

Northern medical school's sights remain set on 2004 opening

The Northern Ontario Medical School (NOMS), on schedule to open in 2004, is breaking the mould.

Not only will it be associated with 2 universities — Laurentian in Sudbury and Lakehead in Thunder Bay — it will be an “institution without walls.” NOMS’ 2 campuses will rely on video conferencing and the Internet, not bricks and mortar, as they attempt to develop a community-based program centred on the realities of rural and remote practice. (NOMS will be the only medical school in an area containing 80% of Ontario’s land mass but only 10% of its population.) The undergraduate program will involve small groups of students studying in “learning sites” in northern communities, with each site supported by seamless video conferencing, telehealth and other communication links.

The school’s founding dean, Dr. Roger Strasser (*CMAJ* 2002;166[12]:1583), said much of the necessary technologic infrastructure is already in place, and NOMS hopes to build on 2 existing existing family medicine residency programs. “What I’ve found is that al-

though there is no medical school in the North, quite a lot of the building blocks are already there.”

The immediate challenge is to find staff members, and Strasser is encouraged by a recent competition for 2 campus deanship positions — at Lakehead and Laurentian — which attracted more than 30 applicants. Dr. Louis Francescutti, an emergency medicine and injury control specialist from the University of Alberta, was named campus dean for NOMS–West at Lakehead University. Dr. Tim Allen, a professor and emergency medicine specialist from Laval University, will serve as dean at NOMS–East at Laurentian University, with special responsibility for the school’s francophone operations.

The new school is also asking residents of the north what their doctors of tomorrow should know. More than 200 people from all walks of life — including physicians, business owners, Aboriginal people and the public — attended a curriculum development workshop in January. Strasser says this community involvement is a vital step in the development of a



Eighty percent of the province, 10% of the population

“made-in-Northern Ontario” curriculum. “To our knowledge, no medical school anywhere has ever consulted with the community it serves in quite this way.”

Strasser says the school has received an overwhelmingly positive response. “I’m hearing that there are naysayers around, but I think they are well and truly being drowned out by those who are very positive about this.” — *CMAJ*

Saskatchewan first with mandatory reporting of medical errors

New legislation in Saskatchewan — the first of its kind in Canada — will soon require mandatory reporting of all medical errors to the province’s Department of Health. Currently, “adverse event” reports are submitted voluntarily. The regulations, which take effect this spring, are expected to result in advisories to health personnel.

On a separate front, the College of Physicians and Surgeons of Saskatchewan has become the first in Canada to require physicians to report mistakes to patients.

“The primary purpose is to learn from experience,” Duncan Fisher, assistant deputy minister of health, said of the government’s action. “We want to develop a system that isn’t just a bureaucratic reporting process, but one where we can actually provide valuable information that will have an impact on the care people receive.”

Fisher said individuals will not be sin-

gled out, and the new system will not apply sanctions or penalties. “It is not a performance indicator,” he said. “We don’t want to focus on blaming people for making an error. The focus is on learning and on improving the system.”

The college supports the initiative. “It’s an inherent part of professional integrity to be honest with people,” said Dr. Dennis Kendel, the registrar. “If people are told quickly and honestly about an error, they might not be happy about it but they’re much more likely to accept it than if they discover it later and it seems apparent that it’s been covered up.”

The college’s own policy stresses that physicians must provide full disclosure of errors to patients who might not otherwise have suspected one; mistakes made during surgery or in a laboratory are examples. It also requires the disclosure of errors that were caught and corrected, and it applies to incidents that occurred

in the past and were never disclosed.

“People have the right of redress through legal claims if they’ve suffered irreparable damage, and they would have no way of initiating such claims unless they have information about the error,” said Kendel. In other jurisdictions with mandatory disclosure requirements, he said, the number of lawsuits has increased but the overall amount of cash awards has decreased.

This Saskatchewan college says it was prompted to act by a call for full disclosure from the Canadian Medical Protective Association.

Kendel agrees that some physicians will have a hard time admitting mistakes to their patients. However, he said there is no place for paternalism in an increasingly complex health care system that is providing more opportunities for things to go wrong. “Errors do happen much more often than we once thought,” he said. — *Amy Jo Ekman*, Saskatoon