

CCC orientation

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Most important point of this session

Each of the CCC sites will provide you will an excellent educational and professional experience.





Session Overview

- What is in it for you
- Schedule Overview
- Types of Instructional Sessions
- Assessments
- Logistics
- Phase 3 Information
- Reflections and your role in the community

This PPT is a P2 Resource document, PLEASE REVIEW





Important People

SLC – Site Liaison Clinician

SAC – Site Administrative Coordinator



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Overview of Schedule

Activity	Duration	Dates
Phase 2 Orientation	1 week	May 11 to May 15
Community Orientation	1 week	Aug 24 to Aug 28
Comprehensive Clerkship	16 weeks	Aug 31 to Dec 18
Holiday Break	2 weeks	Dec 21 to Jan 1
Comprehensive Clerkship	13 weeks	Jan 4 to April 9
Review and Travel	1 week	April 12 to April 16
OSCE Exam	(subject to change)	April 16, 2021



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What happens during your CCC

	MON	TUES	WED	THUR	FRI	W/E
8 – 9	HCS	PCS	HCS	HCS	HCS	liec.
9 – 12 (you may be scheduled to work)	PCS	PCS	PCS	PCS	SES	HCS (you may be scheduled to work)
12-1	BREAK					
	DTS 1 (Mandatory)		Personal Time			
1 – 4 (you may be scheduled to work)	Acquifer	PCS	maybe scheduled on the most appropriate weekday, if possible, depending on site requirements	CAR 1	SES	HCS (you may be scheduled to work)
7-11		нсѕ				

LEGEND
DTS = Distributed Tutorial Sessions
CAR = Clinical Academic Rounds
PCS = Primary Care Sessions
HCS = Hospital Care Sessions
SES = Specialty Enhancement Sessions
Acquifer = Family Medicine Cases
Personal Time (may be scheduled on other weekdays, as required by CCC site)

This is an example, your schedule may not look like this....



Statutory Holidays

Labor day, Thanksgiving, Family Day, Easter, etc....

You may be required to work.



DTS – Distributed Tutorial Sessions

- Delivered, online/teleconference by faculty related to specific learning objectives.
- Refer to Phase 2 My Curriculum for objectives, resources, etc...
- All students, simultaneously
- Mandatory
- Part of your Quarterly Progressive Assessment
- Principles of Pharmacology #1
- Trauma
- Pharmacology #2 -Antibiotics
- Periodic Health Assessment
- Addiction
- Dental Medicine/Emergencies
- Lab work What Does it mean

- Preoperative Evaluation
- Cancer prevention
- Geriatric Medicine
- Child Abuse
- End of Life Care
- High quality patient care and financial sustainability a process oriented approach to health care

Draft topics



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What happens during your CCC

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This is an example, your schedule may not look like this....



CAR – Clinical Academic Rounds

- Meet **once a week** as a group, with a facilitator
- CARs are mandatory, excused from clinical duties
- Students:
 - Identify learning issues
 - Develop a strategy to acquire the knowledge
 - Share their clinical experiences in the community
- ~ 26 CAR topics
 - Each CAR topic
 - Case presented/objectives discussed
 - Content presented/discussed
- CAR case templates, rubrics available



Aquifer Cases

- The online resource from Aquifer contains 'CASES' which will be used to supplement the curriculum.
- Students will be required to complete 26 online cases on their own time over the course of the CCC at rate of approximately one per week.
- The specific 'CASES' are interactive cases with a focus on Family Medicine designed to develop critical reasoning, diagnostic, and communication skills. The cases work through a series of steps, prompting the student to stop and answer questions or complete a number of interactive activities. In most instances, feedback to these activities are generated immediately to facilitate learning.



PCS - Primary Care Session

- Weekly basis, half day, or full day sessions
- Develop and refine your communication, physical examination skills, and management approaches
- Participate in the care of patients
- Students expected to conduct independent research
- Engage with your clinicians.





HCS – Hospital Care Sessions

- Daily care of patients, as directed by site liaison clinician. For example:
 - In-patient rounds
 - Emergency room
 - Obstetrical care
- Emphasis on "continuity of care"
- On-call
 - ~ One night/week
 - ~ One weekend/every 4 weeks
 - This will vary, depending on community.



SES - Specialty Enhancement Sessions

- 3 hour session, twice a week.
- Clinical experiences related to 6 disciplines
 - Family Medicine
 - Surgery
 - Internal Medicine
 - Mental Health
 - Child Health
 - Women's Health
- Examine patients, assist in their management of their illness or conditions
- Surgical assists, specialty clinics, physician's offices, community based programs etc...
- 50 sessions
 - 25 completed in a hospital based program
 - 15 completed in community based program
 - 10 either community/hospital



Common misperception

"My community does not offer specialty XYZ, my medical career is over"





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NOSM 2018 Match Summary

Program	NOSM
Anatomical Pathology	2
Anesthesiology	4
Diagnostic Radiology	1
Family Medicine	30
General Surgery	2
Internal Medicine	9
Neurology	1
Obstetrics and Gynecology	1
Ophthalmology	1
Orthopedic Surgery	1
Pediatrics	5
Plastic Surgery	1
Psychiatry	8
Public Health & Preventive Medicine	2
unmatched	1
Totals	69



