

Consolidated Recommendations

Communications

- 1) Ensure that the continuing development of a **NOSM Communications Strategy** to inform and increase awareness of all aspects of the medical school and health careers (including benefits, challenges, recruitment, admissions, etc.) **includes the following pieces / characteristics:**

- Multi-lingual
- Diverse and appropriate delivery modes (ads, radio/TV spots, face-to-face, broadcast faxes and emails, printed info package materials, NOSM DVD, school bulletins, briefing notes, Career Fairs, etc.)
- Diverse and innovative media (posters, listservs, pens, Frisbees, advertisements, any age and audience appropriate promo materials)
- Means for regular updating of contact lists, broadcast lists, listservs
- Promotion of the various delivery modes and media types

Communications

- 2) Ensure that the continuing development of a **NOSM Communications Strategy** to inform and increase awareness of all aspects of the medical school and health careers (including benefits, challenges, recruitment, admissions, etc.) **targets the following groups:**

- Community or organizational political leadership
- Community members
- School age children
- Teens
- Parents
- Elders
- Regional organizations
- Health boards
- Educational institutions
- Urban aboriginals

Communications

- 3) Prior to development and as an on-going part of the NOSM Communications Strategy, discover the **best ways to maximize the impact and effectiveness** of NOSM communications to each and every audience it needs to reach.

Community Engagement

- 1) Develop a handbook of “Best Practices” for **sharing of information** (tips, successful ideas, etc.) regarding community engagement, planning, preparation, hosting/working with the students, evaluations and community specific feedback from students.

Community Engagement

- 2) **Ensure that correspondence / dialogue** (with a specific individual target about a specific topic) relating to Mod 106 ICE and other aboriginal initiatives **be copied** to First Nation's or other organization's senior managers in health, education, and social services departments in addition to the political leadership in the First Nation or Organization.

Community Engagement

- 3) **Utilize** past and present **NOSM students** whenever possible during community engagement activities.

Community Engagement

- 4) Provide several opportunities for students and local community staff to interact and learn from each other regarding their expectations and other student or community-specific issues to better **prepare both parties for successful** design and delivery of community and cultural learning/immersion experiences.

Community Engagement

- 5) **Increase** the number of **engagement opportunities** (partnership engagement, recruitment, outreach, liaison) with communities, including urban aboriginal target populations such as in southern Ontario and Winnipeg.

Community Engagement

- 6) **Formalize the function of community engagement** within the Aboriginal Affairs Unit so that it is properly and sufficiently resourced to serve the school in partnership development, development of ICE immersion opportunities, and trouble-shooting during the ICEs.

Curriculum

- 1) NOSM language regarding the long-term results and benefits of student cultural learning and immersion needs to be changed. We can't ensure that "cultural competency" will be developed – it is not possible. We can only strive to continue increasing cultural awareness and sensitivity.

Curriculum

- 2) In order to more effectively incorporate Aboriginal health into the NOSM curriculum, students must learn how to integrate contemporary and traditional approaches into a patient's treatment plans, along with full understanding of a patient's socioeconomic and jurisdictional issues
 - Examine existing models for integrating Aboriginal health into the curriculum including an exploration of any legal/accreditation issues

Curriculum

- 3) There is a need to develop opportunities outside of Module 106 (such as an immersive/longer term Aboriginal Health elective) to increase and sustain cultural awareness

Curriculum

- 4) Increase elder involvement in curriculum development, review and revision, as well as for support and advice to students and faculty

Curriculum

- 5) Increase the number (through active recruitment) of Aboriginal faculty

Curriculum

- 6) Host an elder's gathering to seek elder input into curriculum and what characteristics of a particular research project are needed for successful integration into Aboriginal communities

Research

- 1) The school should consider **expanding the students' self-study research** to include the overall collection of non-confidential information regarding barriers to health care access and related issues affecting health status so that local and regional trends can be identified over the medium or long term, and students and communities can have access to this information for their own planning. This potential expansion should be a community-specific elective, initiated only upon acceptance by the community. This data collection should not significantly increase student workload on-site.

