



Northern Ontario Medical School

Excellence in Health Sciences and Medical Education Research and Service for Northern Ontario

Report of the NOMS Aboriginal Workshop

“Follow Your Dreams”



June 10th-12th, 2003
Wauzhushk Onigum First Nation

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**Please note there is supplemental information available upon request.*

Report of the NOMS Aboriginal Workshop “Follow Your Dreams”

Introduction

The Northern Ontario Medical School Aboriginal Workshop was held in follow-up to the NOMS Curriculum Workshop held in Sault Ste Marie, ON. At that time, it was suggested a future workshop be held to address specific Aboriginal issues with respect to NOMS.

Held in the Anishinaabeg community of Wauzhushk Onigum near Kenora, Ontario, the three day event brought together over 130 delegates from Aboriginal communities and organizations across the North, the federal and provincial governments, and the Northern Ontario Medical School. Participants shared their views and their experiences through a series of speakers, small working groups, and presentations. Delegates were honoured to participate in ceremonies and the teachings of Elders. A beautiful Sunrise Ceremony, held at the Wauzhushk Onigum First Nation Traditional Roundhouse, marked the commencement of the Workshop. Social activities, including a mini-Pow Wow, comedy with Moccasin Joe, dancers, and the Gerry McIvor Band, provided entertainment in the evenings.

Some of the ideas that came forward from the Aboriginal Workshop centered on student admissions criteria, curriculum development, and governance of NOMS. Other participants discussed the need to engage Aboriginal youth, while others pointed to the need to provide adequate financial and emotional support.

Why a Community Consultation?

Aboriginal peoples make up a substantial proportion of the total population of Ontario¹, many of whom reside in rural remote Northern communities with little or no access to basic health resources. This Workshop provided individuals from the diverse Aboriginal communities the opportunity to offer input and guidance to NOMS based on the health needs of their communities.

The Aboriginal Planning Committee for this Workshop consisted of representatives from Union of Ontario Indians, Nishnawbe-Aski Nation, Treaty #3, Independent First Nations, Ontario Métis Aboriginal Association, Métis Nation of Ontario, Ontario Federation of Indian Friendship Centres, Ontario Native Women’s Association, Oshki-Pimache-O-Win Education and Training Institute and the Northern Ontario Medical School. Each of these organizations was asked to select individuals from their respective communities as delegates for the Aboriginal Workshop.

¹ The term Aboriginal peoples is used interchangeably to define Inuit, Metis, Non-Status and First Nations peoples collectively.

What were we trying to achieve?

The *primary objectives* for this Workshop were to:

- Provide a forum for Aboriginal people to communicate their desired role within NOMS.
- Develop a framework to implement desired role and focus of Aboriginal involvement.
- Review Aboriginal programs in medical schools, universities and develop recommendations appropriate for NOMS.
- Provide NOMS an opportunity to bring information regarding its current mandate, constraints, aspirations, and progress.
- Establish milestones to ensure findings of Workshop are heard and addressed and where possible evaluated in a timely, measurable fashion.

The *secondary objectives* were to:

- Identify regional differences and the preferred approaches to them.
- Reaffirm NOMS commitment to Aboriginal involvement in this School.
- Collaborate with Aboriginal leaders and communities.
- Build trust and friendship amongst participants.
- To foster an ongoing sense of partnership and collegiality among the NOMS stakeholders.

How did we go about it?

Preparation for the Aboriginal Workshop began in March 2003 with the formation of the Planning Committee, chaired by Dr. Margaret Munro. Under the terms of the articulation agreement between Oshki-Pimache-O-Win Education and Training Institute and Lakehead University, an agreement was entered to hire the Institute as Conference Planners for the Workshop. In partnership with the Medical School, a working agreement was developed which outlined activities required for the planning of this event.

The selection of organization or community to host the Aboriginal Workshop was conducted through a call for proposals. Following a careful review based on criteria, the final decision in choosing the host community was made in consultation with the Planning Committee.