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NOSM 2019 Match Summary

Program	NOSM
Family Medicine	34
Dermatology	1
Internal Medicine	5
Physical Medicine & Rehabilitation	1
Anethesiology	2
Obsetrics & Gynecology	3
Pediatrics	3
Psychaitry	5
Radiation Oncology	1
Urology	1
Emergency Medicine	4
Orthopedic Surgery	2



Service Learning

Service Learning provides students with the opportunity to gain knowledge of community and patient needs. Service Learning, as defined by CACMS (2015), is a structured learning experience that combines community service with preparation and reflection. Students engaged in service learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens. Service learning emphasizes reciprocal learning, and recognition of mutual benefit through reflective engagement with the experience as a whole. In service learning, reflection facilitates the connection between practice and theory, and fosters critical thinking.



Service Learning

Learning Outcomes

Service Learning and its assessment is intended to ensure students are able to achieve the following outcomes by the end of Phase 2 in the UME MD Program at NOSM:

Theme 1

- Apply research skills to identify information that responds to community health problems.
- Identify particular issues faced by northern and rural communities, and health care systems through deep and generous listening to what the community identifies as their health/health service or other community priorities.
- Identify and where possible act on, opportunities to explore and promote policy and other permanent solutions to health inequities.
- Explore reflection and research as methods of professional exploration and growth.
- Identify ways in which they can make contributions in communities and the impact they can have on the life of individuals.
- Integrate principles of ethical decision making to guide the provision of high quality care.



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Service Learning

Theme 3

- Develop knowledge of the concepts of health, wellness, illness, disease and sickness, and the determinants of health, and the ways in which they affect the health of a population and the individuals it comprises.
- Develop knowledge of the three levels of prevention (primary, secondary and tertiary).
- Identify strategies for community needs assessments, health education, community engagement, and health promotion.
- Outline the physician's role in promoting health and preventing diseases at the individual and community levels (e.g. prevention of low birth weight, immunization, diabetes, obesity prevention, smoking cessation, cancer screening, etc.).
- Outline how public policy can influence population-wide patterns of behavior and affect the health of a population (e.g.: COVID-19 public health policies).



Service Learning

How does Service Learning differ from Specialty Enhancement Sessions (SES) at NOSM?

- Service learning differs from SES with respect to the purpose of the relationship between the organization, NOSM and the learner.
- SES places the primary focus on the learning experience, and the community organization is recruited to provide a learning experience for medical learners.
- However, in service learning, there is an equal balance between the learning and the service provided to a population, organization and/or community. There are many opportunities for significant learning, but the service must meet an indentified need of the community.



Service Learning

- As a Phase 2 learner, you are being offered the opportunity to participate in a service learning project. There will not be pre-determined number of learners chosen for the program, as decisions will be based on the quality of the applications submitted.
- Designated learners will have the option to substitute their service learning project activities for a portion of SES sessions (10 SES sessions). Learners can also use personal time in service learning activities, but will not receive extra credit.



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Regional Phase 2 Meetings

- 2021 TBA
- 2020, Parry Sound, Kenora, Timmins
- 2019, was Dryden, Huntsville, Kapuskasing
- 2018 was Dryden, Huntsville, Timmins
- 2017 was Dryden, Huntsville, Kapuskasing
- 2016 was in Dryden, Huntsville, Timmins
- 2015 was in North Bay, Dryden, Kapuskasing





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Assessment





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Assessment Overview

Assessment	Frequency	Formative Summative
Quarterly Clinical Performance Review	Quarterly	All QCPRS are summative
Direct Observation of Clinical Skills	15 DOCs are required	See criteria
Standard 6.2 - Required Clinical Learning Experiences	Reports generated Oct, Jan, and April, and sent to your SLCs	Must meet minimum
SES	End of each SES session	Summative
NRHRP (Theme 1/3)	Sept - TCPS2 certificate Oct - outline Jan - proposal March — presentation Refer to NRHRP document	Summative
T2PRP (Theme 2)	Nov-submission Feb - submission April - submission Refer to T2PRP document	Summative



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Assessment Overview

Assessment	Frequency	Formative Summative
OSCE	Three practice OSCES Once, end of CCC	Formative Summative
Quarterly Progressive Assessments (QPAs)	Sept 3 rd , 2020 Nov 5th, 2020 Jan 28th, 2021 April 8th, 2021	Summative
CARs – Case Presentation Assessment	Minimum of 3 during your CCC	Summative
CARs – Participation	Student participation for EACH CAR will be assessed	Summative
Professionalism		Summative



Assessments

Elentra

CARs assessments

Standard 6.2 - Required Clinical Learning Experiences

QCPRs

SLC/SAC evaluations

P2 Evaluations

QPAs

Aquifer Cases

SES form

DOC form

All forms need to be in by last day of your CCC, April 9th

NO FORMS = NO PROMOTION TO 4th year



Format:

Exams will have:

- 120 MCQs (30 Theme 4 questions, 90 Theme 5 questions)
- 4 Clinical Decision Making (CDM) cases
- Questions can be derived from <u>any</u> Phase 2 curriculum content including:
 - CAR objectives
 - Standard 6.2 Required Clinical Learning Experiences
 - DTS sessions
 - Aquifer CASES



Timing:

Assessments will be completed four times during the CCC

QPA	Date	
QPA site test	Week of Aug 24th	Confirming logistics
QPA 1	Sept 3 rd , 2020	Formative
QPA 2	Nov 5 th , 2020	Formative
QPA 3	Jan 28th, 2021	Formative
QPA 4	April 8th, 2021	Summative

MYTH BUSTER:

You do not get a week off prior to the QPA to study, you will have a regular schedule



<u>Assessment – Grading and Results</u>

Following the assessment, the mean and standard deviation (SD) will be calculated. Students will be assigned to one of three categories (Green, Yellow, or Red) depending on how many standard deviations below the class mean they score on an exam.



