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**NOSM University**

**Contributions Dossier**

The following form is designed to assist you in documenting your contributions to NOSM University and to assist the NOSM U Joint and Stipendiary Faculty Promotions applications and/or eligibility for reappointment.

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

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

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

**Name:** Click or tap here to enter text.

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

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

**Date Completed:** Click or tap to enter a date.

**Clinical Teaching:**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2025/2026** | | **2024/2025** | | **2023/2024** | | **Previous Years** | |
|  | # of Learners | # of Teaching Days | # of Learners | # of Teaching Days | # of Learners | # of Teaching Days | # of Learners | # of  Teaching Days |
| NOSM U Undergraduate (includes 108, 110, CLS, SES) |  |  |  |  |  |  |  |  |
| NOSM U Resident |  |  |  |  |  |  |  |  |
| Learners from other Universities (excludes NOSM U Elective Program) |  |  |  |  |  |  |  |  |
| Physiotherapy or Occupational Therapy Learner |  |  |  |  |  |  |  |  |
| Speech Language Pathology or Audiology Learner |  |  |  |  |  |  |  |  |
| Dietetic Learner |  |  |  |  |  |  |  |  |
| Physician Assistant  Learner |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic Teaching:** | **List Module Number(s)** | **2025/2026**  # of Sessions Delivered | **2024/2025**  # of Sessions Delivered | **2023/2024**  # of Sessions Delivered | **Previous Years**  # of Sessions Delivered |
| Case-Based Learning **(CBL)**  Topic Oriented Sessions **(TOS)**  Structured Clinical Skills **(SCS)** |  |  |  |  |  |
| Whole Group Sessions **(WGS)**  Laboratory Sessions **(LAB)**  Distributed Tutorial Sessions **(DTS)**  Virtual Academic Rounds **(VARS)** |  |  |  |  |  |
| Community & Interprofessional  Learning Sessions **(CIL)** |  |  |  |  |  |
| Objective Structured  Clinical Examination **(OSCE)** |  |  |  |  |  |
| Foundations of Interprofessional Team Based Care in the North **(FIT):** In-person placements in your practice setting (Sudbury or Thunder Bay |  |  |  |  |  |
| Medicine in Practice Session **(MiPS)** |  |  |  |  |  |
| Topic Oriented Session Consolidation **(TOSC)** |  |  |  |  |  |
| Academic Teaching of Clinical Clerks |  |  |  |  |  |
| Journal Club |  |  |  |  |  |
| Remediation |  |  |  |  |  |

**Academic Teaching for DPP (Dietetic Practicum Program):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2025/2026**  # of Sessions Delivered | **2024/2025**  # of Sessions Delivered | **2023/2024**  # of Sessions Delivered | **Previous Years**  # of Sessions Delivered |
| Research Development Workshop Tutor **(RDW)**  Practice Focused Sessions  Tutor **(PFS)**  Skill Enhanced Sessions **(SES)** |  |  |  |  |
| Academic/Professional Development Sessions (select topics) |  |  |  |  |
| Education Resource Development (e.g. Study Guides, orientation modules, case study banks on select practice areas or topics) |  |  |  |  |
| Practice-based Research Project Advisor |  |  |  |  |
| DPP Committee (assist program and curriculum planning, implementation & evaluation) |  |  |  |  |
| Health Sciences Webinars (select dietetic topics for preceptor audience) |  |  |  |  |
| Foundations of Interprofessional Team Based Care in the North (FIT) – Interprofessional Education |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2025/2026**  # of Sessions Delivered | **2024/2025**  # of Sessions Delivered | **2023/2024**  # of Sessions Delivered | **Previous Years**  # of Sessions  Delivered |
| Resident Academic Half Days |  |  |  |  |
| Simulated Office Orals (SOO) |  |  |  |  |
| Academic Rounds |  |  |  |  |
| Objective Structured Clinical Examination (OSCE) |  |  |  |  |
| Postgraduate Residency Curriculum Development |  |  |  |  |
| Short Answer Management Problems (SAMPs) Facilitator |  |  |  |  |
| Research Skill Development Resource Person |  |  |  |  |
| Scholarly Activity Facilitator |  |  |  |  |
| Evidence Based Medicine Facilitator |  |  |  |  |
| Clinical Academic Facilitator |  |  |  |  |
| Procedures and/or Simulation Facilitator |  |  |  |  |
| CanMEDS Session Facilitator |  |  |  |  |
| Remediation Coach |  |  |  |  |
| Resident Supervisor |  |  |  |  |
| Resident Selection: CaRMS Dossier Reviewer |  |  |  |  |
| Resident Selection: CaRMS Community Representative |  |  |  |  |
| Competency Coach/Primary Preceptor |  |  |  |  |
| STACER Examiner |  |  |  |  |

