

Northern Ontario medical school first to require community clerkships

Canada's newest medical school has become the world's first to require students to spend their third year living and working in clinical settings in smaller communities.

Unlike most medical school curricula, which require students in their second or third year to rotate through 6–8-week blocks to learn specialties, the Northern Ontario School of Medicine (NOSM) has adopted a mandatory integrated or community clerkship model, says Dr. Dan Hunt, the vice-dean.

Commencing in September, the school's inaugural third-year class will be divided into groups of 2–12 students and assigned to 10 communities, ranging from Fort Francis to Sioux Lookout, Ont. Instead of working with tertiary care regional hospitals, the students will have an 8-month relationship with a group of physicians in that community. They will learn about family medicine, surgery, pediatrics, psychiatry, obstetrics and gynecology, and internal medicine from the specialists in the community. One primary physician will be responsible for supervising and evaluating them.

Although some institutions, such as the University of Washington, have offered students the option of community-based training, the Northern school has made this model a requirement. "The thing that's unique about our program is that it's not an option. This is the way we teach doctors," says Hunt.

Research has demonstrated that students get better, more targeted feedback from physicians with whom they form an ongoing relationship, Hunt says. The students also learn a more patient-focused approach to medicine and learn more about how health care systems work in smaller communities.

Thunder Bay native Ella Wiebe, who has been assigned to serve her community clerkship in Timmins, says such opportunities are the reason she chose the NOSM. "I really like the way the program focuses on cultural aspects, on getting to know the communities that you're in, and on social determinants of

health," says Wiebe, who is excited about the setting and ultimately plans to practise in the North. "I think we're going to be able to do more than we might be able to do in a tertiary centre. We're going to be able to build a rapport with patients, following them through several appointments."

Second-year students spend a month in a community of less than 5000 people and it's expected that fourth-year students will work at regional hospitals in Sudbury and Thunder Bay. It's believed that exposing students to life in small Northern and remote First Nations communities will ultimately make them more receptive to working in underserved regions. — Laura Eggertson, Ottawa

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News @ a glance

New portal: The World Health Organization has unveiled a new Clinical Trial Search Portal designed to help physicians, researchers and consumers navigate their way through the exploding battery of clinical trial registers. The portal "facilitates the identification of all clinical trials, regardless of whether or not they have been published," WHO Assistant Director General, Information Evidence and Research, Tim Evans said, adding that it constitutes "an enormous



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step toward greater access, transparency and accountability of health research globally." The portal can be accessed at www.who.int/trialsearch/

Lunchless: The No Free Lunch Directory (US version only) has gone online to provide patients with access to a database of health care professionals — physicians, pharmacists, nurse practitioners, nurse-midwives and others — who have taken "The Pledge" to disdain handouts and gifts from industry. The database is searchable by specialty, city, state and zip code but does not yet include Canadians who have taken the plunge, although the nonprofit corporation, headed by New York City internist Bob Goodman, plans to soon expand into Canada. Goodman says professionals from 42 states and 27 countries have taken The Pledge, and that the number of Canadians to have done so is second only to Americans (<http://nofreelunch.org>).

Wild Rose approval: Some 91% of Alberta's doctors voted to approve a trilateral fiscal agreement between the Alberta Medical Association, the provincial government and the province's 9 health regions that increases their fee schedule by 9% over 2 years, creates a \$56.5 million clinical stabilization fund and establishes a \$103.5 million pot to cover skyrocketing overhead costs, while paying physicians an annual 2.8% retention bonus (*CMAJ* 2007;176[8]:1073-74).

Chaoulli Ontario: Newmarket auto body shop owner Lindsay McCreith has launched a constitutional challenge to Ontario's Health Insurance Act and the Commitment to the Future of Medicare Act for prohibiting private health insurance for medically necessary services. Told that he had to wait 4.5 months to obtain an MRI to determine whether his brain tumour was malignant and then, potentially, another 8 months for surgery, McCreith paid \$40 000 for treatment in the United States. McCreith contends that failure to provide timely access to health care violated his Charter right to "life, liberty and security of the person." — Wayne Kondro, *CMAJ*

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