Assessment Results:

- Scores are assigned a red, green or yellow zone as per the Grading Table. Assessment reports will include performance in Theme 4 and Theme 5 clinical areas (Family Medicine, Internal Medicine, Surgery, Women's Health, Psychiatry and Children and Adolescent Health).
- CDM cases will be incorporated into clinical areas and reported as a separate score.
- Assessment results are copied to SLCs and the preceptor assigned to the complete the QCPR, in order to facilitate in the completion of the QCPR. Otherwise, results will be kept confidential as per the SAPC guidelines.

Grading Table				
Deviation from SD	Zone			
0 to < 1 SD below mean	Green	Progress as expected		
1 to < 1.5 SD below mean	Yellow	Concerns about progress		
1.5 or > below mean	Red	Significant concerns about progress		

More information will be provided closer to the CCC



Please note your actual Theme 4 and Theme 5 scores for each of QPAs.

In particular, you should take note if your score on the Theme 4 or Theme 5 is below 60%, regardless if you received a GREEN, YELLOW, or RED. Note, it is a possible to receive a GREEN overall, but score below 60% on Theme 4 and/or Theme 5.

The first three QPAs are formative, however, the last QPA is summative and you must score greater than 60% on **both** Theme 4 and Theme 5, to pass.

Therefore, if you are below 60% in either Theme 4 or Theme 5, we would encourage you to seek out support from your SLC and if required, additional supports can be discussed.



QCPR – Quarterly Clinical Performance Review

- Forms that summarize clinical performance of the student as assessed by clinical teachers.
- Feedback on seven CanMEDs (Canadian Medical Education Directives for Specialists)
 - Medical Expert
 - Communicator
 - Collaborator
 - Manager
 - Health Advocate
 - Scholar
 - Professional
- All QCPRs are summative
- Comments may appear on MSPR Medical Student Personal Record



QCPR – Quarterly Clinical Performance Review

SAPC regulations:

- ACHIEVE a "PASS or "BORDERLINE" in both Clinical Competence AND Professional Behaviour, on at least 2 of the first 3 Quarterly Clinical Performance Reviews (QCPRs)
- The last QCPR is a mandatory "PASS", in both Clinical Competence and Professional Behaviour



QCPR – Quarterly Clinical Performance Review

SAPC regulations:

Students who receive a "Borderline" or "Fail" on any of the 1st, 2nd, or 3rd QCPRs in either the Clinical Competence or Professional Behaviour will meet with the Phase 2 Director and/or SLC to review the evaluation and identify any deficiencies noted by the assessor.

Following the review, if required, a remediation plan will be determined in conjunction with the students' SLC, appropriate NOSM faculty, administration, and/or Theme Chairs.

Students failing the 4th QCPR will be reviewed prior to determining either promotion, remediation, and/or repeat of year.



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DOCS – Direct Observation of Clinical Skills

- The DOCS forms in Phase 2 are organized into 3 main clinical activities, which are similar to Entrustable Professional Activities (EPA). These clinical activities are aligned with the Phase 2 Program Outcomes, which clearly articulate the expectations for Phase 2 students. The critical elements which are listed on each DOCs form covers material from multiple content areas, including interviewing and examination skills, communication, professionalism, clinical judgement, counselling, organization and efficiency. The DOCS consolidate and integrate these elements into a single clinical activity.
- The three resulting DOCS for Phase 2 are:
- History and Physical Examination
- Diagnostic Formulation and Management
- Counselling and Communication

TIP: Ideally, give the preceptor some notification that you would like them to complete a DOC, so they can review the assessment criteria



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DOCS – Direct Observation of Clinical Skills

How does it work?

- The DOCS assessment process is student driven. Recall that DOCS
 are meant to support student learning by creating a structure to obtain
 feedback and coaching regarding a specific portion of a clinical
 encounter. The following outlines the general process for a completing
 a DOCS.
- Students ask a preceptor to assess them. The student and assessor discuss the clinical encounter in which they would like to be assessed, and decide on which DOCS is most appropriate. The students will then provide the form to the assessor. The assessor enters the room with the student, and obtains the consent of the patient. The student then proceeds as normal in that patient encounter. The assessor's direct observation of the encounter should take no longer than 15 minutes. A DOCS assessment may cover only part of an entire patient encounter. This is intentional in order to ensure student's receive specific and focused feedback.



DOCS – Direct Observation of Clinical Skills

How does it work?

