

## JOINT SENATE COMMITTEE FOR NOSM

Report to the Lakehead and Laurentian University Senates

From: Joint Senate Committee for NOSM

October 13, 2017

The Joint Senate Committee for NOSM met on October 12, 2017. This report summarizes the approvals made by the Committee. It also presents key informational items reviewed.

Pursuant to the JSC terms of reference, the Chair will be elected annually by the Committee from among the voting members at the first meeting of each academic year. The following motion was approved unanimously:

MOVED that the Joint Senate Committee for NOSM herein confirms the appointment of **Dr. Céline Larivière** as Chair for the Joint Senate Committee for NOSM for a 1-year term ending at the first meeting of the 2018-2019 Academic Year.

The JSC reviewed the current membership, noting two vacancies:

- One Faculty Member who is a Senator elected by Senate (Lakehead University)
- One Faculty Member (Laurentian University)

### Joint Senate Committee for NOSM

A Joint Senate Committee for NOSM “JSC” has been duly constituted by both Senates to review all academic recommendations from the Academic Council and make recommendations to both Senates for their approval.

Joint Senate Committee for NOSM		
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<b>Lakehead University Members:</b>		
Provost and Vice-President Academic	Dr. Nancy Luckai (designate)	Ex-officio
Chair or a delegate from the Senate undergraduate Studies Committee (appointed for the year by USC, if different from the chair)	Dr. Rachel Warburton	Ex-officio
One student selected by the Lakehead University Student Union (LUSU)	Niharika Shahi	2017-2018
One Faculty Member	Dr. Paolo Sanzo	2015-2018
One Faculty Member who is a Senator elected by Senate	(Dr. Rhonda Koster) vacancy	2017-2020
One individual from Lakehead University with expertise in a health related area, elected by Lakehead Senate (This individual may qualify through a teaching or research specialization)	Dr. Sabah Mohammed	2015-2018
NOSM Appointment (non-voting)	Dr. Penny Moody-Corbett	Ex-officio
Secretary of Senate (non-voting)	Ms. Barbara H. Eccles, Legal Counsel and Interim University Secretary	Ex-officio
<b>Laurentian University Members:</b>		
Vice-President, Academic and Provost	Dr. Celine Lariviere (designate)	Ex-officio
One representative from NOSM	Dr. David Marsh	2015-2018

Faculty Member	Dr. Abdel Omri	2015-2018
Faculty Member	Dr. Mazen Saleh	2015-2018
Faculty Member	vacancy	
One NOSM student	Benoit Lafleur	2016-2018
Secretary of Senate (non-voting)	Diane Roy (Interim Registrar and Secretary)	Ex-officio

The following recommendations are included for approval by the Senates:

Recommendation #1 UME Code of Student Conduct (revised)

Recommendation #2 2018-2019 MD Program Course Descriptions

Recommendation #3 2017-2018 UME Program Calendar of Academic Events (revised)

Recommendation #4 2018-2019 UME Program Calendar of Academic Events

## **Recommendation #1**

### **Document for Approval – UME Code of Student Conduct (revised)**

MOVED THAT the revised UME Code of Student Conduct be approved as presented.

#### **KEY POINTS:**

To clarify the document's scope, it has been renamed from the NOSM Code of Student Conduct to the UME Code of Student Conduct. It has also been revised for streamlining, clarification, and proven necessary needed changes.

#### **ROUTING AND PERSONS CONSULTED:**

This motion was approved by the UME Committee on September 7, 2017/Academic Council on September 21, 2017 and the JSC on October 12, 2017 with minor edits.

#### **NEXT STEPS:**

Upon approval by Academic Council, the Joint Senate, Lakehead University Senate and Laurentian University Senate, the Secretary to the Board and Academic Council will inform the UME Administrative Coordinator.

#### **Supporting documents:**

- UME Code of Student Conduct UMEC approved 2017 09 21 (clean)
- UME Code of Student Conduct (track changes) information only



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School of Medicine  
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UME Code of Student Conduct					Class: A
<b>Approved By:</b>	UME Committee		Joint Senate – pending		Laurentian Senate - pending
	Academic Council – pending		Lakehead Senate - pending		
<b>Approval Date:</b>	UMEC	<b>Effective Date:</b>	After approval by both Senates	<b>Review Date:</b>	By 2022 12 31
	2017 09 07				
<b>Responsible Committee:</b>	Undergraduate Medical Education Committee				
<b>Responsible Officer(s):</b>	Associate Dean, UME				

This policy outlines the expectations of student behaviour in the MD Program (i.e. UME) at NOSM. Breaches to the expectations will be subjected to the steps outlined in Section 3, UME Code of Student Conduct Violations.

### Section 1: Expected Conduct

In general, a student must demonstrate, as evidence of his/her behaviour and commitment to the pursuit of the highest standard of:

- a) professional conduct characterized by honesty, personal and academic integrity, respect, conscientiousness and responsibility at all times
- b) skilled communication and interaction with all people
- c) actions acceptable to the professional practice of medicine (conduct becoming of a practicing physician and a representative of NOSM)

#### 1.1 Honesty

- a) Honesty will be a guiding principle for all students in all MD Program activities including academic events, assessments, and evaluations.
- b) Honesty will be expected when adhering to all NOSM policies, procedures, protocols, and requirements for the MD Program.

- c) Honesty will be a guiding principle for all students in their clinical and classroom activities and in all the interactions with patients, patients' families, faculty, staff, and colleagues.
- d) Students will conduct research appropriate to their level of expertise and in an ethical manner.

## **1.2 Confidentiality**

- a) Students will regard the confidentiality of information pertaining to colleagues, patients and research participants as well as students, colleagues, teachers, administrators and others involved with the student's medical education, as a fundamental and ethical obligation.
- b) Students will respect the privacy of information pertaining to patients and research participants, as well as students, colleagues, teachers, administrators and others involved with the student's medical education.

## **1.3 Responsibility**

- a) Students will not use alcohol or drugs in any way that could interfere, or be perceived to interfere, with their academic, professional, and clinical responsibilities or their professional reputation or the reputation of NOSM.
- b) Students will present and conduct themselves in a dignified, respectful, and professional manner in all clinical encounters and in other circumstances, including personal interactions and social media networks where they would be seen to be representing NOSM and/or the medical profession.
- c) Students will promote and model the integrity and values of the medical profession and NOSM.
- d) Students' highest priority will be patient safety when in a clinical setting.
- e) Students will not exploit the relationship with patients or patients' families for personal gain.
- f) Students will follow the policies and procedures of their host university for reporting student mistreatment, including discrimination and sexual harassment. Additionally, students can use the I Need Help button on the main NOSM web page to connect with appropriate people in UME.

Lakehead University Sexual Violence Response Policy:

<https://www.lakeheadu.ca/sites/default/files/uploads/106/policies/Sexual%20Violence%20Response%20Policy.pdf>

Laurentian University Policy on Response and Prevention of Sexual Violence:

<https://intranet.laurentian.ca/policies/2016.Dec.16%20-%20Response%20and%20Prevention%20of%20Sexual%20Violence%20-%20EN.pdf>

NOSM Harassment and Discrimination Procedure:

[http://www.nosm.ca/uploadedFiles/Education/UME/Student\\_Safety\\_2015/DiscriminationandHarassment\\_Procedure-January17\\_2007\(1\).pdf](http://www.nosm.ca/uploadedFiles/Education/UME/Student_Safety_2015/DiscriminationandHarassment_Procedure-January17_2007(1).pdf)

NOSM Harassment and Discrimination Policy:

[https://nosm.sharepoint.com/org/admin/hr/\\_layouts/15/DocIdRedir.aspx?ID=NOSM-174876667-5](https://nosm.sharepoint.com/org/admin/hr/_layouts/15/DocIdRedir.aspx?ID=NOSM-174876667-5)

- g) Students shall conduct any research in a manner consistent with the highest standards. This includes compliant with standards set by the Canadian Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS). This will necessarily entail obtaining Research Ethics Board approval prior to conducting any research with human subjects.
- h) Students will act as invited guests in all communities to which they are assigned as part of their curricular activities. The privacy of the people and communities who have agreed to host students must be honoured. Patients, staff, organizations, communities and community residents need to be protected from harmful disclosure of information through informal gossip, photographs or videos, including such being posted on any social networking site or other websites on which images or videos could be posted, public comments or more formal documents.
- i) Students must be aware of the requirements of the MD Program as well as adhere to the policies and procedures related to the MD Program.
- j) Students are responsible for obtaining the information they require by regularly checking their NOSM email accounts, logging into the NOSM intranet, reading bulletins, newsletters, and documents that are provided for, or accessible to, them. All formal communication from the MD Program to the student will be via email.
- k) Students are responsible for obtaining and learning any information missed while they were absent from classes, rotations or other elements of the Program.

#### **1.4 Respect**

- a) Students will demonstrate the highest standards of ethical and professional behaviour in all academic and clinical settings.
- b) Students will ensure that appropriate consent has been obtained when initiating patient contact and before proceeding with any diagnostic or therapeutic procedure and ongoing patient management.
- c) Students will have an awareness of and respect for patients' rights and the effect that differences in gender, religion, political and other social and cultural backgrounds may have on the patient/doctor relationship.
- d) Students will refrain from any form of discrimination based on race, religion, ethnicity, gender, sexual orientation, mental or physical impairment, age or illness. Students will avoid sexual and all other forms of exploitation of patients, peers, teachers and support staff, including abuse, harassment or impropriety.
- e) Students will be respectful to patients, peers, teachers and support staff. This includes, but is not limited to, listening appropriately, not behaving in a rude, arrogant or patronizing manner, allowing others to express opinions, acknowledging the contributions of others, apologizing when late or give reasons for being so, using a non-judgmental question style,

effectively identifying misunderstandings, addressing conflict constructively; accepting and discussing emotional issues, using non-verbal behaviour in a manner which is consistent with the tone and content of verbal communication, and responding to fair negative evaluative comments by making reasonable proposals for change and without becoming defensive.

- f) Students will provide constructive feedback of the Program, and to always do so in a respectful manner, to assist in our continuous quality improvement process.
- g) Students will uphold and protect patient confidentiality and dignity at all times, both in the presence and absence of the patient or family, in all communication including ensuring the accuracy of medical records, discussions, history taking, and physical examinations.
- h) Students will respect all deadlines and timelines in the MD Program. This includes, but is not limited to: arriving on time for academic sessions and events, including student assessments, as well as, submitting assignments, assessment forms, evaluation forms, tuition payments, and ancillary payments before or on the published deadlines.

### 1.5 Student/Teacher Relationship

The student/teacher relationship is based on the following characteristics: mutual trust, respect, and responsibility. An interactive, informative, and respectful teaching/learning environment must be established. In the student/teacher relationship, **each party** has certain legitimate expectations of the other. They are:

- a) to be ethical and to role model ethical behaviour,
- b) to behave with honesty and integrity towards all individuals involved in education (e.g., academic and non-academic staff, colleagues, other health care professionals, patients, and patients' families),
- c) to recognize and appreciate the power differential between student and teacher and not to misuse or abuse this power differential (e.g., for personal gain, intimidation, punishment.),
- d) to respect confidentiality (except where to do so would be unethical or contrary to law),
- e) to promote, uphold and respect the educational goals, standards, and policies of the Northern Ontario School of Medicine,
- f) to refrain from sexual or romantic relationships that involves a faculty member/supervisor.

### 1.6 Academic Dishonesty and Plagiarism

Academic dishonesty is viewed by the Northern Ontario School of Medicine as a serious offence. Academic dishonesty includes plagiarism as well as any deliberate attempt to gain advantage or to disadvantage (which may result in false academic evaluation) another student. Dishonest practices include fabrication of data, cheating or uttering, by a student, of false statements relating to academic work. <sup>1</sup>

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<sup>1</sup> **Note:** The Northern Ontario School of Medicine gratefully acknowledges the work done by Queen's University for much of the content of the section Academic Dishonesty

Plagiarism is defined as presenting work done (in whole or in part) by someone else as if it were one's own. Plagiarism should be distinguished from cooperation and collaboration. Often, students may be permitted or expected to work on assignments collectively, and to present the results either collectively or separately. This is acceptable if it is clearly identified as to whose work is being presented e.g. formal acknowledgement or by foot-noting.

