

Central Elements of a Rural-based Medical Education Program

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Tromso, Norway – Bodo, Norway

M. Matte, Director UME Programs
Northern Ontario School of Medicine (NOSM)



Norway / Ontario





Social Accountability

- Community engagement
- Cultural competence
- Cultural awareness
- Positive health care outcomes



Community Engagement

Phase 1 – Year 1

- 56 students
- 4 week immersion experience
- 1 of 28 Aboriginal communities

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Iroquois Falls, ON



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Community Engagement Phase 1 – Year 2

- 56 students
- 2 – 4 week immersion experiences
- 1 Of 28 rural/remote communities

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Kirkland Lake, ON



Little Current, ON



Community Engagement

Phase 2 – Year 3

- 56 students
- 10 communities
- 8 month longitudinal clerkship



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North Bay, ON



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Community Engagement Phase 3 – Year 4

- 56 students
- 8 month clerkship
- 2 large urban centres – Sudbury and Thunder Bay

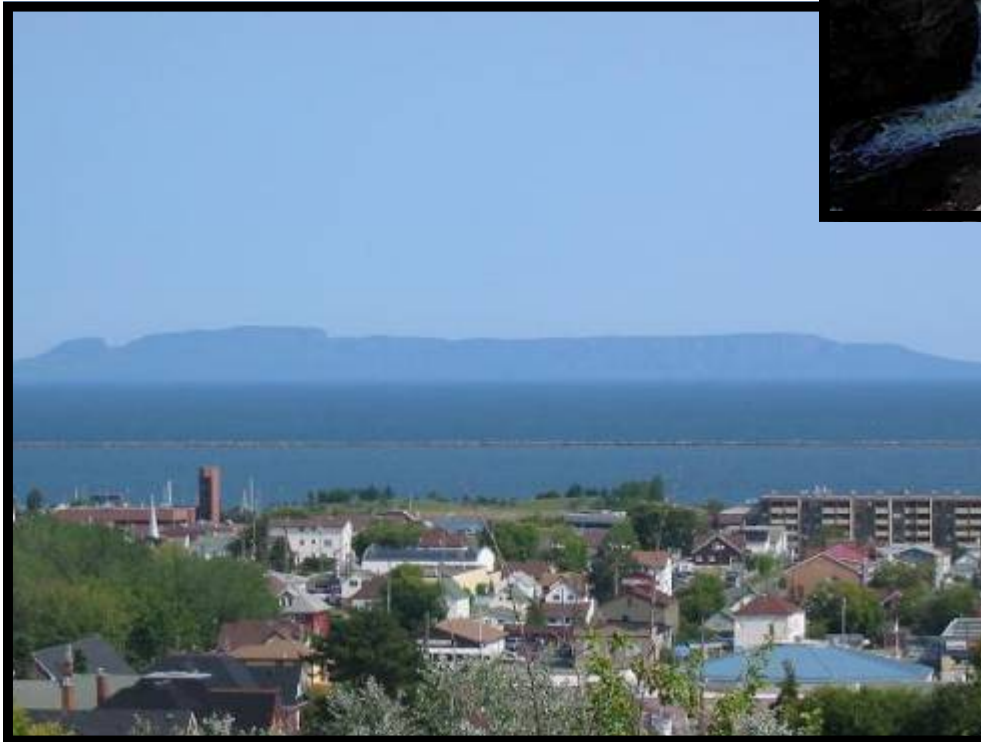


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Thunder Bay, ON



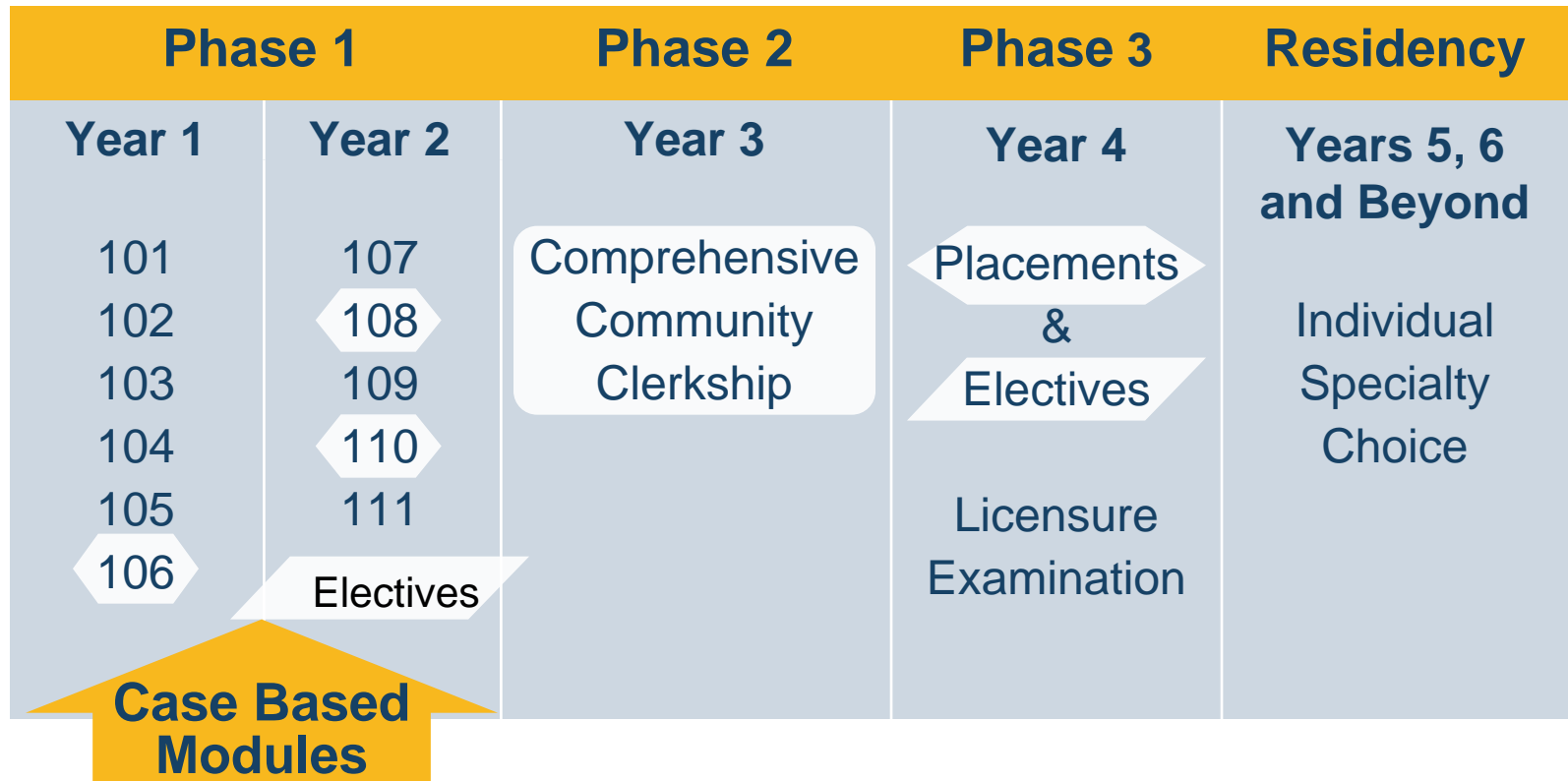
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Organization / Delivery of (UME) Curriculum