- The elements being assessed during the encounter are listed on the DOCS form. If the assessor does not observe a listed element, or it is not relevant to the encounter, the assessor can leave the assessment as Not Observed/Unable to Assess. It will be unlikely that the assessor will be able to observe all of listed elements with each encounter, hence the requirement to perform multiple DOCS assessments throughout the CCC.
- Following the observation, the assessor and student will meet to discuss the encounter, and so that the assessor will give the student feedback on their skills. The assessor will then complete then DOCS assessment form. Providing feedback is a critical component of the process, driving the 'assessment for learning' philosophy.



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DOCS – Direct Observation of Clinical Skills

Who are the assessors?

Any physician or resident may be selected by a student to act as an assessor. It is recommended that students are assessed by physicians they work closely with as well as by physicians with whom they have had little contact. Physicians from other Phase 2 sites as well as the East and West campus faculty will be visiting communities regularly and will have an opportunity to act as independent assessors. This independent assessment will help to ensure that the student's skill development is proceeding in an equivalent fashion to their peers in other communities.

Assessment Requirements

- As outlined in the Phase 2 PRaRP, students are required to submit 5 DOCS assessments for each individual DOCS form, for a total of 15 DOCS by the end of Phase 2:
- 5 for History and Physical Examination
- 5 for Diagnostic Formulation and Management
- 5 for Counselling and Communication
- 15 Total



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DOCS – Direct Observation of Clinical Skills

Note: Students must submit at least 2 DOCS for each type of form by the end of Quarter 2.

 The DOCS assessment process itself is formative, as it is meant to be a learning opportunity for students where they are able to receive focused feedback from a preceptor. The completion of the 15 does is however mandatory. The information from the DOCS will be used to inform decisions related to progress. Progression is documented on the QSLC forms.

Additional criterion for your 15 assessments includes the following:

- At least one from each discipline (Children's Health, Women's Health, Family Medicine, Mental Health, Internal Medicine and Surgery)
- At least one from each of the 4 different environments (ambulatory, inpatient, emergency and acute admission)
- At least 2 from a preceptor that you do not usually work with (i.e., visiting physician)
- No more than two assessments completed by a resident



CLINICAL CONDITIONS, the minimum level of responsibility and involvement will be defined as:

- Active Involvement in Patient Encounter
 - For example, "Active involvement in Patient Encounter" is defined as:
 - Performs a relevant history taking
 - Completes a relevant physical exam
 - Develops a differential diagnosis
 - Creates a management plan.
- Observation of Patient Encounter
- Other Simulation or Case

PROCEDURES, the levels will be defined as:

- Perform
- Assist
- Observe
- Other Simulation





- The electronic logs of individual students are reviewed on a regular basis to assist students in achieving their objectives.
- Progression is monitored by the individual Site Liaison Clinician and the Phase 2 Director
- Students will be expected to have completed Standard 6.2 2 weeks prior to the end of their time in the CCC in order to successfully continue into Year 4 of the Undergraduate Program.
- Note: While not required, it is only to your advantage if you enter additional/other encounters because:
 - 1) it will enhance you education
 - 2) you can direct your clinical experiences in 4th year to areas of clinical deficit, and
 - 3) Standard 6.2 list can be used at residency entry to justify needs or lack thereof to particular experiences.



'Other category', has been added

- Reports are generated and reviewed with your SLC, approximately:
 - End of Oct
 - End of Jan
 - End of March



Are there specific targets?

End of Oct At this point in the year, there is not a

'specific number" that you are expected to

have accomplished, however, progress

should have been made.

End of Jan If you have any '0s' in any of the

conditions/procedures, ensure you have a

plan to complete them before the end of

your CCC

End of March You must complete the minimum

requirements of the Required Clinical

Learning Experiences before promotion to

4th year

IT IS YOUR RESPONSIBILITY TO ENSURE YOU COMPLETE ALL THE 6.2 Requirements



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Standard 6.2 - Required Clinical Learning Experiences

Clinical Conditions
Abdominal Pain(Acute)
Abdominal Pain(Chronic)
Adolescent Health
Problems
Anxiety Disorders
Back Pain
Chest Pain
Child Developmental
Disorder
Chronic Disease
Management
Cough
Depression (includes
postpartum depression)
Diabetes

Procedures
Admission Orders
Airway Management
Cast/Splint
Clinic / Referral Letter or Dictation
Discharge Planning
Discharge Summary
Ear Syringing
Foley Catheterization Male/female
Glucometer
Injection - IM, SC or Intra-Dermal
Intravenous Line Insertion
Nasogastric tube

This is only a sample



SES - Specialty Enhancement Sessions

- 3 hour session, twice a week.
- 50 sessions
 - 25 completed in a hospital based program
 - 15 completed in community based program
 - 10 either community/hospital
- Students will be assessed on their participation and professionalism, and on the learning achieved related to the course objectives and applicable themes.
- SES FORM to be completed online



NRHRP - Northern and Rural Health Research Proposal

- Theme 1/3
- Northern and Rural Health Research Proposal is a project undertaken during clerkship in Phase 2.
 - Development of a research proposal
 - Select topic, health-related issue, interest to student and CCC
 - Designed to help students further develop awareness and understanding of the CCC community and the local health care system, particularly in relation to the contribution that they, as a medical student, and, ultimately, as a qualified health care professional, can make in such a community on a specific health care issue
- Benefits
 - Identify context specific health/health system issues
 - Understand research processes in Northern Ontario
 - Strengthen research competencies
 - Identify meaningful knowledge dissemination



