

Northern Ontario School of Medicine
École de Médecine du Nord de l'Ontario
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Community Based Medical Education in Rural Areas

Professor Roger Strasser
Northern Ontario School of Medicine

20th Century Medical Education

- Flexner and Osler
- Problem Based Learning
- community oriented
medical education
- community based
medical education

Academic Health Sciences Centre

- temple to become a physician
- community rotations
 - like school excursions
- specialty medicine
 - pinnacle of profession



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Negative Perceptions of Rural Practice

- city view of country
- teaching hospital view of medicine
- “learned helplessness”
- isolation of rural practice
- good rural practice impossible
- fear of being “trapped”

Community Based Medical Education

- Not just “learn about”
 - experience for themselves
- Maximum “hands on” experience
- Students part of health team



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Rural Based Medical Education

- response to workforce shortages
- specific knowledge and skills
- high quality learning environment



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Rural Clinical Education

- more hands-on experience
- greater procedural competence
- more common conditions

Recruitment Facilitators for Rural Practice

- rural upbringing
- positive undergraduate
rural clinical experiences
- targeted postgraduate training
for rural practice



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- Faculty of Medicine of Lakehead
- Faculty of Medicine of Laurentian
- Social Accountability mandate
- Commitment to innovation

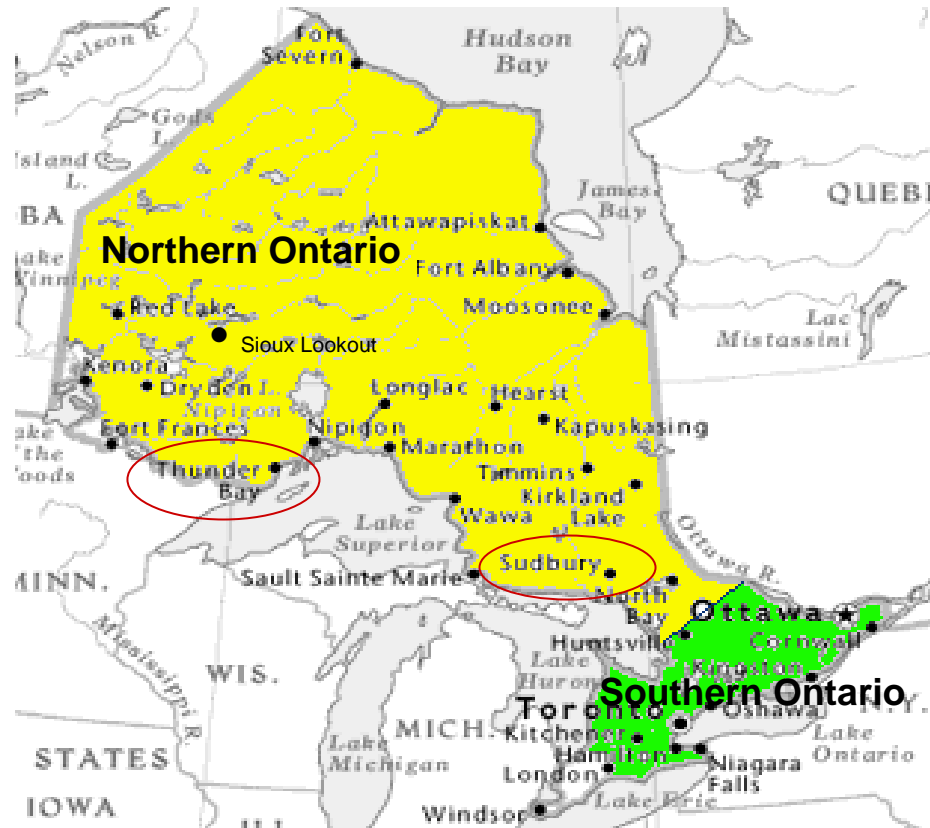


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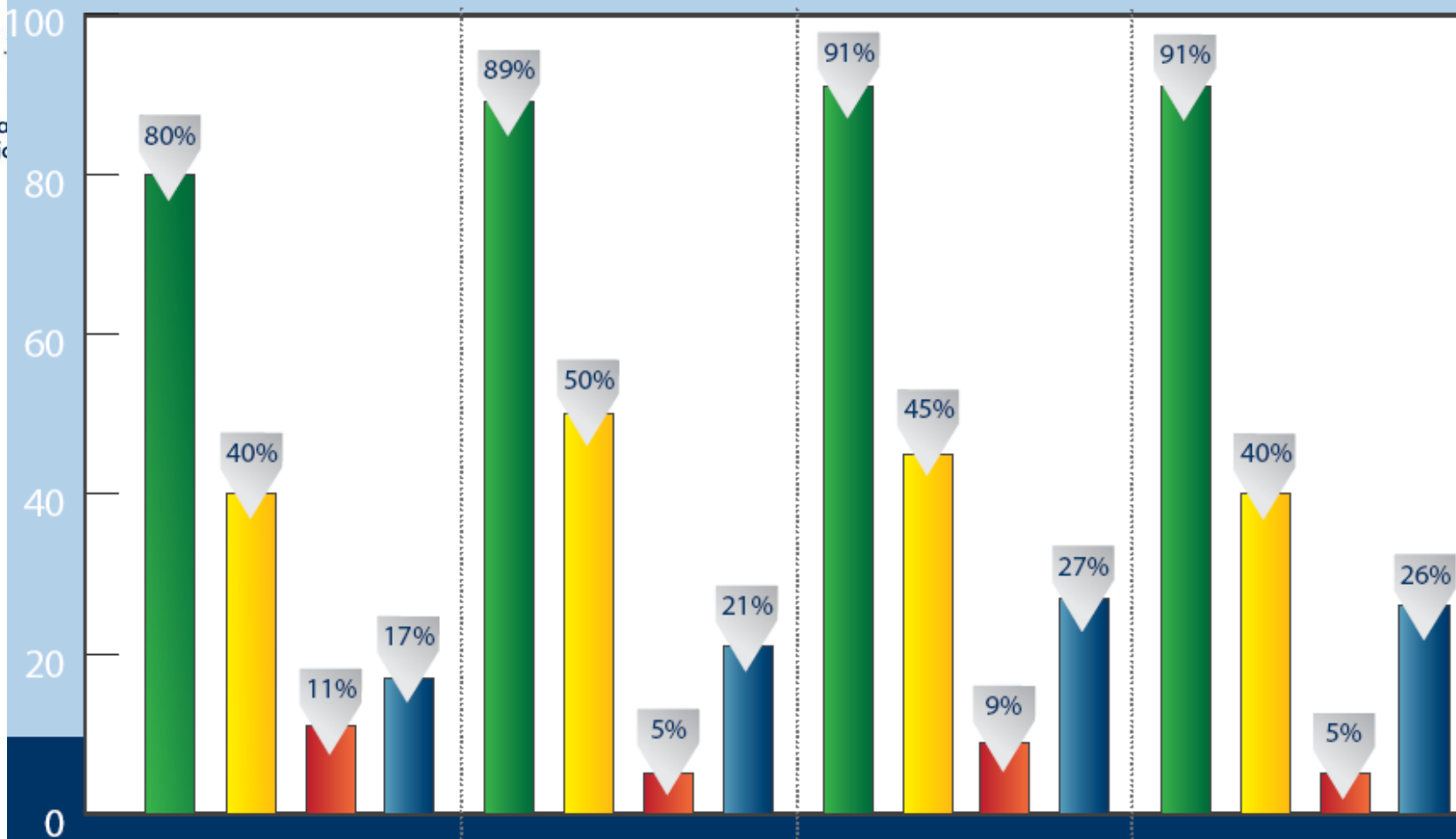


In, by and for Northern Ontario

The NOSM Class Profile — 56 students in each class



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Entering Class of 2005

- 2,098 applications
- Mean GPA 3.68 (on a 4.0 scale)

Entering Class of 2006

- 2,050 applications
- Mean GPA 3.72 (on a 4.0 scale)


Entering Class of 2007

- 2,274 applications
- Mean GPA 3.69 (on a 4.0 scale)


Entering Class of 2008

- 1,892 applications
- Mean GPA 3.67 (on a 4.0 scale)

 Students from Northern Ontario

 Students from rural and remote areas

 Students self-identified Aboriginals

 Students self-identified Francophones

Key Academic Principles

- Interprofessional
- Integration
- Community Oriented
- Distributed
 - community engaged learning
- Generalism
- Diversity

Distributed Community Engaged Learning

An instructional model that allows widely distributed human and instructional resources to be utilized independent of time and place in community partner locations across the North



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Organization / Delivery of NOSM Curriculum