Research

- 2) Guidelines for Research Initiatives in Aboriginal Communities** must be developed for use by the NOSM Research Unit (developed in conjunction with Aboriginal Affairs and the ARG) to ensure appropriate and acceptable steps are taken for initiating, developing, conducting, reporting on, or acting on the results of any such research. These Guidelines should include:

Research

- a) All points contained in the NAHO OCAP Principles
- b) requirement for utilization of/development of local researchers with a long term view of capacity-building
- c) research must be community-driven, and not just accepted by the political leadership. Communities must have significant input into what research is being conducted, how it will be conducted, and be accepting of the project and the intended uses of the results

Research

- d) Projects should not exclude or segregate against other populations in the same geographic area which may have the same health issues
- e) Projects should include Elder input
- f) Ensure acknowledgement of individual/community involvement and participation in research (i.e., names included on publications)
- g) Improve the exchange of information/research updates (i.e., communications strategy)
- h) Provide research outcomes and research status updates to communities on an ongoing basis

Research

- i) Utilize existing partnerships to invite research
- j) Utilize NOSM students on-site in communities whenever possible in research identification, design, community buy-in, implementation, reporting, etc.
- k) Preliminary results must be verified by all study subjects/ participants before publication
- l) Support and advocate on behalf of the communities regarding their identified research areas/topics

Research

- 3) Establish an **Ethics Review sub-Committee of the ARG** to assist with the development of the Research Guidelines and review any research proposed or completed with respect to Aboriginal culture, values, health, etc. (include people from the communities in such a committee, people who are knowledgeable of various topics and representative of various communities). This sub-Committee (which should include an Elder) must have some control, and not be simply an advisory committee.

Research

- 4) **Initiate more research projects / topics**
in:
 - a) the remote northern communities
 - b) on Aboriginal women's health issues (WHI)
 - c) urban Aboriginal health research initiatives,
instead of always conducting projects on
reserve
 - d) with Metis populations

Research

- 5) Communities should have the choice of **identifying potential local research topics**/priorities/concerns in their community profiles which are used by the school and students for the placement selection process.

Admissions

- 1) NOSM needs to advocate for greater financial support for Aboriginal medical students and applicants (i.e., Aboriginal-specific bursaries).

Admissions

- 2) NOSM needs to look at increased, innovative and multi-faceted approaches to promotion, recruitment and support of prospective Aboriginal students, such as:
 - a) Follow-up letters or phone calls to encourage re-application
 - b) Staff position of Aboriginal recruitment officer to participate in career fairs

Admissions

- c) send out notices to undergrad students in Lakehead and Laurentian Universities advertising medical school and requesting that they consider applying
- d) arrange visits to Aboriginal high schools by aboriginal NOSM student ambassadors
- e) native awareness weeks and similar events at various universities and high schools

Admissions

- f) “Follow Your Dreams” academic scholarship to help attract more Aboriginal students (applicants)
- g) Make funds available for Aboriginal students to access for travel for admissions process events
- h) Reinvent the “Health Experience” program (in 1980s) sponsored by FNIB.

Admissions

- i) Provide assistance to aboriginal applicants in accessing and completing applications for financial aid

- j) Provide support and material resources to aboriginal communities so that they may better promote student applications to NOSM

- j) Develop innovative promo tools (i.e., video from LCC's video from Sandy Lake – Joshane)

Admissions

- l) Canadian Aboriginal Achievement Foundation (Metis) packages to partner with NOSM
- m) Annual evaluation and assessment of NOSM admissions process with regards to aboriginal students
- n) Seek opportunities for assistance for living expenses as students

Admissions

- 3) Increase the “Mini-Med School” type opportunities, both on-campus and on-site in aboriginal communities, to generate increased awareness, interest, and academic ability among the prospective aboriginal students.

Admissions

- 4) Aboriginal communities should be encouraged to sponsor their own students for “Mini-Med School” experiences to increase commitment and community buy-in.

Admissions

- 5) Maintain the designated aboriginal student admissions seats, and increase from two to three seats, as long as this does not create a ceiling on the total number of aboriginal students per year.