Students who are unsure if their actions constitute the act of plagiarism should consult with a faculty member.

The following are presented as examples of academic dishonesty. As it is not possible to cover every circumstance of academic dishonesty or plagiarism, this list should be considered only as a guide.

### **1.6.1 Essays and Assignments**

- a) Submitting an essay written in whole or in part by someone else as one's own.
- b) Preparing an essay or assignment for submission by another student.
- c) Copying an essay or assignment, or knowingly allowing one's essay or assignment to be copied by someone else.
- d) Using direct quotations, or large sections of paraphrased material without the appropriate acknowledgement.
- e) Buying term papers or assignments and submitting them as one's own.
- f) Selling of term papers or assignments.
- g) Submitting the same piece of work in more than one course without the permission of the instructor(s).
- h) Unauthorized removal from the library, or deliberate concealment of, library materials.

### **1.6.2 Examinations and Tests**

- a) Impersonating someone in an examination or test.
- b) Copying from another student, or making information available to another student.
- c) Submitting a take-home examination written, in whole or in part, by someone else.
- d) Failing to obey or comply with examination regulations or instructions of a proctor or invigilator.
- e) Making use of notes, crib sheets, or other unauthorized electronic or printed materials in any form during the conduct of an examination.

### **1.6.3 Laboratories, Field Work and Research Reports**

- a) Copying a laboratory or field report, or allowing someone else to copy one's report.



- b) Using another student's data unless specifically allowed by the instructor and the author.
- c) Allowing someone else to do the laboratory or field work without the knowledge and approval of the instructor.
- d) Using direct quotations or large sections of paraphrased material in a laboratory or field report, research report, thesis, publication without appropriate acknowledgement.
- e) Fabricating or falsifying laboratory or research data.

#### **1.6.4 Official Documents**

- a) Altering transcripts or other official documents relating to student records.
- b) Misrepresenting one's credentials.
- c) Creating or altering letters of reference.
- d) Individual instructors or academic units will normally point out areas of specific concern not covered above.

#### **1.7 Attendance (see specific protocols for Phases 1, 2 and 3)**

- a) Students are expected to attend all of their mandatory sessions and to be punctual when attending. Information and appropriate forms concerning excused absences are available on-line from the NOSM intranet under Undergraduate Medical Education, and the Most Requested Documents or by emailing Learner Affairs at [learneraffairs@nosm.ca](mailto:learneraffairs@nosm.ca).
- b) Phase 1 students must adhere to the procedures outlined in the Phase 1 – Interruptions to Student Attendance and Leaves of Absence.
- c) Phase 2 students must adhere to the procedures outlined in the Phase 2 – Interruptions to Student Attendance and Leaves of Absence.
- d) Phase 3 students must adhere to the procedures outlined in the Phase 3 – Interruptions to Student Attendance and Leaves of Absence.

#### **1.8 Dress Code for Clinical Encounters**

Appropriate attire in patient care areas is important for two reasons: (i) it conveys professionalism and respect for the patient, and (ii) inappropriate attire may be a health and safety issue.

Students are required to adhere to dress code guidelines during any patient contact. This includes CLS and Structured Clinical Skills (SCS) where standardized or volunteer patients will be present. The requirements for proper dress include:

- Students shall be dressed professionally.
- Identification tags shall be worn at all times.
- A white coat may be worn but is not required.
- Professional dress, consistent with the standard of the medical community and general population is required (e.g. dress pants or knee-length skirt, shirt with or without tie, comfortable shoes).
- Open-toed shoes are not permitted for safety reasons.

- Long hair should be tied back.
- Jewelry should be kept to a minimum as it represents an increased disease transmission risk.
- Fingernails should be kept short.
- Many patients have sensitivity to smells and therefore perfumes, colognes and aftershaves should not be used.

Additional dress requirements may be required at different institutions. Students are responsible for adhering to any additional policies that are mandated by the institution.

### **1.9 Use of Course Materials**

The teaching materials (presentations, displays and other materials) delivered or provided as part of the Undergraduate Medical Education Curriculum, including any visual or audio recording thereof, are owned by the copyright holder(s). It is prohibited to record or copy by any means, in any format, openly or surreptitiously, in whole or in part, in the absence of express written permission from the copyright holder(s), any of the presentations, materials provided or published, in any form during or from this course. Students are permitted to store electronic course materials provided by, or on behalf of, faculty for their own personal use but cannot distribute them in any form or by any means to other persons.

## **Section 2: Assessment of Professionalism**

The professional and ethical performance of students is integral to the medical program(s) of the Northern Ontario School of Medicine. For promotion, each student is expected to complete the course work as described in the current regulations of SAPC for each year of the Program and to pass the prescribed academic and professional examinations. In this context, the assessment of professionalism will cover not only the skills expected of the student, but also personal conduct and relationships with peers, patients, hospital personnel, NOSM faculty and staff. A student who fails to meet the standards of professional behaviour may be withdrawn from the Program even though all other course work has received a passing grade.

Student breaches of professionalism will, in most circumstances, be reported to the Phase 1 Professionalism Review Committee (P1PRC)/Committee to Support Student Professionalism (CSSP) and subjected to the approved policy and procedures. The P1PRC/CSSP may decide that a student breach of professionalism warrants a further examination by the Code of Student Code Review Committee, and will do so according to Section 3 of this document. In cases of serious misconduct, the matter will proceed directly to Section 3 under the direction of the Associate Dean, UME.

## **Section 3: UME Code of Student Conduct Violations**

Violations of the UME Code of Student, except in Section 2 of this document, will be brought to the attention of the Associate Dean, UME. The Associate Dean, UME, will decide, in consultation with relevant staff and/or faculty, if required, whether the violation

warrants involvement of the UME Code of Student Conduct Review Committee (CSCRC) as described in Section 3.2 or a lesser degree of action.

### **3.1 Composition of the UME Code of Student Conduct Review Committee**

The membership of the UME Code of Student Conduct Review Committee (CSCRC) shall be composed of five (5) NOSM faculty members. Members will not be simultaneous members of the Appeals Committee of Academic Council, or of the Phase 1 Professionalism Review Committee/Committee to Support Student Professionalism. At least two members will be from the Division of Clinical Sciences, at least one member from the Division of Human Sciences and at least one member from the Division of Medical Sciences. The committee will be appointed by the Associate Dean and confirmed by the Undergraduate Medical Education Committee. Members will hold a 2-year term. The Chair of the CSCRC will be elected by the members of the CSCRC committee. The committee will be in place at all times. Quorum for the committee will be 4 members in attendance.

### **3.2 Code of Student Conduct Review Process**

#### **3.2.1 Procedure – Filing a Complaint**

- a) Allegations of incidents involving students breaching the UME Code of Student Conduct shall be filed with the Associate Dean, Undergraduate Medical Education. (UME) The complaint shall be presented in writing, with supporting documentation, within ten (10) business days after the incident has come to the attention of the complainant(s) (i.e. the person or committee making the complaint). The complainant may include the Chair of the Phase 1 Professionalism Review Committee/Committee to Support Student Professionalism.
- b) If the alleged misconduct is determined to fall within the jurisdiction of the UME Code of Student Conduct, the Associate Dean, UME, or designate, shall notify the accused student in writing, within 10 business days of receiving the complaint, concerning the existence and nature of the complaint and invite the student to discuss the matter with the Associate Dean UME or designate (in person or through telephone/video communications). The student will be advised that they may choose to invite the Assistant Dean Learner Affairs, or another representative, to be in attendance at the meeting and any future meetings concerning the issue to provide support. The student must reply to the meeting invitation from the Associate Dean, UME, or designate, within 5 business days of the date the email is sent. The meeting is to be held within 10 business days of reply from the student.
- c) If, after the meeting in part b), the Associate Dean, UME, or designate, is satisfied that no UME Code of Student Conduct violation has been committed, the Associate Dean, UME, or designate, shall inform the student and the complainant in writing, within 5 business days of the meeting, and no further action will be taken in the matter.
- d) If, after the meeting in part b), the Associate Dean, UME, or designate, believes that a UME Code of Student Conduct violation has been committed by the student, or the student fails or neglects to respond to the invitation to discuss the allegation(s) against him/her, the Associate Dean, UME, or designate, shall make a report of the matter to the Chair of the Code of Student Conduct Review Committee. The student will be

notified in writing by the Associate Dean, UME, or designate, within 5 business days of the scheduled meeting in part b) that there are sufficient grounds for the allegation and the Chair of the CSCRC has been notified.

- e) The Chair of the CSCRC will contact the student within 10 business days of notification from the Associate Dean, UME, or designate, and the student will be provided a copy of the UME Code of Student Conduct, and be invited to a meeting of the CSCRC by the Chair. The student will be invited to present, within a prescribed time limit, any information or supporting documentation relevant to the allegation which has been made.
- f) The CSCRC will solicit any other information it considers relevant to its review.
- g) The complainant shall be invited to be present at the meeting in part e).
- h) Prior to the meeting in part e), the student will be informed by the Chair of the CSCRC that he/she is entitled to seek advice or to be accompanied by a support person/advisor at the meeting. The Chair of the CSCRC will advise the student of the sanctions that may be imposed under Northern Ontario School of Medicine sanctions.
- i) The CSCRC, based on documentation and information and having provided the student with the opportunity to be heard regarding the allegation and any relevant evidence about the facts in the meeting in part e) will either:
  - 1) decide that no UME Code of Student Conduct violations have been found and that no further action should be taken. The Chair of the CSCRC will provide a summary report to the Associate Dean, UME, or designate, within 5 business days of the CSCRC meeting in part e). The Associate Dean, UME, or designate will notify the student of the CSCRC decision within 5 business days of receiving the report from the Chair of the CSCRC, or
  - 2) decide that the allegation is founded. At its discretion, the CSCRC may determine and recommend the sanctions that they consider to be appropriate in keeping with the nature of the offence. The Chair of the CSCRC will provide a summary report to the Associate Dean, UME, or designate, within 5 business days of the CSCRC meeting in part e). The Associate Dean, UME, or designate will notify the student of the CSCRC decision within 5 business days of receiving the report from the Chair of the CSCRC.
- j) The Associate Dean, UME, or designate will provide the student with the CSCRC report and advise the student to submit comments on the CSCRC report to the Associate Dean, UME, or designate. Such comments shall be made in writing and submitted from the student to the Associate Dean, UME, or designate, within 5 business days of the date on which the report was sent to the student.
- k) The report of the CSCRC and the written submissions of the student, are reviewed by the Associate Dean, UME or designate, who decides the sanction to be imposed and when the sanction will take effect.

- l) The Associate Dean, UME, or designate, shall inform the student in writing of the decision, within 10 business days of receiving the CSCRC report and any additional information from the student, of the sanction(s) imposed.
- m) A record of cases discharged under the Procedure for UME Code of Student Conduct Violations shall be kept in the Office of the Associate Dean, UME and with the Student Records and Electives Officer in Learner Affairs.

### **3.2.2 Sanctions**

The following are sanctions that may be imposed:

- a) Oral and/or written reprimand which will advise the student of the nature of the violation of the Code and that a report of the findings and sanction will be filed as part of student record and reflected in the Medical Student Performance Record (MSPR). Pending no recurrence or continued wrongful conduct within a stated period of time, determined by the CSCRC, the student record will be purged of the report at the time the student is cleared for graduation;
- b) Assignment of a grade of fail or zero for the work concerned in the case of academic dishonesty or violation of professional behaviour;
- c) Assignment of a grade of fail for the course concerned in the case of academic dishonesty or violation of professional behaviour;
- d) Written reprimand which will advise the student of the nature of the violation of the Code and that a report of the findings and sanction will be filed permanently as part of the student record;
- e) Monetary restitution to cover the costs of either satisfactorily repairing or replacing property or misused supplies damaged during commitment of the offence;
- f) Suspension from attendance in the MD Program for a specified period of time not more than 12 months;
- g) Expulsion from the MD Program.

