

Lakehead

UNIVERSITY

QUALITY ASSURANCE - CYCLICAL PROGRAM REVIEW OF THE NORTHERN ONTARIO SCHOOL OF MEDICINE MD PROGRAM

Executive Summary and Implementation Plan

In accordance with the Institutional Quality Assurance Process (IQAP), the Northern Ontario School of Medicine (NOSM) submitted a Self-Study (March 2012) to the Office of the Provost and Vice-President (Academic) at both Lakehead and Laurentian University. Volume One presented the description of the program and outcomes, an analytical assessment of the program, and relevant program data. Volume Two and Three provided a collection of the program course outlines and clerkship descriptions, and the *curriculum vitae* for the NOSM faculty.

Two external reviewers and one internal reviewer from each institution were selected from a set of proposed reviewers. The Review Team examined the materials and completed a two day site visit in March 2012. The visit included interviews with the Provost and Vice-Presidents (Academic) of Lakehead and Laurentian Universities, the Deputy Provost, the Dean of NOSM, and the Associate Dean Undergraduate Medical Education. The Review Team interviewed faculty, staff, and students on both campuses and had an opportunity to tour the NOSM Northwestern Campus at Lakehead University and the Thunder Bay Regional Health Science Centre (TBRHSC).

In their report, submitted May 2012, the Review Team provided feedback that describes how the Northern Ontario School of Medicine MD Program meet the evaluation criteria outlined in the Quality Assurance Framework, and is consistent with the missions and academic priorities of both Universities. The MD curriculum is fully mapped allowing for the identification and linkage of the key curriculum components to defined program learning outcomes and institutional expectations. The admission standards, curriculum structure and delivery, and teaching and assessment methods are appropriate and are effective in preparing graduates to meet defined outcomes and the degree level expectations. The host Universities were commended for providing NOSM with supportive intellectual environments in which to educate physicians. The Reviewers noted that the NOSM distributed model ensures that students on both University campuses have high quality standardized educational interventions. Results from the Canadian Student Graduate Questionnaire and MCC Examinations demonstrate student performance in the top percentiles of peer schools. The success of NOSM's model is best exemplified by their students' achievement rates of residency matches in the first iteration, and the students' passing rates on both Medical Council of Canada (MCC) qualifying examinations. The Review Team also identified areas for improvement and made suggestions and recommendations for further consideration.

A NOSM team composed of the Associate Dean Undergraduate Medical Education, the Assistant Dean Curriculum and Planning, and the Chair of NOSM Accreditation Collaborative, submitted a response to the Reviewers' Report (November 2012). They responded to each of the recommendations made by the Reviewers and, where necessary, presented clarification and corrections. Follow-up actions and associated timelines were identified.

A Final Assessment Report was prepared to provide a synthesis of the external evaluation and NOSM's response and action plan. The report identifies the significant strengths of the program, opportunities for program improvement and enhancement, and sets out and prioritizes the recommendations that have been selected for implementation. The Implementation Plan identifies who will be responsible for approving the recommendations set out in the Final Assessment Report; who will be responsible for providing any resources made necessary by those recommendations; any changes in organization, policy or governance that will be necessary to meet the recommendations; who will be responsible for acting on those recommendations; and timelines for acting on and monitoring the implementation of those recommendations.

NOSM Quality Assurance Implementation Plan April 2013

Recommendations Requiring Follow-up	NOSM Follow-Up	Responsibility and Timeline*
2. The terms of reference and membership of all committees should be reassessed annually to ensure they fit best practice.	The UMEC Constitutional Review Group will complete a full review by the end of December 2012 and will continue to act as a review body thereafter.	2012-2013 - Associate Dean Undergraduate Medical Education
7. There should be close monitoring by the CWG and UMEC of assessment and evaluations from the new Pharmacology module implemented for at least two years.	Theme 4 committee monitors performance on all theme 4 assessment items including pharmacology.	Ongoing - Chair of the Theme 4 Committee.
8. Facilitators for online and telephone based learning groups should be given education on handling this challenging task. There may be an opportunity for formal rules for such groups as the lack of "face-to-face" encounters could allow for difficulty for each student to contribute equitably.	In the short term, UME will develop written materials that outline the challenges associated with virtual learning and that provide suggestions for appropriate methods of engaging learners in this type of learning environment. These materials will be provided to all facilitators in advance of modules involving online and/or teleconference learning sessions. A workshop on facilitating online and teleconference based learning groups will hopefully be offered at the upcoming Faculty Development Conference in January 2013. In the long term, UME will collaborate with CEPD to develop online modules through Moodle to further support the development of our facilitators in this area. The online modules will be available	2013-2014 - Associate Deans Dr. McCready and Dr. Graves