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Phase 1

Year 1

CBM 101: Introduction

CBM 102: Cardiovascular/
Respiratory

CBM 103: Gastrointestinal

CBM 104: CNS/PNS

CBM 105: Endocrine

CBM 106: Musculoskeletal

Year 2

CBM 107: Reproductive

CBM 108: Renal

CBM 109: Hematology/
Immunology

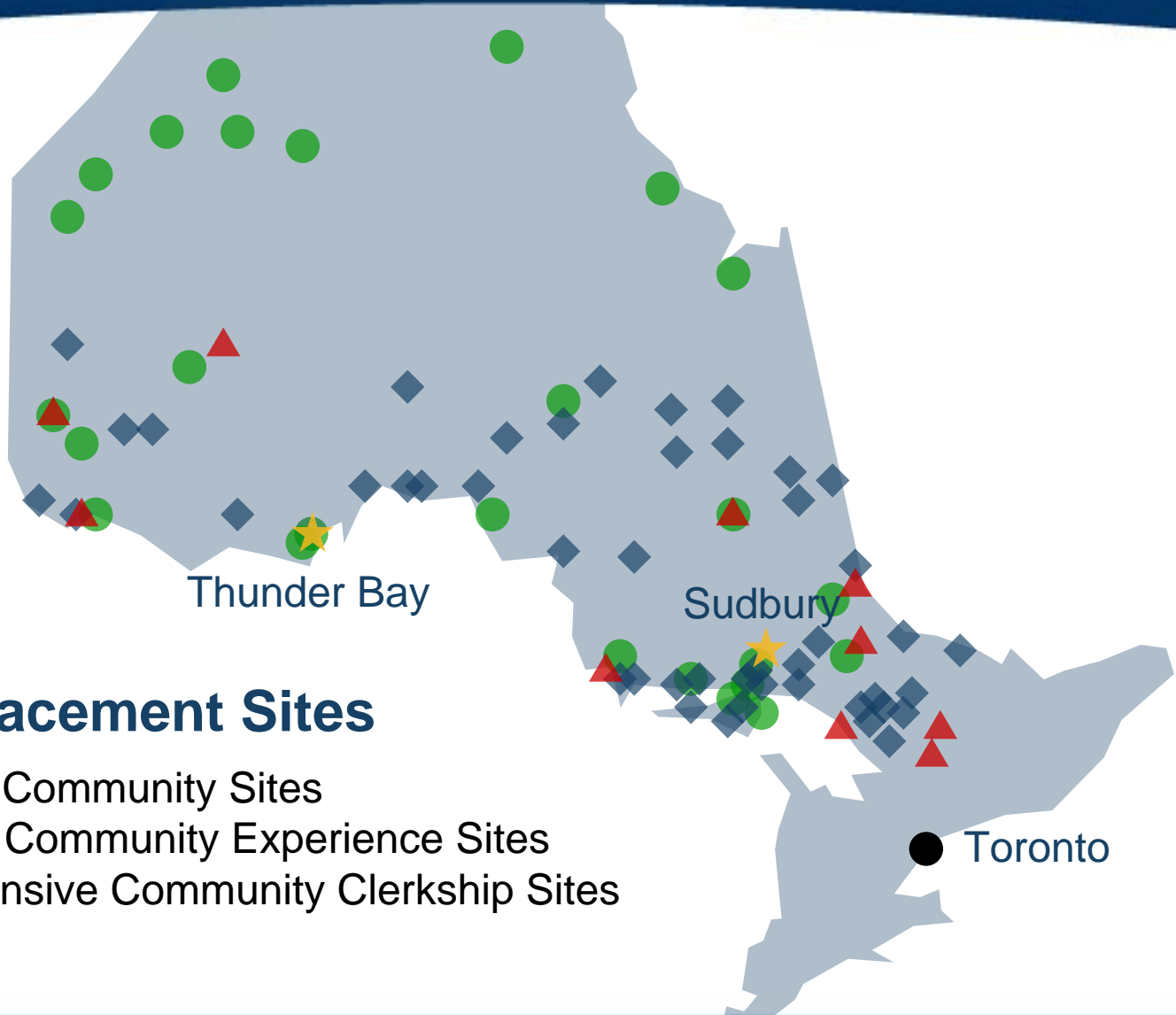
CBM 110: Neurological/
Behavior

CBM 111: End of Life Issues

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All Placement Sites

- Aboriginal Community Sites
- ◆ Integrated Community Experience Sites
- ▲ Comprehensive Community Clerkship Sites

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- In total, NOSM will engage over 70 communities in the delivery of the undergraduate curriculum....
- Post graduate and residency programs will require additional community involvement

Community Engagement Challenges

1. Community challenges
2. Curricular challenges
3. Faculty challenges
4. Student challenges
5. Financial challenges



Community Challenges ...

- Identifying community readiness and partnering
- Community size
- Availability of clinical and community experiences
- Objectives based curriculum



Curricular Challenges...

- Curriculum continues – distributed medical education
- Maintaining curricular integrity
- Logistics – technology
- Electronic resources
- Contingency plans



Faculty Challenges ...

- Orientation of community members to the curriculum, preceptoring, assessment and evaluation
- Standardization of assessments in the clinical setting
- Program evaluation



Student Challenges ...

- Feelings of isolation from family and faculty
- Lack of peer interaction
- Lack of family support
- Manipulation of schedule