Sanctions are imposed only by the Dean or designate, according to recommendations of the Code of Student Conduct Review Committee.

### **3.2.3 Appeal**

- a) A student may appeal the sanction imposed by the Associate Dean, UME or designate by providing notice in writing, of the grounds for the appeal, to the Chair of the Academic Council, within 10 business days of the date of the notice of decision was sent to the student.
- b) The Chair of the Academic Council forwards the file to the Appeals Committee of Academic Council for review. The Appeals Committee of Academic Council (ACAC) will:

- i. invite the student to appear before the committee and/or to submit, in writing, any information the student considers relevant;
- ii. petition any other information or documentation the committee considers relevant;

The decision of the Appeals Committee of Academic Council is final and binding.

## Getting Help

Queries regarding interpretations of this document should be directed to:

Office of the Assistant Dean, Learner Affairs  
[learneraffairs@nosm.ca](mailto:learneraffairs@nosm.ca)

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT		
Version	Date	Authors/Comments
1.0	2005 04	Senates approved
2.0	2008 04	Senates approved
3.0	2009 05 19	Senates approved
4.0	2009 11 17	Senates approved
5.0	2016 11 01	Name change to UME Code of Student Conduct (from NOSM Code of Student Conduct); Revisions coordinated by Director of Learner Affairs and UME Administration
	2017 09 07	Approved by UMEC after three readings
	2017 09 21	Approved by Academic Council
	2017 09 26	Updated link in Section 1.3.f
	2017 10 12	Edits to Getting Help (Assistant)/Date in Version 5.0/removal of 1.8 last bullet – per JSC decision and approval, pending confirmation from the UME AD



Northern Ontario School of Medicine

NORTHERN ONTARIO

INFORMATION ONLY

École de médecine du Nord de l'Ontario



Northern Ontario School of Medicine
École de médecine du Nord de l'Ontario
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Policy: NOSM Code of Student Conduct

Senates Approved Version

Table with 6 columns: UME Code of Student Conduct, Class: A, Approved By, Approval Date, Effective Date, Review Date. Rows include approval details from UMEC, Academic Council, Joint Senate, Lakehead Senate, and Laurentian Senate, with a review date of 2022-12-31.

Effective: April 2005

Revised: April 2008

Revised: May 15 & 19, 2009

Revised: November 6 & 17, 2009

Note: Also refer to the General Academic Medical education Regulations in the University calendar, Item 4.2 Breach or Infractions for regulations related to non-academic offences.

1. Professional Behaviour

A student should

This policy outlines the expectations of student behaviour in the MD Program (i.e. UME) at NOSM. Breaches to the expectations will be subjected to the steps outlined in Section 3, UME Code of Student Conduct Violations.

## Section 1: Expected Conduct

In general, a student must demonstrate, as evidence of his/her behaviour and commitment to the pursuit of the highest standard of patient care:

- a) ~~behaviour and~~ professional activities/conduct characterized by honesty, personal and academic integrity, respect, conscientiousness and responsibility at all times
- b) skilled communication and interaction with ~~patients and the patients' families~~ all people
- c) behaviour/actions acceptable to the professional practice of medicine (conduct becoming of a practicing physician and a representative of NOSM)

### 1.1 Honesty

- a) Honesty will be a guiding principle for all students in all ~~academic—MD Program~~ activities including examinations/academic events, assessments, and evaluations.

b) Honesty will be expected when adhering to all NOSM policies, procedures, protocols, and requirements for the MD Program.

~~b)c)~~ \_\_\_\_\_ Honesty will be a guiding principle for all students in their clinical and classroom activities and in all the interactions with patients ~~and the patients' families. Students will~~ \_\_\_\_\_ involve themselves in the care of patients appropriate to the student's level of \_\_\_\_\_ training and knowledge, patients' families, faculty, staff, and colleagues.

~~e)d)~~ \_\_\_\_\_ Students will conduct research appropriate to ~~the students' their~~ level of expertise and in an ethical manner, ~~including reporting accurately and acknowledging \_\_\_\_\_ those~~ involved.

### 1.2 Confidentiality

- a) Students will regard the confidentiality of information pertaining to colleagues, patients and research participants as well as students, colleagues, teachers, administrators and others involved with the student's medical education, as a fundamental and ethical obligation.
- b) Students will respect the privacy of information pertaining to patients and research participants, as well as students, colleagues, teachers, administrators and others involved with the student's medical education.



## 1.3 Responsibility

- ~~a) Students will engage in self-reflection to acknowledge and recognize their strengths and limitations and will seek assistance with their self-reflective exercises as well as on working on their identified limitations.~~
- ~~b)a) Students will not use alcohol or drugs in any way that could interfere, or be perceived to interfere, with their academic, professional, and clinical responsibilities or their professional reputation or the reputation of NOSM.~~
- ~~c) Students will help other colleagues who need help in meeting their professional and ethical obligations.~~
- ~~d)b) Students will present and conduct themselves in a dignified, respectful, and professional manner in all clinical encounters and in other circumstances, including personal interactions and social media networks where they would be seen to be representing the Northern Ontario School of Medicine NOSM and/or the medical profession.~~
- ~~e)c) Students will promote and model the integrity and values of the medical profession and NOSM.~~
- ~~f)d) Students' highest priority will be patient caresafety when in thea clinical setting.~~
- ~~g)e) Students will not exploit the relationship with patients or patients' families for sexual, emotional, financial, research, or educational purposespersonal gain.~~
- f) Students will follow the policies and procedures of their host university for reporting student mistreatment, including discrimination and sexual harassment. Additionally, students can use the I Need Help button on the main NOSM web page to connect with appropriate people in UME.

Lakehead University Sexual Violence Response Policy:

<https://www.lakeheadu.ca/sites/default/files/uploads/106/policies/Sexual%20Violence%20Response%20Policy.pdf>

Laurentian University Policy on Response and Prevention of Sexual Violence:

<https://intranet.laurentian.ca/policies/2016.Dec.16%20-%20Response%20and%20Prevention%20of%20Sexual%20Violence%20-%20EN.pdf>

~~h) NOSM Harassment and Discrimination Procedure:~~

~~[http://www.nosm.ca/uploadedFiles/Education/UME/Student\\_Safety\\_2015/Discrimination\\_andHarassment\\_Procedure-January17\\_2007\(1\).pdf](http://www.nosm.ca/uploadedFiles/Education/UME/Student_Safety_2015/Discrimination_andHarassment_Procedure-January17_2007(1).pdf) Students will not attack or challenge the reputations of members of the health care team. If unprofessional behaviour, as defined in this document is observed by a student the student is bound to report the~~

~~incident(s) to the Associate Dean, Learner Affairs. If a student believes he/she has been the recipient of unprofessional behaviour as defined in this document, the student is bound to report the incident(s) to the Associate Dean, Learner Affairs.~~

[NOSM Harassment and Discrimination Policy:](https://nosm.sharepoint.com/org/admin/hr/_layouts/15/DocIdRedir.aspx?ID=NOSM-174876667-5)

[https://nosm.sharepoint.com/org/admin/hr/\\_layouts/15/DocIdRedir.aspx?ID=NOSM-174876667-5](https://nosm.sharepoint.com/org/admin/hr/_layouts/15/DocIdRedir.aspx?ID=NOSM-174876667-5)

- ~~g)~~ g) Students shall ~~obtain~~ conduct any research in a manner consistent with the highest standards. This includes compliant with standards set by the Canadian Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS). This will necessarily entail obtaining Research Ethics Board approval prior to conducting any research with human subjects.
- ~~h)~~ h) Students will act as invited guests in all communities to which they are assigned as part of their curricular activities. The privacy of the people and communities who have volunteered/agreed to host students must be honoured. Patients, staff, organizations, communities and community residents need to be protected from harmful disclosure of information through informal gossip, photographs or videos (e.g., including such being posted on any social networking site or other websites on which images or videos could be posted), public comments or more formal documents.
- i) Students must be aware of the requirements of the MD Program as well as adhere to the policies and procedures related to the MD Program.
- j) Students are responsible for obtaining the information they require by regularly checking their NOSM email accounts, logging into the NOSM intranet, reading bulletins, newsletters, and documents that are provided for, or accessible to, them. All formal communication from the MD Program to the student will be via email.
- k) Students are responsible for obtaining and learning any information missed while they were absent from classes, rotations or other elements of the Program.

## 1.4 Respect

- a) Students will ~~strive to~~ demonstrate the highest standards of ethical and professional behaviour in all academic and clinical settings.
- b) Students will ensure that appropriate consent has been obtained when initiating patient contact and before proceeding with any diagnostic or therapeutic procedure and ongoing patient management.



- c) Students will have an awareness of and respect for patients' rights and the effect that differences in gender, religion, political and other social and cultural backgrounds may have on the patient/doctor relationship.
- d) Students will refrain from any form of discrimination based on race, religion, ethnicity, gender, sexual orientation, mental or physical impairment, age or illness. Students will avoid sexual and all other forms of exploitation of patients, peers, teachers and support staff, including abuse, harassment or impropriety.

~~e) Students will be respectful to patients, peers, teachers and support staff.~~

e) Students will be respectful to patients, peers, teachers and support staff. This includes, but is not limited to, listening appropriately, not behaving in a rude, arrogant or patronizing manner, allowing others to express opinions, acknowledging the contributions of others, apologizing when late or give reasons for being so, using a non-judgmental question style, effectively identifying misunderstandings, addressing conflict constructively; accepting and discussing emotional issues, using non-verbal behaviour in a manner which is consistent with the tone and content of verbal communication, and responding to fair negative evaluative comments by making reasonable proposals for change and without becoming defensive.

f) Students will provide constructive feedback of the Program, and to always do so in a respectful manner, to assist in our continuous quality improvement process.

~~f)g) Students will uphold and protect patient confidentiality and dignity at all times, both in the presence and absence of the patient or family, in all communication including ensuring the accuracy of medical records, discussions, history taking, and physical examinations.~~

### 1.5 Dedication and Self-Advancement

~~a) Students will continuously strive to develop knowledge, skills, positive attitudes, and competence.~~

~~b) Students will promote and uphold the mission, vision, values and educational standards of the Northern Ontario School of Medicine.~~

~~c) Students will monitor and assess their educational progress to determine their individual learning needs.~~

~~d) Students will demonstrate a willingness to share knowledge and teach others as part of the learning process with their peers, faculty and staff and as such, actively promote the positive student-teacher relationship.~~

## 1.6

h) Students will respect all deadlines and timelines in the MD Program. This includes, but is not limited to: arriving on time for academic sessions and events, including student assessments, as well as, submitting assignments, assessment forms, evaluation forms, tuition payments, and ancillary payments before or on the published deadlines.

## 1.5 Student/Teacher Relationship

The student/teacher relationship is based on the following characteristics: mutual trust, respect, and responsibility. An interactive, informative, and respectful teaching/learning environment must be established. In the student/teacher relationship, **each party** has certain legitimate expectations of the other. They are:

- a) to be ethical and to role model ethical behaviour,
- b) to behave with honesty and integrity towards all individuals involved in education (e.g., academic and non-academic staff, colleagues, other health care professionals, patients, and patients' families),  
~~to commit to excellence in the medical profession,~~
- c) to recognize and appreciate the power differential between student and teacher and not to misuse or abuse this power differential (e.g., for personal gain, intimidation, punishment.),
- d) to respect confidentiality (except where to do so would be unethical or contrary to law),
- e) to promote, uphold and respect the educational goals, standards, and policies of the Northern Ontario School of Medicine, ~~and~~
- f) to refrain from sexual or romantic relationships that involves a faculty member/supervisor.