	for facilitators to work through independently prior to the start of modules in which they will be facilitating online or teleconference based sessions. This will be an ongoing activity with CEPD and UME.	
10. The volume, alleged repetition and suggested lack of diligence in currency of articles and assigned reading for independent and team learning should be reviewed regularly. The CWG should document this practice and set parameters around timing of and submission dates for such practice.	Readings are reviewed annually as part of the module reviews. The curriculum map will allow the more effective review of the assigned reading.	This annual review cycle is supported by the Assistant Dean of Curriculum and Planning, UME and Associate Dean Undergraduate Medical Education
11. Define Theme and Module leads' accountability with respect to up-to-date references in course instructional material design, and in the Basic Science underpinnings of the clinical material.	technology that were reported in 2012. Strategies to address the issues must be in place for 2013CBM 106 ICE placements.	A complete review of case-based learning sessions is being completed in 2012-13 and topic- oriented session review is planned for 2013-14 to address this as well.

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<p>14. There should be a regular diligent attempt to offer clinical teaching, evaluation and curricular development to faculty in distributed and AHSC sites in various fashions (electronic, online, videoconference and accredited sessions).</p>	<p>Faculty Affairs is working with UME and PG to improve the faculty evaluation process. This issue will be addressed for the UME and PG accreditation visits scheduled for early 2014.</p>	<p>2012-2014 - Dr. McCready, Dr. Cervin and Dr. Graves</p>
<p>15. The duration and clinical patient care exposure of some Phase 3 clinical rotations warrants reassessment.</p> <p>16. There should be attention at a Decanal level in working with the senior leadership at each AHSC to look at solutions to allow students more and consistent exposure to acute care adult patients.</p>	<p>Annual review of clinical patient care exposure during Phase 3 will continue.</p>	<p>Ongoing - Dr. Lee Toner, the Phase 3 Coordinator oversees this process and regularly reports to UMEC on the findings from these reviews.</p>
<p>17. The role of residents as teachers has been demonstrated in the Medical Education literature as being a powerful learning tool for students. The identified issues for the student learning experience from the small number of residents at each AHSC warrants review and recommendations for improvement as a separate process. As NOSM rolls out the residency-teaching program, their already strong supportive academic and personal culture should also be present in the resident culture.</p>	<p>UME and PG will continue to work on the development of the residents as teachers program. This is an accreditation requirement that must be in place for the 2014 accreditation visit for PG.</p>	<p>2012-2014 - Dr. Cervin and Dr. Graves</p>
<p>18. There should be further dialogue with the student body on the balance between all CanMEDS roles in the curriculum and address the perception that social responsibility is receiving a disproportionate</p>	<p>CWG is currently reviewing the themes and phases policy.</p>	<p>2012-2013 - Dr. Graves is chair of the Curriculum Working Group.</p>

<p>amount of Phase 1 time. We are not advocating this as true, but feel that continued dialogue with students when renewing the curriculum is needed.</p>		
<p>19. In addressing curriculum renewal there is a need to assess leadership as well. Students raised concerns with lack of accessibility of some Theme chairs. We suggest further dialogue with students and perhaps an evaluation process for curricular leads.</p>	<p>Ongoing annual review of theme and other curricular lead contracts will continue.</p>	<p>Ongoing - Theme chairs are reappointed on an annual basis by Dr. Graves</p>
<p>21. There should be more summer research studentships created in Basic and Clinical Science research through internal and external funding streams.</p>	<p>The tuition set aside proposal will allow additional funding for students to pursue Basic, Clinical and Social Science summer student research.</p>	<p>This funding will become available during the 2012-13 academic year through the Bursary Committee chaired by Dr. Piccinin, Assistant Dean, Learner Affairs.</p>
<p>22. Lakehead and Laurentian should undertake a process to evaluate the physical plants of each campus. This should assess the benefits of present model vs. consolidation and ability to handle future expansion and involve all staff in addition to representatives of each year of the student body.</p>	<p>An internal review of space at Lakehead and Laurentian sites has been initiated</p>	<p>Timeline for review to be developed by Administration (Mr. Ken Adams, CAO.)</p>

