is the functioning arm of the Program Evaluation Committee.  PEC ToR |
| PGEC | Postgraduate Education Committee |
| Phase 1 | Year 1 and year 2 of the MD program |
| Phase 2 | Year 3 of the MD program |
| Phase 3 | Year 4 of the MD program |
| PTA | Pelvic Teaching Assistant |
| PTS | Pharmacology Tutoring Session. This session type occurs in Phase 1 are intended to bridge the gap currently existing in the pharmacology content in the Phase 1 curriculum to facilitate student learning.  Phase 1 Syllabus |
| QCPR | Quarterly Clinical Performance Report (relevant to Phase 2) |
| QPA | Quarterly Progressive Assessment. Phase 2 and 3 exams that occur four times in one academic year. These exams are comprised of multiple-choice and case-based questions similar to the MCCQEI examination. Students are repeatedly tested on different medical specialties. |
| QSLCA | Quarterly Site Liaison Clinician Assessments (relevant to Phase 2) |
| RAT | Residents as Teachers |
| RCLE | Required Clinical Learning Experiences are specific patient care activities that take place in a health care setting that students are required to complete in order to fulfil the requirements of the Program. |
| Reassessment | 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.  Student Assessment and Promotion Regulations |
| Remediation | 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.  Student Assessment and Promotion Regulations |
| Rural | Rural areas are census subdivisions (CSDs) that are <10,000 people and are not part of census metropolitan areas. |
| SAC | Site Administrative Coordinator (relevant to Phase 2) |
| SAPC | Student Assessment and Promotion Committee. The SAPC is responsible for the development and implementation of student assessment regulations, policies, and procedures and the UME Appeals Policy for the Program.  SAPC ToR |
| SCS | Structured Clinical Skills sessions. This session type occurs in Phase 1 and are small group, three-hour weekly sessions which focus on instruction in communication skills, interviewing, and physical examination skills. These sessions typically involve interacting with a standardized patient.  Phase 1 Syllabus |
| SEE | Special Educational Experiences are student-initiated learning opportunities (informal elective) created to meet students’ personal professional learning goals under the broad categories of: clinical, advocacy and leadership, skills enhancement, research and teaching, and service learning.  Instructional Designer |
| Service learning | A structured learning experience that combines community service with preparation and reflection. |
| SES | Specialty Enhancement Sessions. In Phase 2 these three-hour sessions are scheduled twice weekly in a typical week. They are dedicated to providing students with a wide range of clinical experiences related to the disciplines of Family Medicine, Surgery, Internal Medicine, Mental Health, Child Health, and Women’s Health. Students examine patients and assist with the management of their illnesses or conditions under the guidance of health care professionals. |
| SLC | Site Liaison Clinician (relevant to Phase 2) |
| T2VIM | Theme 2 Virtues in Medicine project. Reflection exercise completed by students during the CCC. It provides students with an opportunity to explore the virtues in medical practice.  P2 & 3 Clerkship Coordinator |
| TBRHSC | Thunder Bay Regional Health Science Centre: Regional hospital in Thunder Bay, Ontario. Primary teaching hospital for students assigned to the Lakehead Campus (West Campus). |
| Technical standards | The underlying cognitive, communication, sensory, motor and social skills necessary to interview; examine; diagnose and provide comprehensive, compassionate care; and competently complete certain technical procedures in a reasonable time while ensuring patient safety. |
| Themes | The Program curriculum is organized around six Themes (courses). All six themes run throughout the four years of the Program. Current Themes are:  Theme 1 – Northern and Rural Health; Theme 2 – Personal and Professional Aspects of Medical Practice; Theme 3 – Social and Population Health; Theme 4 – Foundations of Medicine; Theme 5 – Clinical Skills in Health Care; and Theme 6 – Medical Career.  Overview of the Four-year UME Program at NOSM |
| TOS | Topic-Oriented Sessions. These Phase 1 sessions are two hours long and occur twice each week. These sessions are driven by a specific patient encounter. Using a problem-based learning format, students will identify learning issues, develop a strategy to acquire the necessary knowledge, and share the knowledge gained. As the week progresses, information on each case is explored until the objectives related to these sessions have been met.  Phase 1 Syllabus |
| TOSC | Topic-Oriented Sessions Consolidation sessions. These Phase 1 sessions occur, primarily, to improve the students’ understanding of the clinical reasoning process, but it is expected that in the process, the session will consolidate the students’ understanding of the learning that took place in the TOS, WGS, SCS, and Lab sessions in the module.  PrintMaster |
| Translational research | Studies or investigations aimed at finding solutions to clinical problems such as those: applying discoveries generated in the laboratory or through preclinical studies to the development of trials and studies in humans; promoting the adoption of best practices in the community or targeting cost- effectiveness of prevention and treatment strategies. |
| UMEC | Undergraduate Medical Education Committee |
| UMECC | Undergraduate Medical Education Curriculum Committee |
| University Calendar | This is an official listing, found on their respective websites, of Lakehead and Laurentian Universities’ admission procedures and deadlines, academic regulations, programs of study, academic standards, degree requirements, and general university policies and codes. |
| VDA | Vice Dean Academic |
| WGS | Whole Group Sessions occur throughout Phase 1 and are session that take place at least twice weekly. In these sessions, each class will be instructed as a whole. The format will include lectures, demonstrations, and large group tutorial activities that video conferences to both campuses  Phase 1 Syllabus |

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| 2020 08 25 | Added T2VIM and Elentra |
| 2020 12 01 | Edited spelling excepted > excerpt |
| 2021 08 19 | Additions/Deletions to keep the document current |
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