## 1.7.6 Academic Dishonesty and Plagiarism

Academic dishonesty is viewed by the Northern Ontario School of Medicine as a serious offence. Academic dishonesty includes plagiarism as well as any deliberate attempt to gain advantage or to disadvantage (which may result in false academic evaluation) another student. Dishonest practices include fabrication of data, cheating or uttering, by a student, of false statements relating to academic work. <sup>1</sup>

Plagiarism meansis defined as presenting work done (in whole or in part) by someone else as if it were one's own. Plagiarism should be distinguished from cooperation and

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<sup>1</sup> **Note:** The Northern Ontario School of Medicine gratefully acknowledges the work done by Queen's University for much of the content of the section Academic Dishonesty

collaboration. Often, students may be permitted or expected to work on assignments collectively, and to present the results either collectively or separately. This is acceptable if it is clearly identified as to whose work is being presented e.g. formal acknowledgement or by foot-noting.

Students who are unsure if their actions constitute the act of plagiarism should consult with a faculty member ~~or the Office of the UME for guidance.~~

The following are ~~some presented as~~ examples of academic dishonesty. As it is not possible to cover every circumstance of academic dishonesty or plagiarism, this list should be considered only as a guide.

## 1.76.1 Essays and Assignments

- a) Submitting an essay written in whole or in part by someone else as one's own.
- b) Preparing an essay or assignment for submission by another student.
- c) Copying an essay or assignment, or knowingly allowing one's essay or assignment to be copied by someone else ~~for the purpose of plagiarism.~~
- d) Using direct quotations, or large sections of paraphrased material without the appropriate acknowledgement.
- e) Buying term papers or assignments and submitting them as one's own ~~for the purpose of plagiarism.~~
- f) Selling of term papers or assignments ~~for the purpose of plagiarism.~~
- g) Submitting the same piece of work in more than one course without the permission of the instructor(s).
- h) Unauthorized removal from the library, or deliberate concealment of, library materials.

## 1.76.2 Examinations and Tests

- a) Impersonating someone in an examination or test.
- b) Copying from another student, or making information available to another student.
- c) Submitting a take-home examination written, in whole or in part, by someone else.
- d) Failing to obey or comply with examination regulations or instructions of a proctor ~~or invigilator.~~
- e) Making use of notes, crib sheets, or other unauthorized electronic or printed materials in any form during the conduct of an examination.

## 1.76.3 Laboratories, Field Work and Research Reports

- a) Copying a laboratory or field report, or allowing someone else to copy one's report.
- b) Using another student's data unless specifically allowed by the instructor and the author.
- c) Allowing someone else to do the laboratory or field work without the knowledge and approval of the instructor.
- d) Using direct quotations or large sections of paraphrased material in a laboratory or field report, research report, thesis, publication without appropriate acknowledgement.
- e) Fabricating or falsifying laboratory or research data.

## 1.76.4 Official Documents

- a) Altering transcripts or other official documents relating to student records.
- b) Misrepresenting one's credentials.
- c) Creating or altering letters of reference.
- d) Individual instructors or academic units will normally point out areas of specific concern not covered above.

## 1.87 Attendance (see specific protocols for Phases 1, 2 and 3)

- a) ~~a) Students are expected to attend all of their scheduled mandatory sessions and to be punctual when attending. Information and appropriate forms reconcerning excused absences are available on-line or from the NOSM Registrar intranet under Undergraduate Medical Education, and the Most Requested Documents or by emailing Learner Affairs at [learneraffairs@nosm.ca](mailto:learneraffairs@nosm.ca).~~

~~b) Excused absences for all curricular activities of NOSM, of more than one consecutive day, must be obtained from the Office of UME, upon recommendation of the Office of Learner Affairs.~~

~~c) Excused absences will be communicated from the Office of UME to the tutor(s) or facilitator(s) of the sessions from which the student will be absent in order that the student not be penalized in the assessment of his/her professionalism by the tutor.~~

- ~~d) All absences will be tracked by the Registrar in order that concerns regarding patterns of absence can be raised with the student and appropriate support for the student sought through the Office of Learner Affairs.~~
- ~~e) Attendance and punctuality will be a component of professional behaviour in the context of all scheduled curricular activities of NOSM. Refer to form on Assessment of Professionalism in Small Group Sessions and Assessment of Professionalism in Clinical Encounters.~~
- ~~f) Excused absence for 50% or more of a module and/or specific sets of sessions will result in the student receiving an In Progress (IP) mark. The method(s) for removing an IP mark will be determined by the Associate Dean, UME in collaboration with Theme Chair(s), Division Head(s) and Phase Coordinator(s).~~
- ~~g) Excused absence from a clinical rotation will require remediation of that rotation in elective time or other block of time, to be determined by the respective Phase Coordinator and the Associate Dean, UME.~~
- ~~h) All scheduled experiential curriculum activities such as Community and Interprofessional Learning Sessions (CIL), clinical sessions in Integrated Community Experiences (ICE) and all other portions of the curriculum, for which a student has an excused absence, must be completed as per the original schedule.~~
- ~~i) Unjustified absences for student assessment sessions will result in an automatic grade of Fail.~~
- ~~Absences from all assessment sessions require prior approval by the Associate Dean Undergraduate Medical Education with a plan for making up the assessment.~~

~~1.9~~

- ~~b) Phase 1 students must adhere to the procedures outlined in the Phase 1 – Interruptions to Student Attendance and Leaves of Absence.~~

c) [Phase 2 students must adhere to the procedures outlined in the Phase 2 – Interruptions to Student Attendance and Leaves of Absence.](#)

d) [Phase 3 students must adhere to the procedures outlined in the Phase 3 – Interruptions to Student Attendance and Leaves of Absence.](#)

## **1.8 Dress Code for Clinical Encounters**

Appropriate attire in patient care areas is important for two reasons: (i) it conveys professionalism and respect for the patient, and (ii) inappropriate attire [ismay be](#) a health and safety issue.

Students are required to adhere to dress code guidelines during any patient contact. This includes [CHCLCS](#) and Structured Clinical Skills (SCS) where standardized or volunteer patients will be present. [The requirements for proper dress include:](#)

- Students shall be dressed professionally.
  - Identification tags shall be worn at all times.
  - A white coat may be worn but is not required.
  - Professional dress, consistent with the standard of the medical community and general population is required (e.g. dress pants or knee-length skirt, shirt with or without tie, comfortable shoes).
  - Open-toed shoes are not permitted for safety reasons.
  - Long hair should be tied back.
  - Jewelry should be kept to a minimum as it represents an increased disease transmission risk.
  - Fingernails should be kept short.
  - Many patients have sensitivity to smells and therefore perfumes, colognes and aftershaves should not be used.
- ~~[Tattoos, or other forms of body art, should be covered to the greatest extent possible.](#)~~

Additional dress requirements may be required at different institutions. Students are responsible for adhering to any additional policies that are mandated by the institution.

## **1.109 Use of Course Materials**

The teaching materials (presentations, displays and other materials) delivered or provided as part of the Undergraduate Medical Education Curriculum, including any visual or audio recording thereof, are owned by the copyright holder(s). It is prohibited to record or copy by any means, in any format, openly or surreptitiously, in whole or in part, in the absence of express written permission from the copyright holder(s), any of the presentations, materials provided or published, in any form during or from this course. Students are permitted to store electronic course materials provided by, or on behalf of, faculty for their own personal use but cannot distribute them in any form or by any means to other persons.



## Section 2: Assessment of Code of Student Conduct Professionalism

The professional and ethical performance of students is integral to the medical program(s) of the Northern Ontario School of Medicine. For promotion, each student is expected to complete the course work as described in the current regulations of [NOSMSAPC](#) for each year of the Program and to pass the prescribed academic and professional examinations. In this context, the assessment of professionalism will cover not only the skills expected of the student, but also personal conduct and relationships with peers, patients, hospital personnel, [NOSM](#) faculty and staff. A student who fails to meet the standards of professional behaviour may be withdrawn from the Program even though all other course work has received a passing grade.

~~Less than satisfactory results on an assessment of professional behaviour shall be reviewed with the student by the assessor and other NOSM officials as per protocol. The student will also have the opportunity to review any supporting documentation.~~

~~3. Student breaches of professionalism will, in most circumstances, be reported to the Phase 1 Professionalism Review Committee (P1PRC)/Committee to Support Student Professionalism (CSSP) and subjected to the approved policy and procedures. The P1PRC/CSSP may decide that a student breach of professionalism warrants a further examination by the Code of Student Code Review Committee, and will do so according to Section 3 of this document. In cases of serious misconduct, the matter will proceed directly to Section 3 under the direction of the Associate Dean, UME.~~

## Section 3: UME Code of Student Conduct Violations ~~Code Enforcement Procedures~~

~~Violations of the UME Code of Student, except in Section 2 of this document, will be brought to the attention of the Associate Dean, UME. The Associate Dean, UME, will decide, in consultation with relevant staff and/or faculty, if required, whether the violation warrants involvement of the UME Code of Student Conduct Review Committee (CSCRC) as described in Section 3.2 or a lesser degree of action.~~

### **3.1 Composition of the UME Code of Student Conduct Review Committee**

The membership of the UME Code of Student Conduct Review Committee (CSCRC) shall be composed of five (5) NOSM faculty members ~~who do not hold administrative appointments of the rank Assistant Dean or higher,~~ Members will not be simultaneous members of the Appeals Committee of Academic Council ~~, or of the Phase 1 Professionalism Review Committee/Committee to Support Student Professionalism.~~ At

least two members will be from the Division of Clinical Sciences, at least one member from the Division of Human Sciences and at least one member from the Division of Medical Sciences. The committee will be appointed by the [Associate Dean and confirmed by the Undergraduate Medical Education Committee](#). Members will hold a 2-year term. The Chair of the CSCRC will be elected by the members of the CSCRC committee. The committee will be in place at all times. Quorum for the committee will be 4 members in attendance.

## 3.2 Code of Student Conduct Review Process

### 3.2.1 Procedure – Filing a Complaint

~~The Code of Student Conduct Review Process chart is attached hereto as Appendix A.~~

- a) Allegations of incidents involving students breaching the [NOSM/UME Code of Student Conduct](#) shall be filed with the Associate Dean, Undergraduate Medical Education. (UME) The complaint shall be presented in writing, with supporting documentation, within ten (10) business days after the incident has come to the attention of the complainant(s) (i.e. [the person or committee making the complaint](#)). [The complainant may include the Chair of the Phase 1 Professionalism Review Committee/Committee to Support Student Professionalism.](#)
- b) If the alleged misconduct is determined to fall within the jurisdiction of the [UME Code of Student Conduct](#), the Associate Dean, UME, [or designate](#), shall notify the accused student in writing, [within 10 business days of receiving the complaint](#), concerning the existence and nature of the complaint and invite the student to discuss the matter: [with the Associate Dean UME or designate \(in person or through telephone/video communications\)](#). The student will be advised that, ~~at his or her discretion~~, they may choose to invite the [Associate Assistant Dean Learner Affairs, or another representative](#), to be in attendance at the meeting [and any future meetings concerning the issue](#) to provide support. ~~Information shared at this meeting may not be used as evidence against~~ The student [must reply to the meeting invitation from the Associate Dean, UME, or designate, within 5 business days of the date the email is sent. The meeting is to be held within 10 business days of reply from the student.](#)
- c) If, after ~~such discussion, the meeting in part b)~~, the Associate Dean, UME, [or designate](#), is satisfied that no [UME Code of Student Conduct](#) violation has been committed, ~~he or she~~ [the Associate Dean, UME, or designate](#), shall inform the student [and the complainant](#) in writing, [within 5 business days of the meeting](#), and no further action will be taken in the matter ~~by the Associate Dean, UME unless new evidence is brought to the attention of the Associate Dean. In this case a new investigation may be opened.~~
- d) [If, after such discussion, the meeting in part b\)](#), the Associate Dean, UME, [or designate](#), believes that [an offence a UME Code of Student Conduct violation](#) has been committed by the student, or the student fails or neglects to respond to the invitation to discuss the allegation(s) against him/her, the Associate Dean, [UME, or designate](#), shall make a report of the matter to the [Chair of the Code of Student](#)

Conduct Review Committee. The student will be notified in writing accordingly, by the Associate Dean, UME, or designate, within 5 business days of the scheduled meeting in part b) that there are sufficient grounds for the allegation and the Chair of the CSCRC has been notified.

