



Moving forward to support teaching capacity

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Key Findings - teaching capacity report

- Significant untapped resource for clinical teaching
- Elective placement variation across communities
- Opportunities to “join up” to better support and enable teaching, learning, faculty development

Recommendations

Five (5) Recommendations from focus groups, interviews, and data

- 1. Engagement and Relationship Development**
- 2. Define Clinical Education Terminology**
- 3. Faculty Development**

Recommendations

4. Align Clinical Education Leadership and Administrative Roles with Function, Form, and Funding

Recommendations

5. Build and broaden the Academic Health Sciences Network

- create a system of shared and supportive teaching resources

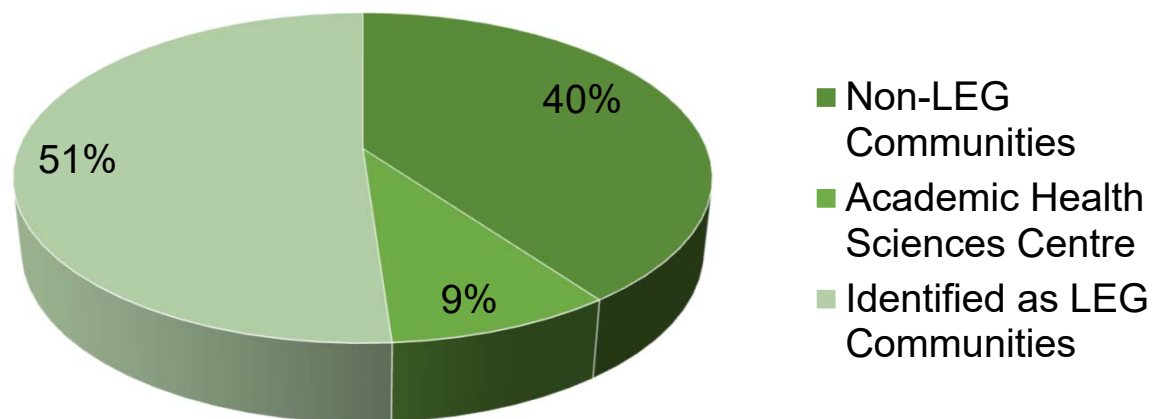


ICE (integrated community experience) Communities Engagement and Need for Support

4-week rural placements for second year students

ICE Community Involvement with Learners by LEGs (Local Education Groups)

2013-2019 % of ICE Communities by Involvement in LEGs



Of NOSM's initial ICE communities:

52% of the communities are committed to ICE participation,

49% are “at risk” of stopping, or have stopped participation in ICE placements

Electives and Core Rotations

A sample of the data collected



NOSM UME Electives Family Medicine

**Lakehead - Laurentian
Medicine**

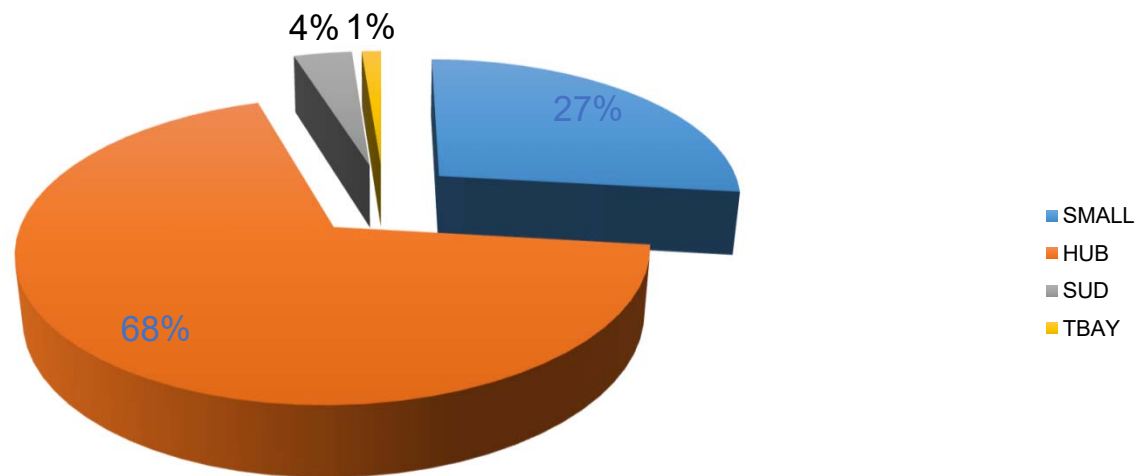
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School of Medicine
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2018 – 2020 Visiting UME Electives

Key finding: Majority (56 %) of
visiting FM UME electives are
done in
ICE and SMALL urban settings

PGME FM Electives - visiting

2018-2020 % of VISITING PGME ELECTIVES in FM by Community Grouping (n=82)



Similar to UME – Visiting PGME electives in FM are majority (95%) rural and small urban

2018 – 2020 Family Medicine

Finding: wide variation, and
small communities have VERY
few PG teaching months

Interpretation: Untapped
potential to teach and host
PGME learners

What do we do next?

1. Set targets for improvement in education including electives placement
2. Work with new electives director to implement and monitor
3. Ensure community based teaching / learning links to physician workforce strategy

... and continue to work on the
5 recommendations

1. Engagement and relationship development
2. Define clinical education terminology –
 - Now defined: "rural" (RIO >40), "Northern" (OH North)
3. Faculty Development – moving forward with use of virtual technology
4. **Align Clinical Education Leadership and Administrative Roles with Function, Form, and Funding**
5. **Build and broaden the Academic Health Sciences Network**

Thank you

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