Social Accountability through Distributed Community Engaged Learning: Canada’s Northern Ontario School of Medicine

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Disclosure:

I am a full time employee of:

• Northern Ontario School of Medicine (NOSM) which is funded by the Government of Ontario

I sit on the board of directors for the following organizations:

• NOSM (CEO of NOSM Corporation)
• Thunder Bay Regional Health Sciences Centre
• Advanced Medical Research Institute of Canada
• Thunder Bay Regional Research Institute
Ontario’s Population Distribution by Dissemination Area, Census 2006

Source: Statistics Canada, Census 2006
Northern Ontario
Health Status

% Reporting Very Good or Excellent Health Status

- Sudbury
- Thunder Bay
- North Bay & Parry Sound
- Porcupine
- Northwestern
- Timiskaming
- Leeds-Grenville
- Grey Bruce
- Huron
- Ontario

Source: Statistics Canada, Health Profile, 2009
Northern Ontario School of Medicine

- Faculty of Medicine of Lakehead
- Faculty of Medicine of Laurentian
- Social Accountability mandate
- Commitment to innovation
Recruitment Facilitators for Rural Practice

• rural upbringing
• positive undergraduate rural clinical experiences
• targeted postgraduate training for rural practice
Academic Activities

• MD Program
• Residency Programs
• Continuing Education
• Health Sciences - Dietitians, Physician Assistants & Occupational / Physiotherapy
• Interprofessional Education
• Digital Library Services
• Research
Admissions 2005-2010

12,000 applications for 346 places
• 20% of applicants interviewed
• 15% of interviewees enrolled

Class Profile
• 91% Northern Ontario
• 40% remote/rural
• 7% Aboriginal  22% Francophone
• GPA 3.7
• Age 26 (except 28 charter class)
• 68% Female   32% Male
Distributed Community Engaged Learning

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

- Aboriginal Community Sites
- Integrated Community Experience Sites
- Comprehensive Community Clerkship Sites
Curriculum Innovations

- case based learning
- learning in context
- longitudinal integrated curricula
- community engaged education
- distributed learning
- rural based education
- integrated clinical learning
Community Engagement

- community active participant
  - interdependent partnership
- ensures student “at home”
- contributes to student’s learning experience
- education and research activities
- community capacity building
Clinical Learning

- service learning
  - responding to community need
- learning in context
  - social, community, cultural
  - collegial team environment
  - health system/service models
- integrated clinical learning
  - inc. interprofessional education
Longitudinal Learning

- breadth of exposure to clinical problems over time
- continuity of relationships with patients and clinical teachers
- graded responsibility supports growing autonomy and counters learned helplessness
Academic Outcomes

- Residencies - 100% matched 1st round Match, 3 of 4 years
- Medical Council of Canada Part 1 - above national average - highest clinical decision making
- Medical Council of Canada Part 2 - NOSM residents top total score in Canada 2008 & 2010, 4th 2011
Career Directions

• MD graduates:
  - 61% family medicine, mostly rural
  - 33% general specialties
  - 6% sub-specialties
• >65% of NOSM residents stay
• 85% NODIP graduates in North
• 29% PA graduates in North
Socioeconomic Impact

- $67-82M new economic activity
- 245 new jobs
- economic development
- host universities’ status raised
- improved HHR recruitment
- communities feel empowered
Benefits of NOSM

• More generalist physicians
• Enhanced healthcare access
• Responsiveness to Aboriginal, Francophone, rural, remote
• Interprofessional cooperation
• Health research
• Broader academic developments
• Economic development
Thunder Bay Communique
New Ways of Thinking

Rendez-Vous 2012
together | ensemble | maamawi
and engaged | et engagé | nakiidaa
Those of us in universities and academic institutions resolve to:

- Have communities guide us in the implementation of health professional education that addresses their needs
- Strengthen communities to address their own health needs through participative research and evaluation
- Develop programs and new methods of education that maximise the immersion of students in communities throughout their training
- Ensure that students are properly prepared and supported and their progress evaluated during the implementation of new educational models and programs
- Teach an understanding of human rights, equity, including gender equity in communities
- Work together internationally to share education resources and research tools openly
- Provide generalist training
- Facilitate interprofessional learning for interprofessional practice
- Provide transformational educational opportunities that maximise the length and strength of relationships with patients, supervisors and communities and create authentic workplace learning and identity formation
References