~~d)e)~~ The Chair of the CSCRC will contact the student within 10 business days of notification from the Associate Dean, UME, or designate, and the student will be provided with a copy of the UME Code of Student Conduct, and be invited to a meeting of the Code of Student Conduct Review Committee CSCRC by the Chair of the Committee. The student will be invited to present, within a prescribed time limit, any information or supporting documentation relevant to the allegation which has been made.

~~e)f)~~ The Code of Student Conduct Review Committee CSCRC will solicit any other information it considers relevant to its review.

~~f)g)~~ The complainant shall be invited to be present at the meeting in part e).

~~g)h)~~ Prior to the meeting in part e), the student will be informed by the Chair of the Code of Student Conduct Review Committee CSCRC that he/she is entitled to seek advice or to be accompanied by a support person/advisor at the meeting. Support people/advisors shall not include legal counsel for the purposes of this meeting. The Chair of the Committee CSCRC will advise the student of the sanctions that may be imposed under Northern Ontario School of Medicine sanctions.

~~h)i)~~ The Code of Student Conduct Review Committee CSCRC, based on documentation and information and having provided the student with the opportunity to be heard regarding the allegation and any relevant evidence about the facts in the meeting in part e) will either:

1) decide that no General Academic Medical Education Regulations UME Code of Student Conduct violations have been violated found and that no further action should be taken. The Chair of the CSCRC will provide a summary report to the Associate Dean, UME, or designate, within 5 business days of the CSCRC meeting in part e). The Associate Dean, UME, or designate will notify the student in writing of the CSCRC decision and no penalty will be assigned to the student within 5 business days of receiving the report from the Chair of the CSCRC, or

2) decide that the allegation is founded. At its discretion, the Committee CSCRC may determine and recommend the sanctions that they consider to be appropriate in keeping with the nature of the offence. The Code Chair of Student Conduct Review Committee the CSCRC will provide a summary report for to the Associate Dean, UME, or designate, within 5 business days of the CSCRC meeting in part e). The Associate Dean, UME, or designate will notify the student of the CSCRC decision within 5 business days of receiving the report from the Chair of the CSCRC.

~~h) The student is informed by the Associate Dean, UME, or designate of will provide the student with the conclusions reached by the Review Committee CSCRC report and of the next procedural steps. advise the student is advised of the opportunity to submit comments on the CSCRC report of to the Review Committee Associate Dean, UME, or designate. Such comments shall be made in writing and submitted from the student to the Associate Dean, UME, or designate, within 405 business days of the date on which the report was sent to the student.~~

~~j) The report of the Code of Student Conduct Review Committee CSCRC and, if relevant, the written submissions of the student, are reviewed by the Associate Dean, UME or designate, who decides the sanction to be imposed (as recommended by the Code of Student Conduct Review Committee, or an alternate and when the sanction of equal but not of less severity than that recommended).~~

~~k) The sanction(s) shall will take effect immediately, notwithstanding appeal.~~

~~l) The Associate Dean, UME, or designate, shall inform the student in writing of the decision and, within 10 business days of receiving the CSCRC report and any additional information from the student, of the sanction(s) imposed.~~

~~m) A record of cases discharged under the Procedure for UME Code of Student Conduct Violations shall be kept in the Office of UME and NOSM Registrar (student record), the Associate Dean, UME and with the Student Records and Electives Officer in Learner Affairs.~~

### 3.2.2 Sanctions

The following are sanctions that may be imposed:

- a) Oral and/or written reprimand which will advise the student of the nature of the violation of the Code and that a report of the findings and sanction will be filed as part of student record and reflected in the Medical Student Performance Record (MSPR). Pending no recurrence or continued wrongful conduct within a stated period of time, determined by the CSCRC, the student record will be purged of the report at the time the student is cleared for graduation;
- b) Assignment of a grade of fail or zero for the work concerned in the case of academic dishonesty or violation of professional behaviour;
- c) Assignment of a grade of fail for the course concerned in the case of academic dishonesty or violation of professional behaviour;
- d) Written reprimand which will advise the student of the nature of the violation of the Code and that a report of the findings and sanction will be filed permanently as part of the student record;

- e) Monetary restitution to cover the costs of either satisfactorily repairing or replacing property or misused supplies damaged during commitment of the offence;
- f) Suspension from attendance in the MD Program for a specified period of time not more than 12 months;
- g) Expulsion from the MD Program.

Sanctions are imposed only by the Dean or designate, according to recommendations of the Code of Student Conduct Review Committee.

### 3.2.3 Appeal

- a) A student may appeal the sanction imposed by the [Associate Dean, UME](#) or designate by providing notice in writing, of the grounds for the appeal, to the Chair of the Academic Council, ~~within ten (10)~~[within 10 business](#) days of the date of the notice of decision was ~~received~~[sent to the student](#).
- b) The Chair of the Academic Council forwards the file to the Appeals Committee of Academic Council for review. The Appeals Committee of Academic Council (ACAC) will:
  - i. invite the student to appear before the committee and/or to submit, in writing, any information the student considers relevant;
  - ii. petition any other information or documentation the committee considers relevant;

The decision of the Appeals Committee of Academic Council is final and binding.

## Code of Student Conduct Review Process



Associate Dean, UME advises accused student of allegation



Accused student meets with Associate Dean, UME



Associate Dean, UME forwards report to Code of Student Conduct Review Committee (CSCRC) and informs student



No

Yes



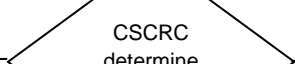
Associate Dean, UME informs student



CSCRC Chair advises student of charge and invites student to meet with CSCRC



CSCRC and student meet; outcome is decided



No

Yes

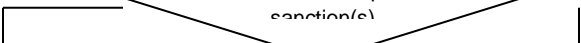
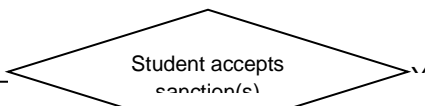
CSCRC Chair informs student

CSCRC reports to Dean or designate



Dean or designate imposes sanctions

No





Chair, Appeals Committee of Academic Council informs student of decision

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[Getting Help](#)

[Queries regarding interpretations of this document should be directed to:](#)

[Office of the ~~Assistant~~ Associate Dean, Learner Affairs](#)  
[learneraffairs@nosm.ca](mailto:learneraffairs@nosm.ca)

**DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT**

<b>Version</b>	<b>Date</b>	<b>Authors/Comments</b>
1.0	2005 04	Senates approved
2.0	2008 04	Senates approved
3.0	2009 05 19	Senates approved



4.0	2009 11 17	Senates approved
5.0	201 <del>6</del> 7 11 01	Name change to UME Code of Student Conduct (from NOSM Code of Student Conduct), streamlining, clarification, and other proven necessary revisions were made. Revisions coordinated by Director of Learner Affairs and UME Administration
	2017 09 07	Approved by UMEC after three readings
	2017 09 21	Approved by Academic Council
	2017 09 26	Updated link in Section 1.3.f/ <u>Assistant Dean/Date above under 5.0/JSC recommendation 1.8 removal – October 12, 2017</u>

Recommendation #2

**Document for Approval – 2018-2019 MD Program Course Descriptions (revised)**

MOVED THAT the revised 2018-2019 MD Program Course Descriptions be approved as presented.

**KEY POINTS:**

The document has undergone its regular, annual review and been updated accordingly.

**ROUTING AND PERSONS CONSULTED:**

This motion was approved by the UME Committee on September 7, 2017/Academic Council on September 21, 2017 and JSC on October 12, 2017.

**NEXT STEPS:**

Upon approval by Academic Council, the Joint Senate, Lakehead University Senate and Laurentian University Senate, the Secretary to the Board and Academic Council will inform the UME Administrative Coordinator.

**Supporting documents:**

- 2018-2019 MD Program Course Descriptions UMEC approved 2017 09 07 (clean version)
- 2018-2019 MD Program Course Descriptions (track changes version) – information only



Northern Ontario  
School of Medicine

École de médecine  
du Nord de l'Ontario

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## Undergraduate Medical Education Course Descriptions 2018-2019

### Phase 1 - Year 1 Courses

#### **MEDS 5005: Northern and Rural Health**

Focusing on the knowledge, skills and attitudes required to be a socially accountable and culturally safe physician in a northern and rural community, students begin to develop competence in several domains including communication, collaboration, health advocacy, leadership, reflection, and culture. They learn about the contexts for the practice of medicine in Northern Ontario, understand the importance of interprofessional care, and begin to understand the determinants of health as they relate to health of Northern, rural, Indigenous and Francophone populations. They reflect on their understanding of the practice of medicine in Northern Ontario; develop an awareness and responsiveness to the changing needs of communities; and learn about ways to advocate for the health care needs of populations in Northern Ontario. A requirement of this course is mandatory participation in a four-week Integrated Community Experience in an Indigenous community.

#### **MEDS 5025: Personal and Professional Aspects of Medical Practice**

Focusing on the role of the physician as a communicator, scholar, advocate, and a professional students will affirm the centrality of the patient-physician relationship, the requirement of a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse population. Effective participation in the course will ensure the development of appropriate skills in critical appraisal of evidence, the appropriate use of information technology, and the development of strategies to support self-directed learning.

#### **MEDS 5045: Social and Population Health**

Students develop their knowledge and understanding of the principles of primary health care and the Canadian health care system; public health; cultural/social/economic aspects of health and illness; history of disease; health promotion and disease prevention for individuals, communities, and populations; workplace health and safety; and research methods and critical appraisal, epidemiology, and statistics. Particular foci will include the determinants of health, health-related risk factors, interprofessional roles, and the impact of health policy on health.

#### **MEDS 5065: Foundations of Medicine**

Scientific disciplines basic to the study and practice of medicine are covered. Included are objectives promoting the requirement that a physician must be knowledgeable and that graduates should be trained to a general professional level. Students will be expected to demonstrate a level of knowledge and skill with respect to the topics considered to be the foundations of medicine and be able to translate these into

associated competencies. Specific instruction and learning is related to the gastrointestinal, cardiovascular, respiratory, nervous, muscular, skeletal, and endocrine systems.

**MEDS 5085: Clinical Skills in Health Care**

The focus will be on the taking of a patient's history and performing a physical examination of the body system being studied in each module. Using standardized patients, students will have the opportunity to develop skills in communicating with patients of varying cultural backgrounds and life cycle stages, and interacting with patients following a patient-centered model of care. Students will be expected to demonstrate effective clinical competencies, in diagnostic, therapeutic management at an appropriate level.

**Phase 1 - Year 2 Courses**

**MEDS 5205: Northern and Rural Health**

This course facilitates ongoing competency development required to become a socially accountable and culturally safe physician in northern and rural communities. Students will develop their knowledge and skills in effective communication, collaboration, health advocacy, leadership, and reflection in relation to health care delivery in Northern, rural, Indigenous and Francophone communities. The curriculum will support students in demonstrating an understanding of northern and rural medicine and develop skills that will enhance their ability to provide culturally safe and effective care in these communities. Students complete two four-week Integrated Community Experiences in rural or remote communities in Northern Ontario.