Each of the community organizations was allotted a certain number of delegates based on their geographical and population size, for a maximum of 150 delegates. Participants of this Workshop came from a variety of backgrounds and specializations including: physicians, nurses, other health care workers, educators, students, Elders, and community members. Speakers from Australia, Canada, and the US shared their knowledge and expertise based on their personal experiences as physicians, educators, telehealth specialists, and medical school students. Key issues in Aboriginal health were addressed.

The three-day Aboriginal Workshop centered around three main themes: "Where are we now?", "Voices from Away," and "Where are We Going?". The approach taken over the three days involved a variety of presentations and a discussion panel of speakers. The

circle format was utilized in two methods: large circles incorporated all 131 delegates including NOMS staff, during which the distinguished speakers shared their knowledge and expertise. The large circles were divided into 12 small circles, which facilitated dialogue amongst the participants. All plenary sessions were conducted in the Wauzhusk Onigum Nation Cultural Arbour, with all breakout session located at the Youth and Elders Center, on-site cabins, as well as two big-top tents.

During the large circles, the participants of the Workshop had the opportunity to listen and learn from prominent members of the Aboriginal community. Each speaker reflected on their unique experiences, raised issues and brought forth recommendations based on their areas of expertise. Speakers discussed their perspectives based on a generalized theme or topic.

The Workshop formally commenced with the first speaker, Dr. Roger Strasser, Founding Dean of the Northern Ontario Medical School, who provided a welcome, opening address, update and brief presentation to the delegates in regards to NOMS. Community speakers from the first morning, (Orpah Mackenzie Health Director, Keewaytinook Okimakanak), Goyce Kakegamic (Deputy Grand Chief, NAN), and Ron Wakegijig (Traditional Healer) provided a community perspective and comments concerning NOMS development. Todd Young, Adam Spencer, and Sarah Williams (Medical Students, McMaster University), as well as Angela Recollet (Aboriginal Programs & Services, Laurentian University) offered information on student challenges from admission to graduation.

The theme for the second day of the Workshop, “Voices from Away,” reflected the diversity of speakers and their experiences. Dr. Annalind Wakegijig (Family Physician), Dr. Dennis Wardman (Community Medicine Specialist, First Nations and Inuit Health Branch & faculty member, UBC Faculty of Medicine), Dr. Barry Lavalee (Native Physicians Association in Canada), Dr. Gayle Dine’Chacon (University of New Mexico) and Gail Garvey (Indigenous Health & Education, University of Newcastle, Australia), provided guidance to the development of NOMS based on their personal experiences and areas of expertise.

To determine, “Where Are We Going,” on day three of the Workshop, a panel of community speakers, consisting of Goyce Kakegamic, Donna Williams (on behalf of Orpah MacKenzie), Angela Recollet, and Ron Wakegijig, provided suggestions on the NOMS experience and curriculum elements. A second panel of visitors, including Dr. Gayle Dine’Chacon, Gail Garvey, and Dr. Tom Dignan, made recommendations to the NOMS process. Presentations by the members of each of the two panels were followed by a brief question period and general discussion, allowing for a steady course of dialogue amongst the Workshop participants. The delegates were honoured to listen to the wisdom and vision offered by Elder Thomas Mattinas during the third day.

The large circles were divided into approximately 12 small groups of 8-15 participants. The small circles were vital for discussion and feedback among participants. The goals of the small circle discussions were to provide feedback and recommendations on several key issues including:

- What role can NOMS play in the Aboriginal Communities?
- Are there specific resources in these communities that would assist in medical education?