**Undergraduate Medical Education Curriculum Development:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2025/2026**  Indicate Module Number(s) Below  (as applicable) | **2024/2025**  Indicate Module Number(s) Below  (as applicable) | **2023/2024**  Indicate Module Number(s) Below  (as applicable) | **Previous Years**  Indicate Module Number(s) Below  (as applicable) |
| Case Writer |  |  |  |  |
| TOS, CBL, SCS or LAB Content and/or Revision |  |  |  |  |
| Remediation Content and Revision |  |  |  |  |
| Curriculum Advisor |  |  |  |  |
| Preparing Instructional Material |  |  |  |  |
| Observed Structured Clinical Examinations Facilitator (OSCE) on Campus |  |  |  |  |
| MCCQE1 Exam Preparation (Phase 3, Year 4) |  |  |  |  |
| Advisor to medical students (discuss your medical specialty and career opportunities with students, either 1:1, in small groups, or large groups) |  |  |  |  |

**Postgraduate Medical Education Curriculum Development:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2025/2026**  Indicate  Program | **2024/2025**  Indicate  Program | **2023/2024**  Indicate  Program | **Previous Years**  Indicate  Program |
| Curriculum Advisor |  |  |  |  |
| Preparing Instructional Material |  |  |  |  |

**Other Curriculum Development:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2025/2026**  **Indicate Module Number(s) Below**  (as applicable) | **2024/2025**  **Indicate Module Number(s) Below**  (as applicable) | **2023/2024**  **Indicate Module Number(s) Below**  (as applicable) | **Previous Years**  **Indicate Module Number(s) Below**  (as applicable) |
| DPP- Dietetic Practicum Program (formerly Dietetic Internship) |  |  |  |  |

**Research Supervision:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2025/2026**  Number  Supervised | **2024/2025**  Number Supervised | **2023/2024**  Number Supervised | **Previous Years**  Number  Supervised |
| Summer Student |  |  |  |  |
| Undergraduate Student |  |  |  |  |
| Masters or PhD Student |  |  |  |  |
| Post-doctoral Fellow |  |  |  |  |
| Resident |  |  |  |  |
| Dietetic Internship |  |  |  |  |

**Research and Scholarly Activity:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Title (if applicable)** | **2025/2026** | **2024/2025** | **2023/2024** | **Previous Years** |
| (Indicate Quantity for Each Type Below) | | | |
| Publications of Books |  |  |  |  |  |
| Contributions to Edited Books |  |  |  |  |  |
| Scholarly Presentations |  |  |  |  |  |
| Success in Grant Competitions and Research Contracts |  |  |  |  |  |
| Participation of Panels |  |  |  |  |  |
| Editorial and Refereeing Duties |  |  |  |  |  |
| Creative Works and Performances |  |  |  |  |  |
| Other Publications |  |  |  |  |  |

**Committee and Governance Work:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please List Committee Name(s) of Interest** | **Role(s)**  **on**  **Committee** | **2025/2026** | | **2024/2025** | **2023/2024** | **Previous Years** (List) |
| (Select tick boxes below) | | | |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |

**Professional or Academic Services:**

|  |  |  |
| --- | --- | --- |
|  | **Describe Affiliation** | **Term**  (e.g. 2022-2023) |
| Administrative Role at NOSM U |  |  |
| List Memberships or Professional Associations |  |  |
| Mentor Faculty Member |  |  |
| Peer-Review Granting |  |  |
| Positions of Leadership |  |  |

**Other:**

|  |  |  |
| --- | --- | --- |
|  | **Please Describe** | **Term**  (e.g. 2020-2021) |
| Developing / Giving Academic Courses |  |  |
| Assessments  OSCE Examiner,  Create Examination Questions |  |  |
| Creative Excellence and Professional Innovation  (e.g. develop new technique or program) |  |  |
| CAMINO Mentorship Training  (e.g. Education Series for Mentors) |  |  |

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

Click or tap here to enter text.

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

Click or tap here to enter text.