**MEDS 5225: Personal and Professional Aspects of Medical Practice**

A continuation of the Year 1 course, students will be expected to continue to develop in their roles as communicator, scholar, advocate, and professional. The two Integrated Community Experiences (ICE) in rural and remote settings will create opportunities to support the development of appropriate professional attitudes and values related to health and wellness; illness and disease; and, the physician's role in the lives of individuals, families, and communities. Furthering their skills in self-reflection, students will continue to develop a sense of themselves as professionals, as life-long learners, as members of the health care team, and members of a community within the context of a host of health, wellness, and illness issues.

**MEDS 5245: Social and Population Health**

The course will build on Year 1 concepts. In addition, students will develop their knowledge and understanding of mental health; substance abuse; literacy and health; palliative care; public health risks and reporting; screening; telemedicine; and, environmental health. Students will expand their working knowledge of epidemiology and statistics and use search tools to gather population-level data to profile communities and apply epidemiological data to understand the magnitude of various health conditions and health-related issues such as obesity, diabetes, intimate partner violence, HIV/AIDS, and cancer.

**MEDS 5265: Foundations of Medicine**

A continuation of the Year 1 course concepts and will include specific instruction and learning related to the immune and hematology systems; the urinary system; the integumentary system; the reproductive systems including an introduction to obstetrical care; pharmacology and toxicology; and, psychiatry. Students will be expected to demonstrate a level of knowledge and skill with respect to the topics considered to be the foundations of medicine. Students will also be expected to continue to develop skills in critical appraisal of evidence, the use of information technology, and strategies to support self-directed learning.

**MEDS 5285: Clinical Skills in Health Care**

The concepts and skills in communication, which were introduced in the first year of the program, are further developed, employing the model used in year 1. These are centered on the body system being studied in that module. Students will begin to develop skills in developing differential diagnoses and investigation and management plans. They will be introduced to disease processes that cross the single-system model. The completion of Year 2 Phase 1 marks the end of the pre-clinical stage of the undergraduate medical education program. At the completion of the first cycle students will be ready to enter the clinical phase of their undergraduate education.

**MEDS 5305: Elective**

A structured learning experience designed to allow students to address their professional medical interests in a field of medicine or another field related to Clinical, Medical or Human Sciences, approved by NOSM's Clinical Sciences Division, Medical Sciences Division, or Human Sciences Division as well as the Office of Undergraduate Medical Education. This elective is required as part of the core undergraduate curriculum. Multiple electives may be engaged in, totaling a minimum of four weeks and must be completed prior to the start of the Comprehensive Community Clerkship (CCC) in Year 3 (Phase 2).

**Phase 2 - Year 3 Courses****MEDS 5405: Northern and Rural Health**

This course provides opportunities for students to augment their knowledge, skills, and further develop attitudes towards becoming socially accountable and culturally safe physicians in northern and rural communities. The focus for this course is on demonstrating the applicability of concepts such as advocacy, interprofessionalism, and cultural safety to patient care and community-engaged medicine. Students will have the opportunity to explore concepts related to northern and rural health through research, critical reflection and active participation in health care and community service learning. Students learn to apply their understanding of the social, political, cultural, economic, and environmental realities of practicing medicine in Northern Ontario. They have opportunities to demonstrate their ability to identify and respond to the changing needs of the community; advocate for

health care services; and collaborate effectively with healthcare teams and community service providers. Students will research and reflect on topics relevant to the northern community in which they live, learn, and work for the eight-month Comprehensive Community Clerkship.

**MEDS 5425: Personal and Professional Aspects of Medical Practice**

Building on Year 1 and Year 2, this course will focus on the many personal, social, professional, legal, and ethical considerations inherent to medical practice. Students will continue to develop in their roles as communicators, scholars, advocates, and professionals but will develop their roles as collaborators, advocates and health managers. The eight- month Comprehensive Community Clerkship (CCC) in rural and northern communities throughout Northern Ontario creates opportunities to support the development of professional attitudes and values related to health and wellness; illness and disease; and, the physician's role in the lives of individuals, families, and communities. In addition, the course gives students the opportunity to experience the application of ethical principles and concepts to issues that will arise throughout their clinical encounters. Students will complete reflective exercises and formal presentations to develop skills related to the critical appraisal of evidence, the appropriate use of information technology, and the development of strategies to support lifelong and self-directed learning via an exploration of the virtues of medicine.

**MEDS 5445: Social and Population Health**

Students are provided the opportunity to apply the concepts introduced in Years 1 and 2. Course work will include collaborative practice and research on topics of relevance to the students' communities where they will be for the eight- month Comprehensive Community Clerkship (CCC). Research learning(s) may involve examinations of treatment approaches and health policies, chart reviews, and quality assurance. Key concepts of reflective engagement, ethics, community-based participatory research (CBPR), and research methods will be included in small group discussions. There will be a focus on identification of risk factors and (social) determinants of health with respect to individuals and populations, discussion of the impact of health policy on the determinants of health and review of important current Canadian health care issues. Students will be required to demonstrate knowledge and understanding of the unique health care needs of their respective communities, reflection as a method of professional growth, advocacy and community engagement in health care, public health policies, effective collaboration, organization of the health care system, health promotion and illness/disease prevention skills for individuals and communities.

**MEDS 5465: Foundations of Medicine**

Building on the Year 1 and Year 2 courses, students will gain a more in depth comprehension of how to apply the key concepts learned in the years prior to their clinical practice. Students will continue to receive specific instruction related to the structure and function of the organ systems of the body in the context of the core clinical disciplines including clinical correlates for selected concepts. This course will discuss and assess the knowledge and skills considered the foundations of medicine utilizing

integrated small group discussions conducted in the communities where students will be learning and living for the eight-month Comprehensive Community Clerkship (CCC).

**MEDS 5485: Clinical Skills in Health Care**

The eight month Comprehensive Community Clerkship (CCC) placement is the first exposure of the students to the clinical environment, learning under the guidance of community preceptors. Emphasis is on family practice and the primary care environment, especially in Northern Ontario and rural communities. During the eight month CCC students will also have opportunities to work with specialists and other allied health professionals. Students work on developing differential diagnoses, clinical decision-making skills, and further investigation and therapeutic management of common clinical problems, while continuing to understand the patient's illness experience within the particular health care setting of their assigned community. Students will have the opportunity to practice and become competent in performing a minimal set of clinical procedures established by the Phase Two committee. Teaching will include didactic teaching sessions, virtual academic rounds (case based group presentations), direct instruction and observation in a variety of outpatient and inpatient settings.

**Phase 3 - Year 4 Courses**

**MEDS 5605: Northern and Rural Health**

Building on the competencies students have developed, the focus of this course is the application of knowledge of health care service delivery in northern and rural communities, within and beyond Ontario. Students apply their knowledge of northern and rural health, culture, social realities, and economic circumstances by providing appropriate patient care. Students demonstrate reflexive engagement with their own practice-based experiences through narrative medicine, and through evaluation and analysis of topics pertinent to health care delivery in the North. Through their ongoing commitment to addressing the health care needs of the populations served in Northern Ontario, students are ready to become socially accountable and culturally safe physicians.

**MEDS 5625: Personal and Professional Aspects of Medical Practice**

Students continue to refine their understanding of professional issues and will strive to become competent as medical experts who are able to balance their roles as communicators, scholars, professionals, collaborators, advocates, and health leaders. Topics focus on the historical development of medical specialties, the legal framework for the practice of medicine in Ontario and Canada, ethical issues related to medical errors and patient safety, physician advocacy, and laws and requirements around medical records and practicing medicine in a hospital.

**MEDS 5645: Social and Population Health**

Students continue to learn about the social and cultural perspectives on individual and population health, community and public health, occupational health and the social determinants of health. Development of critical appraisal skills and evidence-based

medicine at the patient and population levels is emphasized. The application of various epidemiological study designs and statistics are discussed.

**MEDS 5665: Foundations of Medicine**

Acquiring knowledge about, and application of, the basic medical sciences in the context of patient care will continue to be an essential part of student instruction in all settings. Students will be expected to recall, understand, and apply knowledge of the basic sciences learned from Years 1 to 3. Review of anatomy, physiology, biochemistry, microbiology, genetics, and immunology will be encouraged and assessed. Pathology, pathophysiology, pharmacology, and therapeutics will be the subjects heavily emphasized and assessed.

**MEDS 5685: Clinical Skills in Health Care**

An in-depth experiential learning and exploration of the medical specialties and sub-specialties, and research of the human sciences through a series of core medical and elective rotations. Successful completion of Clinical Skills in Health Care is accomplished by obtaining a mark of PASS throughout all rotations.

**MEDS 5710: Internal Medicine**

The four-week internal medicine clerkship incorporates the objectives of general internal medicine as well as some of the sub-specialties of internal medicine. The content of the internal medicine clerkship builds upon the diagnosis, treatment, and management of patients in the in-patient and out-patient setting.

**MEDS 5711: Surgery**

The four-week surgical clerkship is intended to provide the clerk with an understanding of the broad principles of surgery and the basics of many of the individual surgical specialties as a foundation for post graduate training. Learning is focused through objectives and patient encounters in the out-patient and in-patient environment.

**MEDS 5713: Women's Health**

The four-week women's health rotation provides students with the opportunity to acquire knowledge and skills necessary for the diagnosis, treatment, and management of the gynecological patient. Students will participate in the admission, management, and follow through of obstetrical cases with a focus on in-patient care.

**MEDS 5714: Children's Health**

The four-week children's health rotation is an experience in which students will have an in-depth experience in acquiring the knowledge and skills necessary for the comprehensive evaluation of pediatric patients from the neonate to the adolescent. Students will have a focused experience in which they will be learning about common and important pediatric principles as well as common and emergent problems in the hospital, ambulatory, and community settings.



**MEDS 5715: Mental Health**

This four-week mental health rotation is designed to provide students with the opportunity to learn and acquire skills necessary to take a proper psychiatric case history, to examine psychiatric patients, and to develop management and treatment plans. Students will expand the knowledge they have acquired from experiences in Years 1 to 3 to better understand the roles of a variety of therapies in the treatment and management of out-patients and in-patients and will better understand how mental health issues and psychiatric problems are managed over time.

**MEDS 5716: Emergency Medicine**

The four-week emergency medicine rotation provides an in depth experience for students in the context and milieu of large city hospital-based emergency departments. During this period students will expand their knowledge of triage in the emergency setting, sharpen their history and physical exam skills, develop appropriate differential diagnoses and management plans for the emergent patient and assist and/or perform procedures required for extreme emergent situations.

**Phase 3 (Year 4) ELECTIVES****Course Description**

Students are required to complete a minimum of twelve weeks of electives in Phase 3. Elective experiences are structured educational opportunities that allow medical students to explore the specialties and sub-specialties of medicine as well as explore their career options. Electives must be a minimum of two weeks in duration although one-week electives may be approved under special circumstances.

These electives must be in a minimum of three of the Canadian Resident Matching Service (CaRMS) categories (listed below).