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T2VIM

- Theme 2 Virtues in Medical Practice Project
 - A reflective exercise on the evolution of a student's understanding of virtues in medicine during their CCC that is guided by reflection on relevant academic literature, the CCC experience, and other sources

Objectives

- To promote reflection on virtues in medicine and enhance your understanding of the ethical dimension of medical practice
- To develop your capacity to reflect as a method of professional exploration & growth
- To assist you in the development of strategies to support lifelong & self-directed learning, especially as concerns the ethical dimension of medical practice



CARS – Clincal Academic Rounds

- CAR Case Presentation (the CAR you present)
- CAR participation, on EVERY CAR



Committee to Support Student Professionalism

- Please evaluate the student's Professional Behaviour in the Clinical Encounter you have facilitated with the rubric provided. This form will become part of the Student's Professionalism File which is reviewed yearly by the Committee to Support Student Professionalism.
- All professionalism forms with grades of Below Expectations or Unsatisfactory will be flagged for review and require additional comments. Please provide factual examples.
- Professionalism issues will be reviewed and addressed by the Committee to Support Student Professionalism. You may be contacted with a request for clarification of your assessment. If you have concerns and want to speak directly to someone on the Committee to Support Student Professionalism., please contact umeprofessionalism@nosm.ca



OSCE - Objective Structured Clinical Exam

 Phase 2 OSCE is scheduled for <u>April 16th, 2021 (to be confirmed)</u>

- IMPORTANT: You write the exam in your home community (Sudbury or Thunder Bay)
- In preparation, Dr. Ed Hirvi will be hosting an optional (but recommended) session in March 2021, date time to be confirmed.
 - Dr. Hirvi will provide an overview of the examination format and information so that you know what to expect.



Feedback during your CCC

INFORMAL Feedback

 Received informal feedback from my preceptors (e.g., notes, emails, conversations)

FORMAL feedback

 received formal feedback from my preceptors (e.g., CARs, DOCs, SESs, QCPRS)



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Feedback - QCPR forms

Section 1

Faculty Comments: These comments are for student feedback and are NOT for the Medical Student Performance Record (MSPR)/Dean's Letter.

Please add comments/suggestions for STRENGTHS

Please add comments/suggestions for AREAS of IMPROVEMENT:

Please add comments/suggestions for AREAS GRADED Below

Expectations or Unsatisfactory, including factual examples:

Section 2

Faculty comments: These comments WILL appear on the Medical Student Performance Record (MSPR)/Dean's Letter. The MSPR/Dean's Letter is used in residency applications.

Please add comments:



Students giving feedback

- 1. Faculty evaluations
- 2. P2 program evaluations





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Feedback during your CCC

How do we train the medical students of "today", to deal with the physicians of "yesterday"?









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Five Fundamental of Civility for MDs



Five Fundamentals Of Civility

- Respect Others and Yourself
 Treat everyone in the workplace, regardless of role, with respect even those we barely know, disagree with, or dislike. Respect for others requires inclusivity while observing heathy boundaries. Self-respect is key.
- Be Aware

 Civility is a deliberate endeavour, requiring conscious awareness of oneself and others. Mindfulness and reflective practice enhance awareness.
- Communicate Effectively

 Civil communication is more about how we say it as much as what we say. Or do. Effective communication is critical at times of tension or when the stakes are high.
- Take Good Care of Yourself
 It's hard to be civil when personally stressed, distressed, or ill.
- Be Responsible
 Understand and accept personal accountability. Avoid shifting blame for uncivil behavioural choices. Intervene when it's the right thing to do.

 http://php.oma.org/FiveFundamentals.html





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What do you need to learn in P2?



"I really want to become a"

"I don't want to learn X, because I am going to be a ..."





Objectives for the Qualifying Examination Objectifs d'évaluation de l'examen d'aptitude

3rd edition / 3e édition



Français

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Medical Council of Canada Evaluating Examination (MCCEE) four-hour, computer-based examination



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Here is what you need to learn

- Medical Council of Canada
- http://mcc.ca/examinations/objectives-overview/

Clinical presentation/diagnosis

ALPHABETICAL

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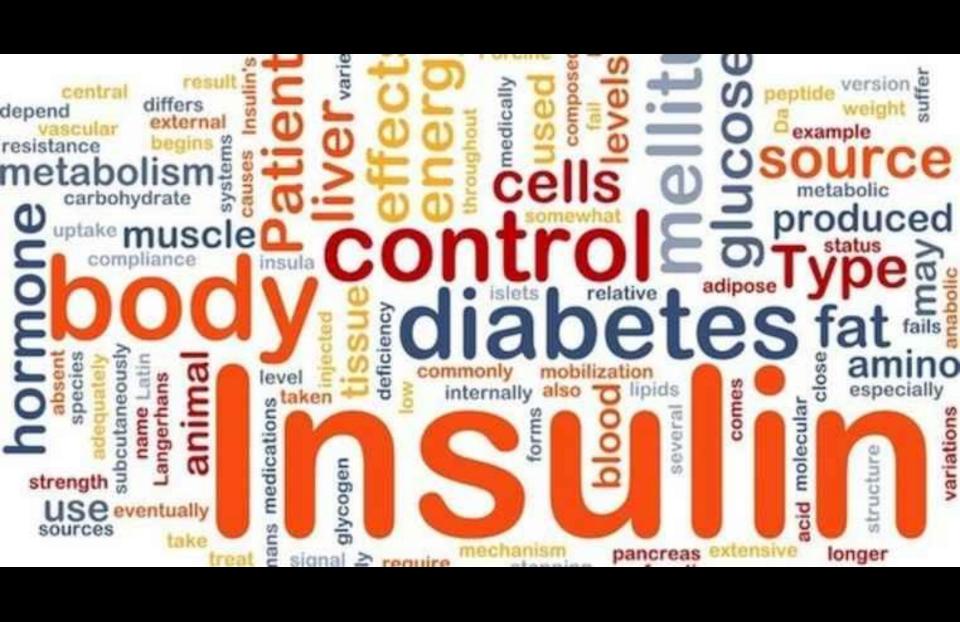
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LET FOOD BE THY MEDICINE LET MEDICINE BE THY FOOD