<p>23. NOSM's Basic Science research laboratory areas are acknowledged as demonstrating efficiencies in staffing and physical plant/equipment budgetary expenditures. This should be lauded in the new era of funding that universities are entering. Our team feels this may need further expansion to support recruitment of additional Basic Science and clinical scientists.</p> <p>24. Lakehead and Laurentian should work diligently with the Dean and decanal team of NOSM in increasing Basic Science teachers. This may lead to expanding the physical footprint on campus and advocacy for research funding and organizational supports (staff equipment processes)</p>	<p>An internal review of space at Lakehead and Laurentian sites has been initiated.</p> <p>Continue the work to create Research Chairs and explore ways to otherwise expand the complement of Basic Science teachers and other Faculty as opportunities become available.</p>	<p>Timeline in development for this review by Administration (Mr. Ken Adams, CAO)</p> <p>Dean and Associate Deans</p>
<p>25. A priority for funding and human resource should be the establishment of a rich and diverse postgraduate residency training program fashioned on the pillars of the undergraduate program at NOSM. This will address student teaching, clinical research, and physician recruitment in the NOSM region.</p>	<p>PG program development is in progress for new residency programs.</p>	<p>2013-2014 - This will be reviewed for the 2014 PG accreditation visit. (Dr. Cervin.)</p>

<p>29. There needs to be a regular transparent process for dialogue between community/clinical teachers and NOSM leaders to support retention of faculty.</p>	<p>Faculty Affairs is working with UME and PG to improve the faculty evaluation process.</p>	<p>2013-2014 - This issue will be addressed for the UME and PG accreditation visits scheduled for early 2014. (Drs. McCready and Graves.)</p>
<p>30. NOSM should work with the student body on strengthening the present peer evaluation process and considering a group assessment component for group learning.</p>	<p>The Assessment Working Group will be tasked to review this recommendation.</p>	<p>2012-2013 - Student Assessment and Promotions Committee (SAPC) chaired by Dr. Stacey Ritz.</p>
<p>33. Engage in a reflective process to assess and define what can and should be offered/available in French. Ensure that policies that result from this reflective process are transparent and available to students and faculty.</p>	<p>Opportunities for learning in French will continue to be explored through collaborations between UME and Community Engagement</p>	<p>Ongoing - Drs. Graves and Marsh respectively</p>
<p>36. Articulate research/knowledge creation priorities related to missions of host universities and NOSM.</p>	<p>This process is in progress.</p>	<p>Ongoing - Dr. Greg Ross, Associate Dean Research</p>
<p>37. Clarify attribution and affiliation issues for academic products.</p>	<p>These initiatives will require a broader review of academic IP at the Northern Ontario School of Medicine. Faculty Affairs will establish a working group to undertake this review.</p>	<p>2013-2014 - Dr. McCready</p>

<p>38. Review the role of research in the MD curriculum as well as extracurricular opportunities for students in research.</p>	<p>A working group to integrate evidence-based medicine teaching in the MD has been established with the assistant dean for curriculum and planning</p>	<p>Ongoing - Dr. Ellaway with the support of Dr. Graves.</p>
<p>39. Curriculum leadership to address metrics, ongoing data collection, best practices and benchmarking in the following areas:</p> <ul style="list-style-type: none"> • Curricular outcomes • Inter-professional education outcomes • Admissions, demographics and social accountability outcomes • Outcomes with respect to the inculcation of social accountability as a core value in graduates <p>Validity, reliability of assessment tools</p>	<p>This work is ongoing as part of ongoing curriculum review and renewal cycle and with Admissions and the NOSM tracking study.</p> <p>Reviewing the validity and reliability of assessment tools is a core responsibility of the Office of Assessment and Evaluation and the Assessment Working Group and OSCE Committees.</p>	<p>Ongoing - Dr. Blair Schoales, Assistant Dean for Admissions and Dr. Wayne Warry, Director of the Centre for Rural and Northern Health Research (CRANHR). Work on assessment tools ongoing - Office and Assessment and Evaluation (Dr. Elaine Hogard)</p>

* The Dean of the Faculty shall be responsible for monitoring the implementation plan. The details of progress made will be presented in the Deans' Annual Report and filed with both of the Vice-Presidents (Academic).