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Students in Pic River



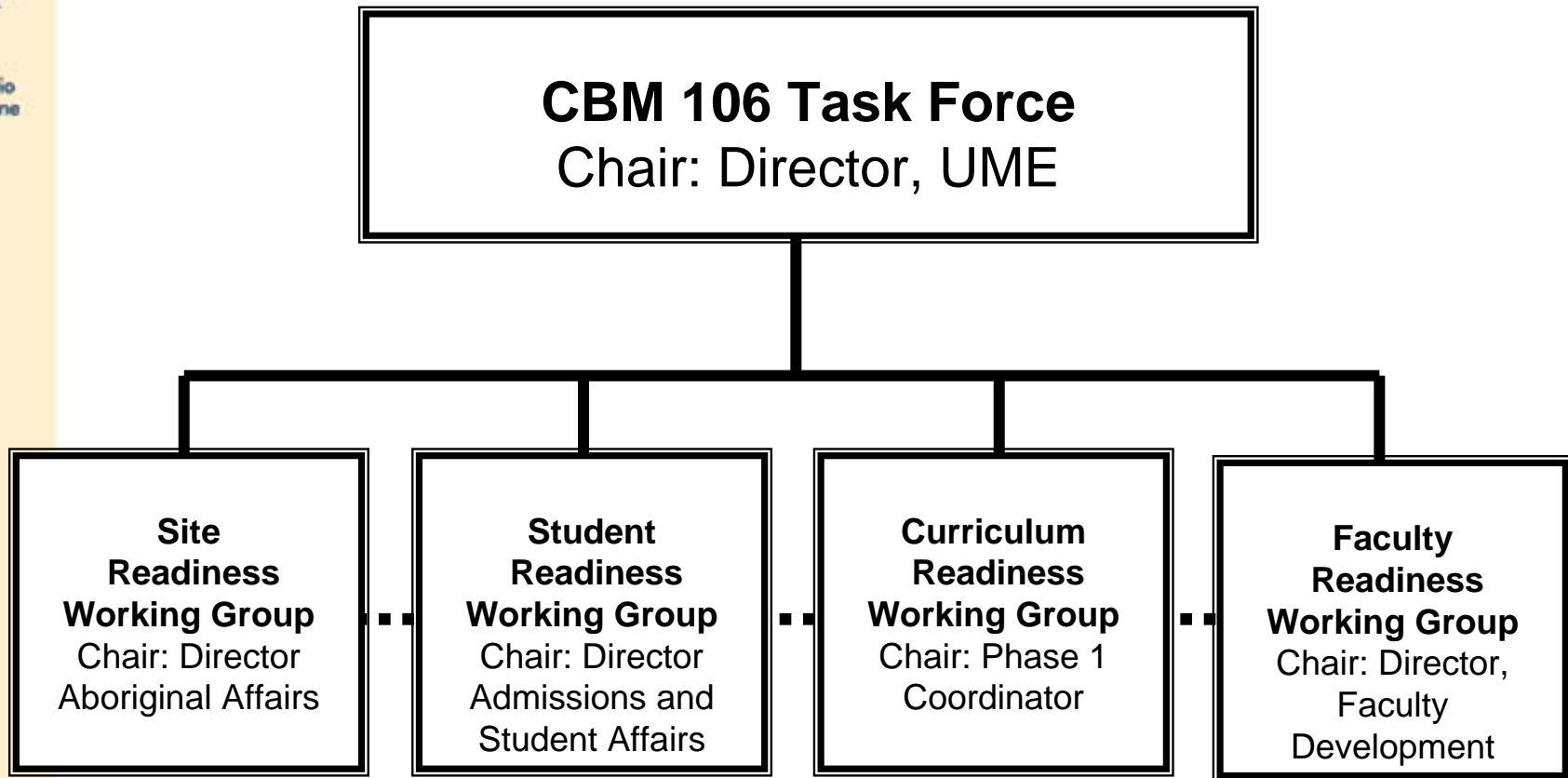
Financial Challenges ...

- Travel and accommodation expenses covered by NOSM (MTCU funding)
- UME human resources (Placement Coordinator, AA support)
- NOSM visits to communities





Task Force Structure



Site Readiness Working Group

- Identify appropriate number of sites
- Ensure community visits (X2)
- Ensure adequate housing
- Ensure adequate orientation to the curriculum (didactic and clinical)
- Ensure Community Coordinators identified



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Student Readiness Working Group

- Ensure students receive orientation to communities (on-site, in class)
- Ensure travel arrangements
- Ensure students were briefed on water advisory, safety, emergency contacts, and culture
- Ensure students have the appropriate NOSM contact information
- Plan for follow up community visits at some point during the experience
- Ensure student site selection process completed



Curriculum Readiness Working Group

- Ensure IT connectivity
- Ensure curriculum downloaded on CDs prior to departure
- Ensure completion of DTS and LAB sessions
- Ensure students had resource list one month prior to departure
- Ensure telephone lines booked for academic sessions





Faculty Readiness Working Group

- Identifying preceptor FD needs
- Identifying IP preceptor FD needs
- Review of all assessment plans with preceptors
- Designing FD programs suitable for the needs of the communities
- Involving faculty in design of evaluation forms
- Introducing the concept of “layered learning”

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Rewards ...

- “this is the best thing about NOSM”
- “the community physicians were incredibly kind and generous with their time”
- “plenty of good overall medical learning”
- “community was very welcoming to us”
- “we were easily integrated into the physician’s practices”



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Continuing the Partnership



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Discussion...

Questions?...