- Are there specific health priorities or needs that could be addressed?
- How can NOMS support and work with communities so that they host medical students successfully?
- What are the specific challenges in your area?
- How can NOMS best support youth before, during, and after the MD program?
- How can First Nations and Métis youth be included in this process?
- How can NOMS respond to recruitment, retention, NOMS teachers, curriculum issues, cultural awareness/concepts of health, and traditional healing?
- Suggestions for how to make the NOMS medical program an inclusive experience for all.
- Curriculum elements or content that Aboriginal communities would like to see within the NOMS undergraduate program.
- Identifying milestones that could be used to evaluate NOMS progress in relation to its Aboriginal partners. (Refer to appendix for responses from small circle discussions).

The small circles met 3 times over the three days for approximately 9 hours in total. Each group included two facilitators who had been invited to assume this role and briefed in regards to facilitation requirements and the activities for the small circle discussions. Effort was taken to ensure that the facilitators were a balanced and compatible team, and the group reflected the professional, cultural, and geographic diversity of the delegates. Note takers, volunteers from the Wauzhushk Onigum Nation, were assigned to each small circle to take comprehensive notes for each session.

The Northern Ontario Medical School also had the opportunity to partake in a Health Information Fair in the City of Kenora on the second day of the Workshop. As a supportive activity to the NOMS Workshop, this information fair involved more than twenty exhibits with local radio media coverage in the form of a live broadcast. Door prizes, demonstrations, and interviews were conducted as part of the activities surrounding this event.

Entertainment and social activities during the evening provided the opportunity for the Workshop participants to relax and appreciate the culture and environment of the Wauzhushk Onigum Nation. A mini Pow-Wow, dancing by the Surrounding Kenora Area Dancers, and the drum of the Lake of the Woods Singers (host) and Whitefish Bay Singers (guest), provided entertainment for the first evening. The events of the second evening consisted of the Whitefish Bay Jiggers, Moccasin Joe, Richard Green as Elvis, and the Gerry MacIvor Band. The highlight of the evening was the keynote speech by Dr. Emily Faries (Moose Cree First Nation), who commented on the importance of education, especially for Aboriginal peoples, and shared her experiences in obtaining her doctorate and continuing work. As part of the evening activities, a traditional sweat, nature trail excursions, boat tours and fishing were provided for those delegates interested in participating.

What were the highlights of the Workshop?

The Aboriginal Workshop provided the Northern Ontario Medical School with knowledge and understanding of the interests and concerns of the Aboriginal people of the North. Several key themes were identified throughout the duration of the Workshop:

- a) The diverse health priorities of the communities, including mental health, health promotion, and lack of health resources (examples: physicians, facilities, etc.).
- b) Specific health needs, some of which include diabetes, heart disease, Fetal Alcohol Syndrome, HIV/AIDS, hepatitis C, substance abuse, and palliative care.
- c) Challenges the communities are faced with, such as value conflict, language barriers, financial supports, education, recruitment of health care professionals, accessibility, and overburdened health care professionals.
- d) Recommendations and concerns regarding addressing the need for Elder and youth involvement, recruitment, student and faculty support, cultural awareness, concepts of health, and Traditional Healing.

The small circle discussions focused on a range of issues over the course of the three days. Information and guidance shared from the small circles were collated and summarized. Commonalities in ideas, concerns, and recommendations were evident amongst the 12 small circles. The major themes which emerged from the small circle discussions were:

1) *The need for a pathway which encourages and nurtures Aboriginal peoples into and through medical school.*

- Strategic communication plan.
- Partnerships with existing Aboriginal education institutes.
- Promotion of medicine and science, starting at an early age, through career fairs, science camps, and visits to communities.
- Development of outreach programs and utilizing role models/mentors.
- Financial resources such as scholarships and bursaries to students.
- Support systems for students before, during, and after medical school.

2) *The need for NOMS (faculty, staff, programs, etc.) to acknowledge and respect Aboriginal history, traditions, and cultures.*

- Cultural competency and recognizing the issues (eg. effects of colonization and residential schools).
- Consultation with Elders.
- Meet with communities, establish contacts, and build relationships.
- Lifestyle and mentality.
- Role of spirituality in health.
- Separation of cultural norms from traditional practices.
- Holisitic approach – mental, emotional, spiritual, and physical aspects.
- Languages, cultural taboos, cultural practices.