HIPPOCRATES

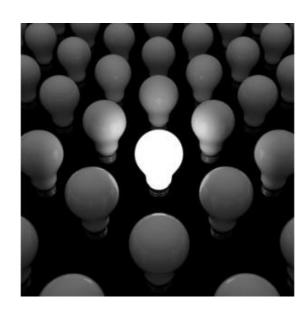






Logistics

- Student On-Call Responsibilities
- Work Hours
- Harassment
- Leave of Absences
- Important Dates
- Where is there more information?
- Phase 3 Information
- Learner Help
- Hospital Orientation
- Key contacts





Important People

SLC – Site Liaison Clinician

SAC – Site Administrative Coordinator



Student On-Call Responsibilities

- On average, students will be on-call every 4th weekday and every 4th weekend (Saturday and Sunday)
- During the week, on-call assignment begins at 5:00 pm
- On weekends, call begins at 8:00 am
- In-hospital call will be until midnight daily unless discussed and agreed upon by individual students and their supervising faculty member





Work Hours

P2 students are not expected to work more than 60 hours clinically, excluding call.

Motion passed, P2 Committee, April 20th, 2011





Getting around during your CCC

- Public transport is very limited at CCC sites. You will need a vehicle, or access to a vehicle.
- This is your responsibility.





Harassment Free Environment

P2 students are expected to be in an harassment free environment.

 Any problems, please report to Peter Istvan, UME Associate Dean, Learner Affairs.



Leave of Absences

- GAMER General Academic Medical Education Regulations Handbook
 - explains the polices/procedures around leaves of absences for Phase 2
- Request for Absence from MD Program Form
 - which must accompany a leave of absence of 1 day or more.

While NOSM has policies/procedures regarding leaves of absences, there is the **basic expectation** that you extend professional courtesy to your SLCs/SACs regarding any desired leaves of absences.



Leave of Absences

UME PROTOCOL: PHASE 2 – COMPREHENSIVE COMMUNITY CLERKSHIP (CCC) INTERRUPTIONS TO STUDENT ATTENDANCE AND LEAVES OF ABSENCE

Interruption in student attendance of one day or less

When students have a personal and/or health circumstance that may require interruption of their Phase 2 Comprehensive Community Clerkship (CCC) of one day or less, it is their responsibility to notify the appropriate faculty/staff in a timely fashion. Specifically, students must contact their Site Administrative Coordinator (SAC) and the Student Records & Electives Officer at records@nosm.ca to advise of their absence either prior to the missed session(s) or the day of the missed session(s).

Interruption in student attendance of One to Five Days

Absences from any curricular activities of Phase 2 of the MD program of one to five days require prior approval of the Site Liaison Clinician (SLC) for the community and the approval of the Associate Dean, UME* (academic absences) or of the Assistant Dean, Learner Affairs* (personal absences).



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Leave of Absences

Interruption in Attendance of More than Five Days, Cumulatively

Student absences that accumulate to more than 5 days, even if non-consecutive, will require a review with the SLC to determine if/what remedial work may be required to compensate for the missed time. A meeting with the Phase 2 Program Coordinator, in consultation with the Assistant Dean, Learner Affairs and the Associate Dean, UME to discuss academic and career implications may be required.

Review full policy

https://www.mynosm.ca/organization/ume/Most%20Requested/Forms/AllItems.aspx



Leave of Absences

Request for Approval of Absence from MD Program Form

https://www.mynosm.ca/organization/ume/Most%20Requested/Forms/AllItems.aspx

Students must complete the Request for Approval for Absence from the MD Program form and submit as outlined below:

- Academic Events: Students must complete the Request for Approval for Absence from MD Program form and submit it to the Site Liaison Clinician's for approval and signature, then send it to records@nosm.ca for processing. The request must be submitted as soon as possible and at least two weeks prior to the proposed leave. Late requests may not be accepted. Students will be notified of the decision by the Phase 2 Director, or designate
- <u>Personal Events:</u> Unless an emergency or crisis, the request must be submitted to records@nosm.ca as soon as possible and at least two weeks prior to the proposed leave. Late requests may not be accepted. Students will be notified of the decision by the Office of Learner Affairs.