**Canadian Resident Matching Service (CaRMS) categories:**

- Obstetrics and Gynecology
- Family Medicine (Palliative Care, Sports Medicine)
- Psychiatry
- Pediatrics (Pediatrics, Pediatric Neurology)
- Imaging (Diagnostic Radiology, Nuclear Medicine)
- Ophthalmology
- Otolaryngology - Head and Neck Surgery
- Anesthesiology
- Public Health & Preventive Medicine
- Emergency Medicine
- Medical Genetics
- Internal Medicine (Internal Medicine, Dermatology, Neurology, Physical Medicine and Rehabilitation, Critical Care)
- Laboratory Specialties (Anatomical Pathology, General Pathology, Hematological Pathology, Laboratory Medicine, Medical Biochemistry, Medical Microbiology, Neuropathology)

- Radiation Oncology
- Surgery (General Surgery, Cardiac Surgery, Neurosurgery, Orthopedic Surgery, Plastic Surgery, Urology, Pediatric Orthopedic Surgery, Vascular Surgery)

MEDS 5750 - Elective/Medical/Specialty  
 MEDS 5751 - Elective/Surgical/Specialty  
 MEDS 5752 - Elective/Women's Health /Specialty  
 MEDS 5753 - Elective/Children's Health/Specialty  
 MEDS 5754 - Elective/Internal Medicine/Specialty  
 MEDS 5755 - Elective/Mental Health Medicine/Specialty  
 MEDS 5756 - Elective/Family Medicine/Specialty  
 MEDS 5757 - Elective/Research  
 MEDS 5758 - Elective/Human Sciences  
 MEDS 5759 - Elective/Laboratory Medicine/Pathology/Specialty  
 MEDS 5770 - Elective/Diagnostic Imaging/Nuclear Medicine/Specialty  
 MEDS 5771 - Elective/Emergency Medicine  
 MEDS 5772 - Elective/Community Medicine  
 MEDS 5773 - Elective/Anesthesia

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Version	Date	Authors/Notation of original document/Comments/Amendments/Approvals
	2017 02	2017-2018 Course descriptions sent to Theme and Phase Chairs for revisions for 2017-2018. T1 and T4 proposed changes.
	2017 09 07	Approved by UMEC after two readings
	2017 09 21	Provided to AC for vote on approval



Northern Ontario  
School of Medicine

École de médecine  
du Nord de l'Ontario

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# INFORMATION ONLY

## Undergraduate Medical Education Course Descriptions ~~2018-2019-2017-2018~~

### Phase 1 - Year 1 Courses

#### **MEDS 5005: Northern and Rural Health**

Focusing on the knowledge, skills and attitudes required to be a socially accountable [and culturally safe](#) physician in a northern and rural community, students begin to develop competence in several domains including communication, collaboration, health advocacy, leadership, reflection, and culture. They learn about the contexts for the practice of medicine in Northern Ontario, understand the importance of interprofessional care, and begin to understand the determinants of health ~~with a particular focus on~~ [cultures they relate to health of Northern, rural, Indigenous and Francophone populations](#). They reflect on their understanding of the practice of medicine in Northern Ontario; develop an awareness and responsiveness to the changing needs of communities; and learn about ways to advocate for the health care needs of populations in Northern Ontario ~~such as Aboriginal and Francophone peoples.~~ [As part of this requirement of this course is mandatory participation in a course students undertake a four-week Integrated Community Experience in an \[Indigenous\]\(#\) ~~Aboriginal~~ community.](#)

#### **MEDS 5025: Personal and Professional Aspects of Medical Practice**

Focusing on the role of the physician as a communicator, scholar, advocate, and a professional students will affirm the centrality of the patient-physician relationship, the requirement of a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse population. Effective participation in the course will ensure the development of appropriate skills in critical appraisal of evidence, the appropriate use of information technology, and the development of strategies to support self-directed learning.

#### **MEDS 5045: Social and Population Health**

Students develop their knowledge and understanding of the principles of primary health care and the Canadian health care system; public health; cultural/social/economic aspects of health and illness; history of disease; health promotion and disease prevention for individuals, communities, and populations; workplace health and safety; and research methods and critical appraisal, epidemiology, and statistics. Particular foci will include the determinants of health, health-related risk factors, interprofessional roles, and the impact of health policy on health.

**MEDS 5065: Foundations of Medicine**

Scientific disciplines basic to the study and practice of medicine are covered. Included are objectives promoting the requirement that a physician must be knowledgeable and that graduates should be trained to a general professional level. Students will be expected to demonstrate a level of knowledge and skill with respect to the topics considered to be the foundations of medicine and be able to translate these into associated competencies. Specific instruction and learning is related to the gastrointestinal, cardiovascular, respiratory, nervous, muscular, skeletal, and endocrine systems.

**MEDS 5085: Clinical Skills in Health Care**

The focus will be on the taking of a patient's history and performing a physical examination of the body system being studied in each module. Using standardized patients, students will have the opportunity to develop skills in communicating with patients of varying cultural backgrounds and life cycle stages, and interacting with patients following a patient-centered model of care. Students will be expected to demonstrate effective clinical competencies, in diagnostic, therapeutic management at an appropriate level.

**Phase 1 - Year 2 Courses****MEDS 5205: Northern and Rural Health**

This course facilitates ongoing competency development required to become a socially accountable and culturally safe physician in a northern and rural community. Students will develop their knowledge and skills in effective including communication, collaboration, health advocacy, leadership, and reflection in relation to health care delivery in Northern, rural, Indigenous and Francophone communities. , and culture. Through active involvement with the community, The curriculum will support students will be required to in demonstrating an understanding of northern and rural medicine and develop skills that will enhance their ability to provide culturally safe and effective care in these communities. cultures in the practice of medicine; demonstrate awareness of and responsiveness to the changing needs of communities; advocate for the health care needs of patients in Northern Ontario; identify and use appropriate supportive technologies to facilitate communication and health care delivery, demonstrate ability to function as part of a collaborative team; and demonstrate cultural sensitivity and responsiveness to the health care needs of populations in Northern Ontario such as Aboriginal and Francophone peoples. Students complete two four-week Integrated Community Experiences in rural or remote communities in Northern Ontario.

**MEDS 5225: Personal and Professional Aspects of Medical Practice**

A continuation of the Year 1 course, students will be expected to continue to develop in their roles as communicator, scholar, advocate, and professional. The two Integrated Community Experiences (ICE) in rural and remote settings will create opportunities to

support the development of appropriate professional attitudes and values related to health and wellness; illness and disease; and, the physician's role in the lives of individuals, families, and communities. Furthering their skills in self-reflection, students will continue to develop a sense of themselves as professionals, as life-long learners, as members of the health care team, and members of a community within the context of a host of health, wellness, and illness issues.

### **MEDS 5245: Social and Population Health**

The course will build on Year 1 concepts. In addition, students will develop their knowledge and understanding of mental health; substance abuse; literacy and health; palliative care; public health risks and reporting; screening; telemedicine; and, environmental health. Students will expand their working knowledge of epidemiology and statistics and use search tools to gather population-level data to profile communities and apply epidemiological data to understand the magnitude of various health conditions and health-related issues such as obesity, diabetes, intimate partner violence, HIV/AIDS, and cancer.

### **MEDS 5265: Foundations of Medicine**

A continuation of the Year 1 course, concepts and will include specific instruction and learning related to the immune and hematology systems; [the urinary system](#); [the integumentary system](#); the reproductive systems including an introduction to obstetrical care; pharmacology [and toxicology](#); and, psychiatry. Students will be expected to demonstrate a level of knowledge and skill with respect to the topics considered to be the foundations of medicine. Students will also be expected to continue to develop skills in critical appraisal of evidence, the use of information technology, and strategies to support self-directed learning.

### **MEDS 5285: Clinical Skills in Health Care**

The concepts and skills in communication, which were introduced in the first year of the program, are further developed, employing the model used in year 1. These are centered on the body system being studied in that module. Students will begin to develop skills in developing differential diagnoses and investigation and management plans. They will be introduced to disease processes that cross the single-system model. The completion of Year 2 Phase 1 marks the end of the pre-clinical stage of the undergraduate medical education program. At the completion of the first cycle students will be ready to enter the clinical phase of their undergraduate education.

### **MEDS 5305: Elective**

A structured learning experience designed to allow students to address their professional medical interests in a field of medicine or another field related to Clinical, Medical or Human Sciences, approved by NOSM's Clinical Sciences Division, Medical

Sciences Division, or Human Sciences Division as well as the Office of Undergraduate Medical Education. This elective is required as part of the core undergraduate curriculum. Multiple electives may be engaged in, totaling a minimum of four weeks and must be completed prior to the start of the Comprehensive Community Clerkship (CCC) in Year 3 (Phase 2).

### Phase 2 - Year 3 Courses

#### **MEDS 5405: Northern and Rural Health**

This course provides opportunities for students to augment their knowledge, skills, and [further develop](#) attitudes towards becoming socially accountable [and culturally safe](#) physicians in northern and rural communities. [The focus for this course is on demonstrating the applicability of concepts such as advocacy, interprofessionalism, and cultural safety to patient care and community-engaged medicine. Students will have the opportunity to explore concepts related to northern and rural health through research, critical reflection and active participation in health care and community service learning.](#) ~~The focus of this course is to foster the application of the knowledge acquired in Phase 1 through critical reflection. Through community service learning and active involvement, s~~Students [learn to apply their understanding of the social, political, cultural, economic, and environmental realities of practicing medicine in Northern Ontario. They have opportunities to](#) demonstrate their ability to identify and respond to the changing needs of the community; advocate for health care services; [and](#) collaborate effectively with healthcare teams and community service providers. Students [will research and](#) reflect on topics relevant to the northern community in which [they](#) live, learn, and work for the eight-month Comprehensive Community Clerkship. ~~Students learn to apply their understanding the social, cultural, economic, environmental, and the realities of practicing medicine in Northern Ontario.~~

#### **MEDS 5425: Personal and Professional Aspects of Medical Practice**

Building on Year 1 and Year 2, this course will focus on the many personal, social, professional, legal, and ethical considerations inherent to medical practice. Students will continue to develop in their roles as communicators, scholars, advocates, and professionals but will develop their roles as collaborators, advocates and health managers. The eight- month Comprehensive Community Clerkship (CCC) in rural and northern communities throughout Northern Ontario creates opportunities to support the development of professional attitudes and values related to health and wellness; illness and disease; and, the physician's role in the lives of individuals, families, and communities. In addition, the course gives students the opportunity to experience the application of ethical principles and concepts to issues that will arise throughout their clinical encounters. Students will complete reflective exercises and formal presentations to develop skills related to the critical appraisal of evidence, the appropriate use of information technology, and the development of strategies to support lifelong and self-directed learning via an exploration of the virtues of medicine.

**MEDS 5445: Social and Population Health**

Students are provided the opportunity to apply the concepts introduced in Years 1 and 2. Course work will include collaborative practice and research on topics of relevance to the students' communities where they will be for the eight-month Comprehensive Community Clerkship (CCC). Research learning(s) may involve examinations of treatment approaches and health policies, chart reviews, and quality assurance. Key concepts of reflective engagement, ethics, community-based participatory research (CBPR), and research methods will be included in small group discussions. There will be a focus on identification of risk factors and (social) determinants of health with respect to individuals and populations, discussion of the impact of health policy on the determinants of health and review of important current Canadian health care issues. Students will be required to demonstrate knowledge and understanding of the unique health care needs of their respective communities, reflection as a method of professional growth, advocacy and community engagement in health care, public health policies, effective collaboration, organization of the health care system, health promotion and illness/disease prevention skills for individuals and communities.

**MEDS 5465: Foundations of Medicine**

Building on the Year 1 and Year 2 courses, students will gain a more in depth comprehension of how to apply the key concepts learned in the years prior to their clinical practice. Students will continue to receive specific instruction related to the structure and function of the organ systems of the body in the context of the core clinical disciplines including clinical correlates for selected concepts. This course will discuss and assess the knowledge and skills considered the foundations of medicine utilizing integrated small group discussions conducted in the communities where students will be learning and living for the eight-month Comprehensive Community Clerkship (CCC).