- Cultural and political protocols.
- Differences in communities, histories, demographics, and physician role.
- Demonstrating a sense of humor.
- Openness and respect.

3) *The expertise and resources in Aboriginal communities which could assist in the growth and development of NOMS.*

- Traditional Healing.
- Professional services such as Dilico, telehealth, Seven Generations, etc.
- Health care centers/services including air ambulance, first response teams, emergency care, nursing stations, etc.
- Models of health care delivery – Aboriginal Health and Wellness Programs.
- Linkages to various Aboriginal groups, PTO's.
- Incorporating Culturally appropriate settings (nature, buildings structurally designed for ceremonies, lectures, etc.)
- Community members, especially Elders and youth.

4) *The opportunities for collaboration and partnerships to the mutual benefit of Aboriginal communities and NOMS.*

- Including research and development initiatives which will improve health services and health outcomes for the Aboriginal peoples of Northern Ontario.
- Working with the established Youth Councils.
- Establishing a contact person/liason within the community, using the community members as resources.
- Support (educational, financial, emotional, etc.) for students long before medical school.
- Active recruitment of students.
- Development of a pre-medicine or access program.
- Student placements in the Aboriginal communities.
- Hiring of Aboriginal peoples in all aspects of NOMS including board, faculty, administration, etc.

5) *The challenges and specific health priorities of the Aboriginal communities.*

- Health issues and concerns of diabetes, cholesterol, blood pressure, heart disease, obesity, TB, Fetal Alcohol Syndrome, AIDS/HIV, and STD's.
- Mental health issues such as suicide & death pacts, substance abuse, trauma, loss, grief, racism, etc.
- Lack of access to health care including doctors, dentists, and specialists.
- Language barriers.
- Outcomes of colonialism: residential school syndrome, breakdown of parenting skills, family violence.

MILESTONES that could be used to evaluate NOMS progress in relation to its Aboriginal partners.(where possible milestones are linked with specific areas)

Short Term (0 to 6 months)

General

- ❖ Begin cycle of meetings with Aboriginal communities across Northern Ontario.
- ❖ Creation of strategic plan.
- ❖ Report distributed and presented at workshops, Chief meetings, etc.
- ❖ Ensure the meaningful involvement of Aboriginal people in all levels of NOMS development and implementation eg. Academic Council, board, admissions, support services, recruitment (faculty and students), cultural awareness, and curriculum development.
- ❖ Beginning on-going dialogue with Aboriginal focus groups (eg. Elders, youth, traditional people, health professionals).
- ❖ Aboriginal Workshop Delegates – meet with their community members, meet again in 3-6 months with NOMS.
- ❖ Appointment of meaningful representation on the two Senates of the universities. (This could be achieved by the appointment from the existing Aboriginal Management Councils from the two universities)². Note from author(s) of report:³
- ❖ Recommendations from this Aboriginal Workshop are being evaluated and strategic planning is occurring as a result of recommendations
- ❖ Traditional Practices and Cultural Competency.
- ❖ Development of a policy for recruitment, hiring, support/development and retention of Aboriginal faculty (eg. Director of Aboriginal Issues, Campus Dean)
- ❖ Having a continuous evaluation framework.

Curriculum

- ❖ Aboriginal health and culture incorporated throughout the curriculum.
- ❖ Database of speakers/facilitators to request as sessionals (eg. Elders, Language instructors etc.)

Student Affairs/Admissions

- ❖ NOMS taking a leadership role in promoting sciences and medicine at the primary, secondary, and post-secondary levels.
- ❖ Admissions criteria developed with Aboriginal representation throughout the process and an admissions policy that addresses Aboriginal concerns/issues.
- ❖ Involvement of the Elders during the development process.
- ❖ Designated seats for Aboriginal students.