Leave of Absences

Factors influencing leave approval or denial

Those determining whether to approve or deny a leave request may consider the following:

- previous leaves from sessions which would be missed because of the leave request,
- II. cumulative leaves to-date in the current academic year (the NOSM Student Records and Electives Officer will provide this if relevant),
- III. standing on completion of Program requirements, including being on Academic Probation,
- IV. impact of the leave on other students
- V. the purpose of the leave:
 - for NOSM-related business or to fulfill leadership duties (e.g. CFMS, OMA, PARO, or other such medical organizations)
 - to present a paper at a conference
 - to enhance knowledge or skills (e.g. medical conference appropriate to level of training, or leadership/administrative training)
- VI. the student's academic performance. The Assessment Office will ensure that the those making the decision to approve or deny leaves have access to relevant student performance data, and/or the possibility of making alternative arrangements to fulfill academic requirements missed by the leave



Leave of Absences

- Step 1 request approval from your SLC
- Step 2 Approval by NOSM

Forms available on My Curriculum

In general, your CCC experience takes priority



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Phase 3 Information – tentative dates

Dates 2020	Action
	Information Session
	Deadline for Accommodations
	Submission of Rank Choices
	Initial announcement
	Switching timeframe
	Submission to Associate Dean, UME
	Final Announcement

As of Sept 2020, the dates/timelines are not known. As soon as they are, this information will be communicated.



Where is there more information?

- P2 Curriculum 2020-2021 is now available
 - https://learn.nosm.ca/moodle/course/view.php?id=874

P2 Orientation

https://learn.nosm.ca/moodle/course/view.php?id=809

If you are running into any difficulties please send a message to IT at Helpdesk@nosm.ca







Getting some help

NOSM/CAMH Agreement

- Expedited mental health program for CCC students
- Completely independent from NOSM
- Need a physician's referral

Accessing Service from CAMH

Contact Learner Affairs

Shepell-fgi Service

- Additional mental health support from one of Canada's largest EAP providers
- Available to learners and their dependents
- -24/7/235
- Contact Learner Affairs





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LAKEHA



NORTHERN ROUTES



WITH ALL RADICAL CHANGE, WE ADAPT.

Since March, we've experienced the most disruptive shift in our way of life that I can recall. With disruption comes the incredible human capacity for adaptation. There are those who argue it is too soon to reopen economies. Consider though, what history and science have taught us. We know pandemics come in waves, and ...

> Read more.

NEWS



SUPPORTING ACADEMIC WORK IN CLINICAL SETTINGS: NOSM AND THE HOSPITAL RENEW ACADEMIC AFFILIATION AGREEMENT

The Northern Ontario School of Medicine (NOSM) and Thunder Bay Regional Health Sciences Centre (the Hospital) have renewed their affiliation agreement for the benefit of learners, scientists, as well as patients and their care partners in Northern Ontario. The agreement aligns and strengthens academic work in clinical setti...

> Read more.



NOSM WELCOMES NEW RESIDENT DOCTORS TO NORTHERN ONTARIO

On July 1, 2020, the Northern Ontario School of Medicine (NOSM) welcomed 64 new resident doctors to Northern Ontario. These doctors—having recently graduated from an MD program at NOSM or at other Canadian medical schools—will practice medicine with the supervision of a licensed physician, while learning about a particu...

> Read more.

EMERGENCY NUMBER AND RESOURCES

COVID-19 INFORMATION

STRATEGIC PLAN 2025

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

PATHWAYS TO MEDICINE

LIVE & ARCHIVED WEBCASTS

IN THE SPOTLIGHT





Need to help yourself first

Northern Ontario School of Medicine

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Hospital Orientation

Review of hospital policies and procedures manual – to include codes, security codes, evacuation procedure and Occupational Health and Safety Guidelines. In particular:

- PRIVACY and CONFIDENTIALITY policies
- Universal Precautions and Infection Control
- Code of Conduct and/or Ethics policies





Hospital Orientation

Are you familiar with your hospital's needle stick policy?

NOSM's is available on UME's Most Requested Site:

 https://nosm.sharepoint.com/org/ume/Most%20Requested/Forms/ AllItems.aspx#InplviewHash2d3ed101-3ee1-4dcc-ab17-2b5daffc3384=





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Your role in the community





Top complaints from communities about P2 learners

- Lateness
- Disappearing
 - SLC/SACs not knowing where you are
- Forms
 - Not SLC/SACs responsibility
 - hand them in, on time.
- Clock watching
 - Checking the clock/leaving early
- In appropriate use of technology
 - E.g.,texting during patient encounters



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Expectations of SLCs/SACs



Making Mistakes

You will not know everything, on Day 1 of your CCC

Admit mistakes early and that physicians are often just as impressed when students admit their weaknesses and know what they don't know.

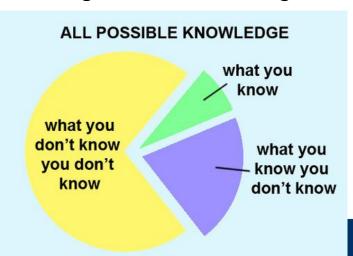




You don't know what you don't know

I feel that students show up wanting to get a whole bunch of "x" training. They need to understand that over 8 months we will cover it, they just need to show up and absorb what we encounter.