**MEDS 5485: Clinical Skills in Health Care**

The eight month Comprehensive Community Clerkship (CCC) placement is the first exposure of the students to the clinical environment, learning under the guidance of community preceptors. Emphasis is on family practice and the primary care environment, especially in Northern Ontario and rural communities. During the eight month CCC students will also have opportunities to work with specialists and other allied health professionals. Students work on developing differential diagnoses, clinical decision-making skills, and further investigation and therapeutic management of common clinical problems, while continuing to understand the patient's illness experience within the particular health care setting of their assigned community. Students will have the opportunity to practice and become competent in performing a minimal set of clinical procedures established by the Phase Two committee. Teaching will include didactic teaching sessions, virtual academic rounds (case based group presentations), direct instruction and observation in a variety of outpatient and inpatient settings

## Phase 3 - Year 4 Courses

### **MEDS 5605: Northern and Rural Health**

Building on the competencies students have developed, the focus of this course is the application of knowledge of health care service delivery in northern and rural communities, within and beyond Ontario. Students apply their knowledge of northern and rural health, culture, social realities, and economic circumstances by providing appropriate patient care. Students demonstrate reflexive engagement with their own practice-based experiences through narrative medicine, and through evaluation and analysis of topics pertinent to health care delivery in the North. Through their ongoing commitment to addressing the health care needs of the populations served in Northern Ontario, students are ready to become socially accountable [and culturally safe](#) physicians.

### **MEDS 5625: Personal and Professional Aspects of Medical Practice**

Students continue to refine their understanding of professional issues and will strive to become competent as medical experts who are able to balance their roles as communicators, scholars, professionals, collaborators, advocates, and health leaders. Topics focus on the historical development of medical specialties, the legal framework for the practice of medicine in Ontario and Canada, ethical issues related to medical errors and patient safety, physician advocacy, and laws and requirements around medical records and practicing medicine in a hospital.

### **MEDS 5645: Social and Population Health**

Students continue to learn about the social and cultural perspectives on individual and population health, community and public health, occupational health and the social determinants of health. Development of critical appraisal skills and evidence-based medicine at the patient and population levels is emphasized. The application of various epidemiological study designs and statistics are discussed.

### **MEDS 5665: Foundations of Medicine**

Acquiring knowledge about, and application of, the basic medical sciences in the context of patient care will continue to be an essential part of student instruction in all settings. Students will be expected to recall, understand, and apply knowledge of the basic sciences learned from Years 1 to 3. Review of anatomy, physiology, biochemistry, microbiology, genetics, and immunology will be encouraged and assessed. Pathology, pathophysiology, pharmacology, and therapeutics will be the subjects heavily emphasized and assessed.

### **MEDS 5685: Clinical Skills in Health Care**

An in-depth experiential learning and exploration of the medical specialties and sub-specialties, and research of the human sciences through a series of core medical and



elective rotations. Successful completion of Clinical Skills in Health Care is accomplished by obtaining a mark of PASS throughout all rotations.

**MEDS 5710: Internal Medicine**

The four-week internal medicine clerkship incorporates the objectives of general internal medicine as well as some of the sub-specialties of internal medicine. The content of the internal medicine clerkship builds upon the diagnosis, treatment, and management of patients in the in-patient and out-patient setting.

**MEDS 5711: Surgery**

The four-week surgical clerkship is intended to provide the clerk with an understanding of the broad principles of surgery and the basics of many of the individual surgical specialties as a foundation for post graduate training. Learning is focused through objectives and patient encounters in the out-patient and in-patient environment.

**MEDS 5713: Women's Health**

The four-week women's health rotation provides students with the opportunity to acquire knowledge and skills necessary for the diagnosis, treatment, and management of the gynecological patient. Students will participate in the admission, management, and follow through of obstetrical cases with a focus on in-patient care.

**MEDS 5714: Children's Health**

The four-week children's health rotation is an experience in which students will have an in-depth experience in acquiring the knowledge and skills necessary for the comprehensive evaluation of pediatric patients from the neonate to the adolescent. Students will have a focused experience in which they will be learning about common and important pediatric principles as well as common and emergent problems in the hospital, ambulatory, and community settings.

**MEDS 5715: Mental Health**

This four-week mental health rotation is designed to provide students with the opportunity to learn and acquire skills necessary to take a proper psychiatric case history, to examine psychiatric patients, and to develop management and treatment plans. Students will expand the knowledge they have acquired from experiences in Years 1 to 3 to better understand the roles of a variety of therapies in the treatment and management of out-patients and in-patients and will better understand how mental health issues and psychiatric problems are managed over time.

**MEDS 5716: Emergency Medicine**

The four-week emergency medicine rotation provides an in depth experience for students in the context and milieu of large city hospital-based emergency departments. During this period students will expand their knowledge of triage in the emergency setting, sharpen their history and physical exam skills, develop appropriate differential

diagnoses and management plans for the emergent patient and assist and/or perform procedures required for extreme emergent situations.

### **Phase 3 (Year 4) ELECTIVES**

#### **Course Description**

Students are required to complete a minimum of twelve weeks of electives in Phase 3. Elective experiences are structured educational opportunities that allow medical students to explore the specialties and sub-specialties of medicine as well as explore their career options. Electives must be a minimum of two weeks in duration although one-week electives may be approved under special circumstances.

These electives must be in a minimum of three of the Canadian Resident Matching Service (CaRMS) categories (listed below).

#### Canadian Resident Matching Service (CaRMS) categories:

- Obstetrics and Gynecology
- Family Medicine (Palliative Care, Sports Medicine)
- Psychiatry
- Pediatrics (Pediatrics, Pediatric Neurology)
- Imaging (Diagnostic Radiology, Nuclear Medicine)
- Ophthalmology
- Otolaryngology - Head and Neck Surgery
- Anesthesiology
- Public Health & Preventive Medicine
- Emergency Medicine
- Medical Genetics
- Internal Medicine (Internal Medicine, Dermatology, Neurology, Physical Medicine and Rehabilitation, Critical Care)
- Laboratory Specialties (Anatomical Pathology, General Pathology, Hematological Pathology, Laboratory Medicine, Medical Biochemistry, Medical Microbiology, Neuropathology)
- Radiation Oncology
- Surgery (General Surgery, Cardiac Surgery, Neurosurgery, Orthopedic Surgery, Plastic Surgery, Urology, Pediatric Orthopedic Surgery, Vascular Surgery)

MEDS 5750 - Elective/Medical/Specialty

MEDS 5751 - Elective/Surgical/Specialty

MEDS 5752 - Elective/Women's Health /Specialty

MEDS 5753 - Elective/Children's Health/Specialty

MEDS 5754 - Elective/Internal Medicine/Specialty

MEDS 5755 - Elective/Mental Health Medicine/Specialty

MEDS 5756 - Elective/Family Medicine/Specialty

- MEDS 5757 - Elective/Research
- MEDS 5758 - Elective/Human Sciences
- MEDS 5759 - Elective/Laboratory Medicine/Pathology/Specialty
- MEDS 5770 - Elective/Diagnostic Imaging/Nuclear Medicine/Specialty
- MEDS 5771 - Elective/Emergency Medicine
- MEDS 5772 - Elective/Community Medicine
- MEDS 5773 - Elective/Anesthesia

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<b>Version</b>	<b>Date</b>	<b>Authors/Notation of original document/Comments/Amendments/Approvals</b>
	2017 02	2017-2018 Course descriptions sent to Theme and Phase Chairs for revisions for 2017-2018. T1 and T4 proposed changes.
	=2017 09 07	Approved by UMEC after two readings

Recommendation #3

**Document for Approval** – Proposed change to 2017-2018 UME Program Calendar of Academic Events

MOVED THAT the revised 2017-2018 UME Program Calendar of Academic Events be approved as presented.

**KEY POINTS:**

In response to student concern and request that they require more elective time prior to the CaRMS application process, the previously Senates-approved (Nov 2016) UME Calendar of Academic Events has been revised to include a four-week elective block at the start of Year 4. These four weeks were made available by removing one week from the year 3 Comprehensive Community Clerkship, removing one of the two Academic Weeks in year 4 and shifting curriculum, and using two of the weeks between Y3 and Y4 that were previously used for travel and study.

**ROUTING AND PERSONS CONSULTED:**

This change has been vetted by the Office of UME, Phase 2 and Phase 3 Committees, Learner Affairs, and other relevant stakeholders. It was approved by UMEC on September 7, 2017 and Academic Council on September 21, 2017 and JSC on October 12, 2017.

**NEXT STEPS:**

Upon approval by Academic Council, the Secretary to the Board and Academic Council will forward to the Joint Senate and then the Senates for vote on approval. Once approval has been obtained from all bodies, the Secretary to the Board and Academic Council will inform the UME Administrative Coordinator.

**SUPPORTING MATERIALS:**

- 2017-2018 UME Calendar of Academic Events (abridged)

## 2017-2018 UME CALENDAR OF ACADEMIC EVENTS

May 08, 2017	Year 4 (E2014) Program begins
August 28, 2017	Year 3 Program begins
September 05, 2017	Year 1 Program begins
September 11, 2017	Year 2 Program begins
December 22, 2017	Last day of instruction before Winter Recess
December 25, 2017 to January 05, 2018	Winter Recess for all class years
March 12 to March 16, 2018	Years 1, 2 Reading Week
Late May/Early June 2018 (Date TBA)	Lakehead University Convocation/MD Hooding Ceremony (E2014)
Late May/Early June 2018 (Date TBA)	Laurentian University Convocation/MD Hooding Ceremony (E2014)

**\* Important Note to Students:** **Weeks include all holidays.** You may be required to work during those holidays, please correspond with your coordinator or other authority to confirm if you are required to be present on those specific dates.

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Version	Date	Authors/Comments/Amendments/Approvals
	02 June 2017	Approved by UMEC
	22 Sept 2016	Approved by Academic Council
	25 Oct 2016	Approved by Joint Senate Committee
	15 Nov 2016	Approved by Laurentian University Senate
	28 Nov 2016	Approved by Lakehead University Senate
	2017 08 24	Edited to eliminate dates that are unnecessary in this document, to align with the type of content in the Lakehead and Laurentian academic calendars

Recommendation #4

**Document for Approval – 2018-2019 UME Program Calendar of Academic Events**

MOVED THAT the 2018-2019 UME Calendar of Academic Events be approved as presented.

**KEY POINTS:**

The substantive change from previous years carries on the new four-week elective block at the start of Year 4 (done in 2017-2018). This change is in response to student concern and request that they require more elective time prior to the CaRMS application process. To repeat, as was explained in the request for change to the 2017-2018 UME Calendar of Academic Events, these four weeks were made available by removing one week from the year 3 Comprehensive Community Clerkship, removing one of the two Academic Weeks in year 4 and shifting curriculum, and using two of the weeks between Y3 and Y4 that were previously used for travel and study.

**ROUTING AND PERSONS CONSULTED:**

This change has been vetted by the Office of UME, Phase 2 and Phase 3 Committees, Learner Affairs, and other relevant stakeholders. It was approved by UMEC on September 7, 2017 and AC on September 21, 2017 and JSC on October 12, 2017

**NEXT STEPS:**

Upon approval by Academic Council, the Secretary to the Board and Academic Council will forward to the Joint Senate and then the Senates for vote on approval. Once approval has been obtained from all bodies, the Secretary to the Board and Academic Council will inform the UME Administrative Coordinator.

**SUPPORTING MATERIALS:**

- 2018-2019 UME Program Calendar of Academic Events UMEC

## 2018-2019 UME CALENDAR OF ACADEMIC EVENTS

April 16, 2018	Year 4 (E2015) Program begins
August 27, 2018	Year 3 Program begins
September 04, 2018	Year 1 Program begins
September 10, 2018	Year 2 Program begins
December 21, 2018	Last day of instruction before Winter Recess
December 24, 2018 to January 04, 2019	Winter Recess for all class years
March 11 to March 15, 2019	Years 1, 2 Reading Week
Late May/Early June 2019 (Date TBA)	Lakehead University Convocation/MD Hooding Ceremony (E2015)
Late May/Early June 2019 (Date TBA)	Laurentian University Convocation/MD Hooding Ceremony (E2015)

**\* Important Note to Students:** Weeks include all holidays. You may be required to work during those holidays, please correspond with your coordinator or other authority to confirm if you are required to be present on those specific dates.

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Version	Date	Authors/Comments/Amendments/Approvals
	2017 09 07	Approved by UMEC
	2017 09 21	Provided to AC for vote on approval