

INNOVATIVE PRACTICE IN MEDICAL EDUCATION



Innovative practice in the medical education and the PHC	
1-Data general	
University	Lakehead and Laurentian Universities
Country	Canada
Province	Ontario
School of Medicine	Northern Ontario School of Medicine
Name of the Dean	Dr Roger Strasser
Year when the program starts	2005
Year when the new curriculum was implemented	2005
2- Social Mission of the school	
School social responsibility with the community	NOSM has social accountability mandate to improve the health of the people and communities of Northern Ontario
Profile of physician in training	MD and residency education (family medicine and eight other major general specialties)
Population target area with whom the school is working	Less than 800,000 people including remote/rural (40%), Aboriginal (12%) and Francophone (22% spread over 800,000 sq km with poor health status and volatile resource based economy
Selection of students (rural areas, urban peripheral, etc.)	Aim to reflect population distribution of Northern Ontario in each class. On average 91% students from Northern Ontario with other 9% from remote/ rural parts of the rest of Canada with 40% remote/rural, 7% Aboriginal, 22 Francophone
3- Curriculum orientation	
Educational proposal Orientation	Distributed Community Engaged Learning
Type of curriculum	Learning in Context in classroom with Patient Centred Case Based Learning (real life scenarios in Northern Ontario communities), clinical learning from beginning of year one, Integrated Interprofessional Clinical Learning all supported by Electronic Communications and active community participation (Community Engagement)

Incorporation of PHC content and social determinants	Five themes woven through four year program include theme one Northern and Rural Health and theme three Social and Population Health
Discipline based integration	Holistic curriculum with no discipline based courses/subjects and Longitudinal Integrated Clerkship in third year (Comprehensive Community Clerkship)
Community clinical experience	Weekly half day Community Interprofessional Learning sessions in years one and two; Three 4 week Integrated Community Experience attachments in years one and two; the Comprehensive Community Clerkship in third year (eight months); and family medicine in fourth year (minimum two weeks)
4-Learning opportunities and education-services relationship	
Learning in services in the Health Services Network and the communities. Program and special features.	In addition to the above, students undertake Service Learning projects addressing issues identified by communities themselves in years one, two and three.
Length of study for first level care students	4 years
Agreements and commitments with health service institutions. Teaching-services relationship	NOSM has hundreds of collaboration agreements with hospitals and health services, post-secondary education institutions, communication information technology networks and communities themselves
Rotary internship	The rotating internship is integrated into residency training for family medicine and all other specialties
Mandatory final practice	There is no mandatory practice after graduation; however, many students commit to rural return of service for financial support while studying
5- Teaching-learning process	
Research Action as learning strategy	Students undertake required research projects during the Integrated Community Experience in first year and the Comprehensive Community Clerkship in third year
New knowledge generation	In addition, many students undertake research supported by summer research studentships
New modalities approaches and educational strategies	Holistic cohesive curriculum with five themes, learning in context, longitudinal learning, integrated interprofessional clinical learning and distributed community engaged learning
Educator and students' role	Facilitator and collaborator
Teamwork	Small case based learning, community interprofessional learning and integrated clinical learning
Types of training activity	Family medicine and eight other major general specialties
Use of Internet and new	Distributed learning includes audio/video connections

information technology in the educational processes	or small discussion, web-based cases and other learning resources, and an extensive digital library service
Educator's program and training processes	Faculty development is provided locally in small groups, by distributed learning (online modules, multisite video and web casting) and annual Northern Constellations faculty development conference
6- Learning and educational process evaluation	
Knowledge, skills, and attitudes in PHC	PHC principles are emphasized and reinforced through classroom small group case based learning, community experiences and clinical attachments in primary care
Impact assessment on the approach towards PHC	61% of NOSM MD graduates have chosen a career in family practice (mostly rural)
Institutional effectiveness evaluation	Many graduates are practising in Northern Ontario and significant socio-economic impact of NOSM has been demonstrated
7-Observations and comments	
<p>References:</p> <ul style="list-style-type: none"> • Strasser, R. Community engagement: a key to successful rural clinical education. <i>Rural and Remote Health</i> 10: 1543. (Online), 2010. Available from: http://www.rrh.org.au • Strasser R, Neusy, A-J. Context Counts: Training Health Workers in and for Rural Areas. <i>Bull World Health Organ</i> 2010; 88: 777 – 782 • Strasser R, Hirsh D. Longitudinal integrated clerkships: transforming medical education worldwide? <i>Medical Education</i> 2011; 45: 436–437 • Strasser R., et al. Transforming health professional education through social accountability: Canada's Northern Ontario School of Medicine. <i>Medical Teacher</i> 2013; 35: 490-496 	