I tried to discuss this as "you don't know what you don't know". I find students chase topic x, and they don't even know there is y and z out there which are also interesting. We end up covering most of it throughout the year





Be engaged

"Accept our attempts at creating the best students we can graciously, to be open to new ideas and practices, to be prepared to work hard, and follow the lead of the preceptors in the communities they are in, and bring their sense of humour."





Be flexible

"A willingness to be flexible with your schedule is a big plus, sometimes specialty clinics offer excellent learning opportunities and a surgeon will ask if there are students willing to scrub in and see a procedure...





Show initiative and enthusiasm

"Enthusiasm at this stage is demonstrated largely by presence, so occasionally sticking around if there's "action" through lunch or at the end of an ER shift sometimes affords great learning opportunities, and also an appreciation for your preceptors' time and effort."





Professionlism

Rural medicine is fun, but we still approach our job with professionalism and students need to as well.

Show up every day with a enthusiastic yet professional demeanour and you will do well.

This means on time, proper attire, and ready to

participate and learn





What is your greatest frustration with the incoming students?

2016 Survey of Phase 2 preceptors and health care professions involved with Phase 2

- What is your greatest frustration with the incoming students
- If you could tell the students in year 1 one thing, what would it be?



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What is your greatest frustration with the incoming students?

- Accountability is generally poor.
- Already deciding they don't have to learn something as they feel they will never need it in their future practice.
- being obsessed with specialty medicine when they have not even learned the basics of general medicine
- certain sense of entitlement; some are hard working, others seem to require all sorts of accommodations.
- Complaints about workload.
- Difficult question; each student is different. Some are more prepared than others.
- Do not know any anatomy, or very little. Are not too knowledgeable on basic physiology and knowledge of oncology, radiology.
- Expectations sometimes self-determined learning priorities / specialty interests narrow learners enthusiasm for the scope of the primary care clerkship.
- I would not say frustration rather one just have to be realistic that the CCCs are very green in the first weeks
- I like to see students take initiative and do their best to see a patient from start to finish (take a history, perform an exam, order investigations, formulate an assessment, make a plan). I do not expect them to know: exactly what investigations to order, the correct diagnosis, the appropriate treatment plan...but they should try (look it up if you have to!). I also do not expect them to see patients alone for certain things (i.e. do not perform Pap tests without my supervision, do not order tests without asking first, do not prescribe, etc.). There is a fine line between taking initiative and overstepping.



2016 Survey of Phase 2 preceptors and health care professions involved with Phase 2

 If you could tell the students in year 1 one thing, what would it be?



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If you could tell the students in year 1 one thing, what would it be?

- NOSM prepares you very well for the CCC year." "Time will fly by too quickly once you get to third year".
- Actively seek out learning opportunities, be visible, be available.
- always think about how you apply the knowledge you are gaining to the clinical situation (this allows you to start to organize knowledge in a usable form)
- An interprofessional team approach is necessary for good patient outcomes in health care always remember to access members of the interprofessional team to reach patient goals
- Appreciate collaborative methodology and team based care
- Be a doctor first--stop obsessing about your specialty, your exams, and NOSM objectives and just focus on learning to be a good physician
- Be aware of "digital professionalism" and avoid use of smartphones for personal use during patient and teaching encounters. Learn medicine at the bedside.
- Be eager and available....learning opportunities happen all the time.
- be motivated to learn
- Be open to learning. Do not be afraid to admit if you are not sure of something. We are here to teach.
- be patient, and maintain a positive outlook
- Be prepared to participate in clinical work as much as possible. The timing and feedback may frustrate you but go with it. Don't complain, learn.
- Be prepared, don't limit your view (in terms of what specialty you want to do), take all
 opportunities
- Be professional at all times. And on time, by that I mean 10 minutes early.
- Be professional, truthful (even in error) and human with patients
- Be sure to take care of your health, your mind, your emotions and your spirit first. Everything else comes second.
- Becoming' a doctor means 'thinking' like a doctor not just 'doing' things or getting the right answer. There is much more to the practice and identity of a physician than what is measured on exams!

From a 3rd year student

- Students are often thinking and looking for a CCC community that will satisfy their needs, which is completely fine and understandable. But something important to remember would be that communities are also looking to get something from the students.
- They are looking at us for potential recruitment for residency and/or employment. Basically, they want people that want to be in the community for the community not because they want exposure to "insert specialty here".
- It's unfortunate that many, if not most students base their choice solely on specialty exposure or proximity to their home. The communities go out of their way to welcome us and make the community as enticing as possible.
- It also comes back to the social accountability mandate of the school and we should consider our CCC as an opportunity to learn medicine in a community that we may be applying for residency/employment.
- You can think of many of the placements as year long carms/job interviews, especially if you plan on practicing anywhere in the North.



Your role in the community

Remember why you are there

- Quality of patient care
- Listen to hear, not to answer







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You are a GUEST in the CCC community

- Remember that you are a GUEST in someone's professional practice.
- Medical practices run nearly every day and all year.
- Students are guests, to learn and be taught. They need to adapt and try to fit into our practice and they will learn.





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Northern Ontario

Your patients

Listen to hear, not listen to answer





Key Contacts

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Most important point of this session

Each of the CCC sites will provide you will an excellent educational and professional experience.