Mid Term (6 months to 3 years)

General

- ❖ NOMS participating in youth initiatives (x number of events per year), health teachings by NOMS in communities, youth council advisors consulted by NOMS and NOMS mentors.

² Note from author(s) of report: *These structures are in place but NOMS does not have governing authority of the Senate.*

- ❖ Distribution of documents outlining the history of NOMS should be shared with the community, and a commitment be made to ensure the implementation of recommendations within the corporate and academic structure of NOMS are being adhered to.
- ❖ The creation of a specific Aboriginal Program Coordinator to maintain the discussions and communications be added to staff, advised in issues, understanding people, strong ability to communicate with groups, awareness of Aboriginal issues.
- ❖ To ensure ongoing dialogue and meaningful involvement of Aboriginal peoples, the creation of an Aboriginal Liaison Unit dedicated to addressing critical issues identified, supported and funded by NOMS and developed collaboratively with Aboriginal partners.
- ❖ Structural design of NOMS building must meet cultural/spiritual needs of students, faculty, and community people (eg. room for ceremonies, proper ventilation for smudging).
- ❖ Protocols with Aboriginal communities are in place (both sides – NOMS students and communities).

Student Affairs/Admissions

- ❖ NOMS recruitment team into elementary, junior, and high school
- ❖ NOMS and current funding resources will assist in the coordination of financial aid for Aboriginal medical students.
- ❖ Assess other medical schools
 - Levels of success in graduating Aboriginals
 - Medical students from medicine
 - Tracking from Pre-Med to resident – practice
- ❖ Linkages between medical students at the two sites.
- ❖ Strong support systems 24/7
 - Peers
 - Academic
 - Counseling – financial/personal
 - Elder Availability
- ❖ Development of an access or pre-medicine program - transitional training program to help prepare students for medicine.
- ❖ NOMS should assume an innovative role in research – recruitment of Aboriginal students into medicine, other school policies / strategies and incorporate best findings into practice
- ❖ Development of a policy that addresses financial barriers (eg. Scholarship/ bursary program for Aboriginal/MD students).
- ❖ NOMS visit Aboriginal communities to assess needs for hosting medical students.

Communications/Student Affairs & Admissions

- ❖ Outreach to communities (Travelling Road Show), advertising campaign (all media), encourage communities in ongoing dialogue, recruitment, links with youth

E-Curriculum/IT

- ❖ Expanded information technology/telehealth capacity with partnership (eg. KO, Contact North, etc).

Long Term (greater than 3 years)

General

- ❖ Vibrant, accessible Medical School program partnered with Aboriginal communities.
- ❖ Aboriginal involvement medical students, physicians, faculty, administrators and other staff, other health care providers, communities
- ❖ Increase number of doctors in North by 50%
- ❖ World class health care providers for communities.
- ❖ Community plans developed in cooperation with NOMS which may entice new doctors.
- ❖ Aboriginal MD graduates
- ❖ Interdisciplinary faculty
- ❖ Linkages strengthened between Lakehead and Laurentian and with the Aboriginal communities.
- ❖ Highest number of Aboriginal graduates in all Canadian medical schools.
- ❖ Within 10 years: increase of Aboriginal faculty and Aboriginal doctors.
- ❖ Evaluate meetings of NOMS with Aboriginal peoples (regular reports produced evaluating progress with Aboriginal partners).
- ❖ Practicing in Aboriginal communities - Aboriginal graduates teaching Aboriginal students.
- ❖ Network of physicians, interns, and residents in communities.

Student Affairs/Admissions

- ❖ Aboriginal students applying and being admitted into NOMS – achieving %
 - Testing stage – building supportive environment
 - Fostering aspirations
 - Evaluating – in reasonable timeframes (short)
- ❖ Evaluate recruitment and retention rates.