Phase 1		Phase 2	Phase 3	Residency
Year 1	Year 2	Year 3	Year 4	Years 5, 6 and Beyond
101	107	Comprehensive Community Clerkship	Clerkship & Electives	Individual Specialty Choice
102	108			
103	109			
104	110			
105	111		Licensure Examination	
106	Elective			
<p>Case Based Modules</p>				



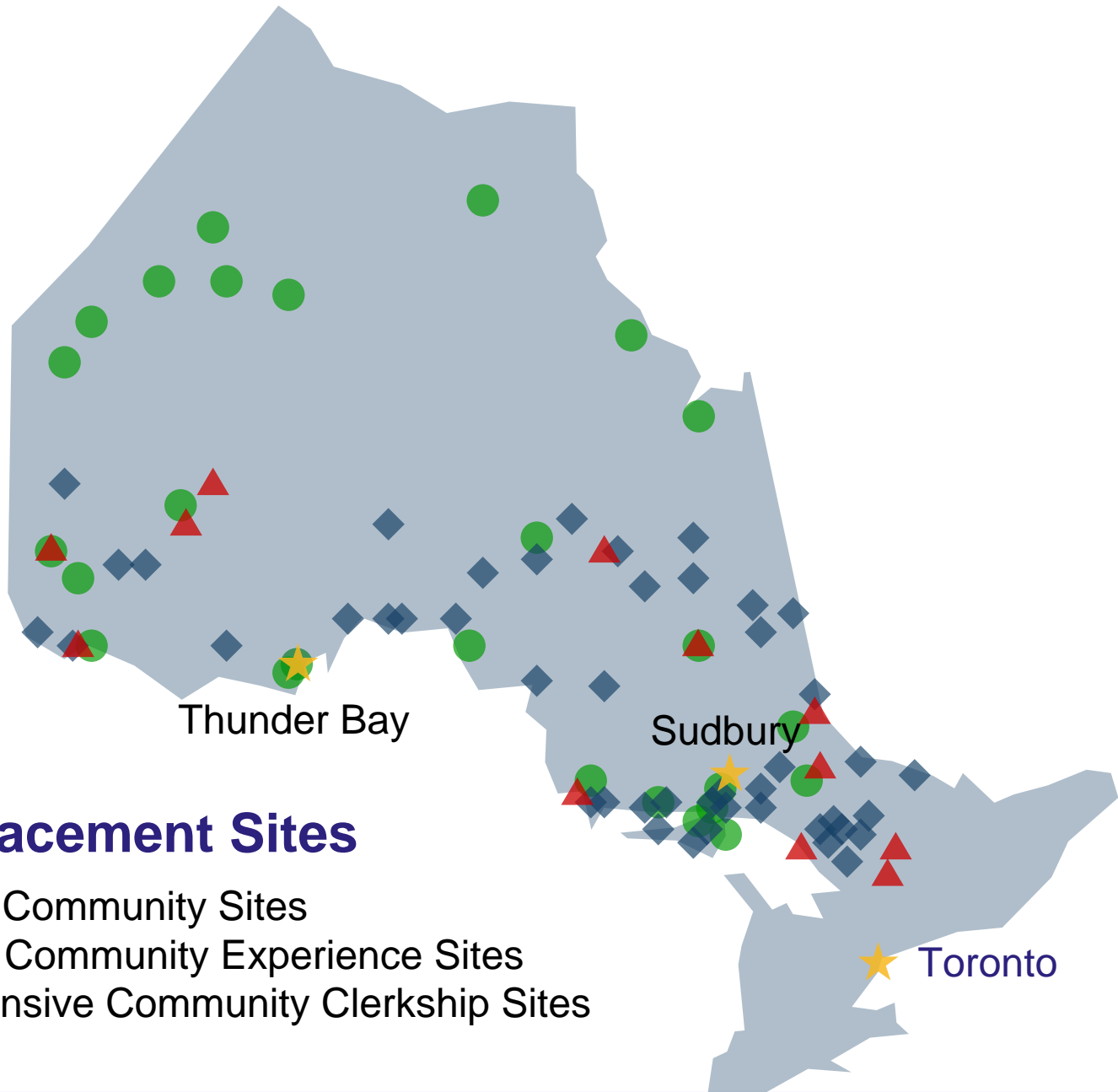
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Residency Programs

- Family Medicine Residents of the Canadian Shield (RoCS)
- 8 major general specialties with McMaster and U Ottawa



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All Placement Sites

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

Comprehensive Community Clerkship

- 8 months in large rural
and small urban communities
- Based in Family Practice
- Learn specialty disciplines
in parallel
- Students learn
and live in community

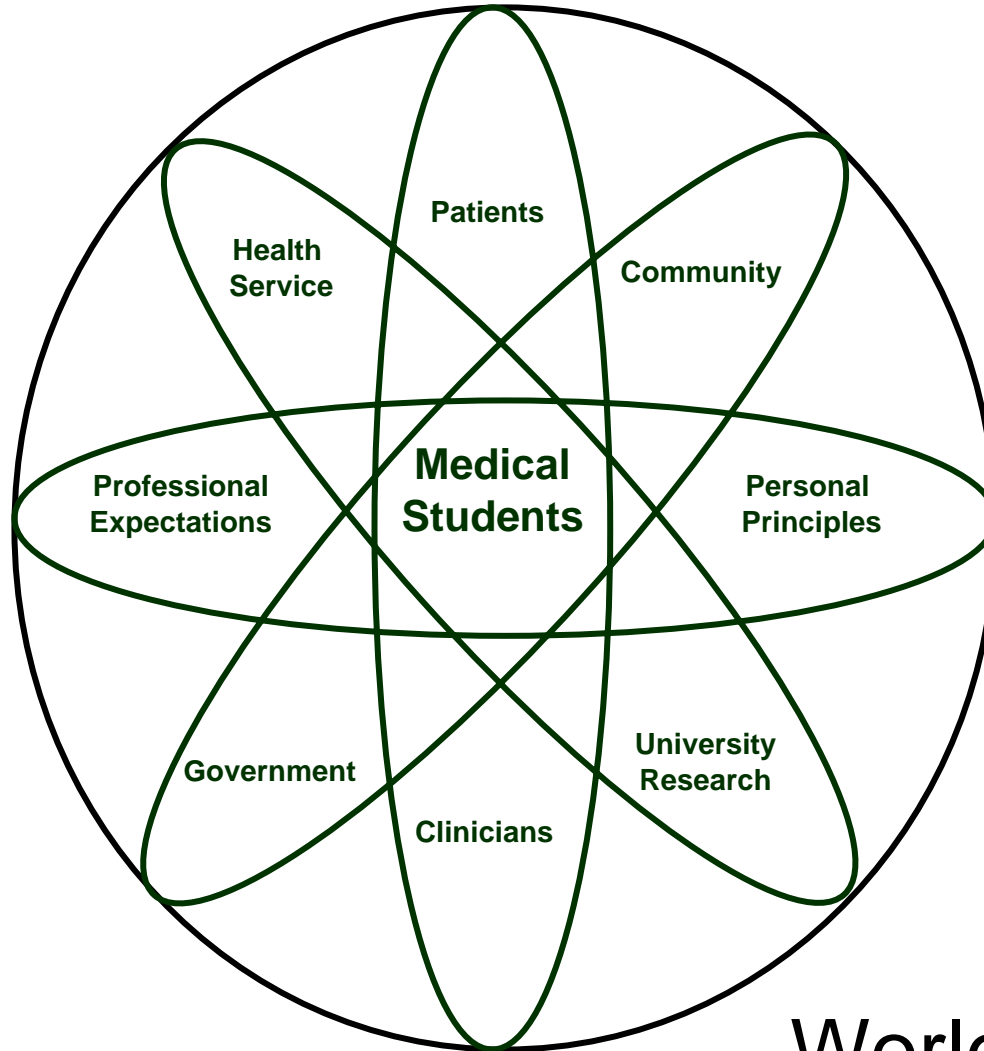
Importance of Relationships

- student-teacher / student-student / student-community
- four levels: clinical, institutional, social and personal (Worley)
- paying attention as part of curriculum improves learning



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Integrity Model



Worley, 2006



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Community Engagement

- community active participant
 - interdependent partnership
- ensures student “at home”
- contributes to student’s
educative experience
- education and research activities
- community development

Benefits of Community Engagement

- more skilled health professionals
- responsiveness to Indigenous, rural, remote needs
- interprofessional cooperation
- enhanced rural healthcare access
- health research in context

Impact of Rural Based Medical Education

- more skilled rural doctors
- enhanced rural health care
- improved rural health outcomes
- broader academic developments
- economic developments

21st Century Medical Education

- community based
- distributed medical education
- longitudinal clinical learning
- learning in context
- “new apprenticeship”



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