E-Curriculum/IT

- ❖ All MD's can have a "chat room" to discuss the different aspects of their community.

What did the workshop participants tell us?

Through a questionnaire completed at the Workshop, the participants rated six different components. These components were rated from 1 (being very poor) to 5 (being very good)

Synopsis of Post-Workshop Evaluation

Six Components	Average Rating (out of 5)
Speaker Presentations N = 23	4.17 (very good)
Large Group Discussion Circles N = 21	4.07 (very good)
Working Group Sessions (small circles) N = 23	4.45 (very good)
Organizational Aspects of Workshop N = 23	3.85 (good)
Recognition of, and Sensitivity to Different Cultural Issues N = 22	4.18 (very good)
Overall Experience of Workshop N = 23	4.39 (very good)

I liked...

- The location and hospitality of the Wauzhushk Onigum Nation
- Small group discussions
- The Aboriginal speakers and their experiences
- The diversity of the participants
- Stimulating discussions
- The specificity of the Workshop to the Aboriginal communities
- The opportunity for Aboriginal voices to be heard

I Disliked...

- Long speaker sessions
- Lack of information regarding breakfast, transportation, site locations, etc.
- Long hours of sitting without breaks
- Delaying meal times
- Late start times
- Information from speakers seemed repetitive
- Negative energy in some small groups

I learned...

- A great deal of work lies ahead

- About curriculum planning and NOMS itself
- Different points of view and how important it is to have NOMS be balanced by the needs of the Aboriginal students and the educating of the non-Aboriginal people
- Some of the possible barriers in ensuring Aboriginal participation in the NOMS process
- The importance of the Aboriginal people's role in the building and development of NOMS - it is vital for the Aboriginal people to be involved from the beginning
- Aboriginal issues are extremely similar around the world

Suggestions for Future Workshops...

- Providing more information to delegates regarding NOMS before the Workshop
- Starting on time, having breaks when scheduled
- Include more Youth/Students, Elders, and Healers
- A lot less time for the speaker presentations and more time for the small group discussions
- Utilize ice-breakers
- More free time
- Less speakers, more large group discussions
- Provide more information on NOMS structure, representation of the board, complete listing of NOMS staff, and complete reports on Workshops held in Sault Ste Marie (provided at Kenora Workshop) and Kenora
- Hold a Workshop specifically for Elders and Youth
- Follow-up Aboriginal Workshop within a year
- Updates or outcomes of this workshop to be presented in communities that have participated
- Continued dialogue
- Better timetable and indicating when and where of the event
- Healthy food choices, sensitivity to those with special food needs (eg. Diabetics)

Where do we go from here?

With the input received from its Aboriginal partners, NOMS now has a greater understanding of the Northern community's needs and how best to address these within the Medical School. Ongoing, meaningful participation and communication with our Aboriginal partners is pertinent to the success of the Medical School. The milestones identified by delegates at the Workshop have provided the Northern Ontario Medical School with an evaluation process to ensure our ongoing progress and development. Next steps include the following:

- 1) Aboriginal representation on various areas of the School including faculty, students, administration, curriculum development, Interim Academic Council, etc.
- 2) Establishing an Aboriginal Reference Group, consisting of representatives from the PTO's and community groups.
- 3) Providing communities with information about NOMS.
- 4) Developing a culturally competent systems design.
- 5) Actively recruiting Aboriginal students as early as the elementary and secondary levels, with use of mentors, role models, funding, promotion, and established organizations.

- 6) Immediate and ongoing consultation with Youth and Elders in regards to curriculum and recruitment.

Conclusion

The Northern Ontario Medical School is well on its way to creating an innovative school which will address the health needs of Northern Ontario. NOMS is pleased to see that many of the delegate's ideas are currently being operationalized. It is evident however, that NOMS has just begun to incrementally take the steps necessary in offering an accredited Medical School to the North. In order to reach this goal, the Northern Ontario Medical School requires the involvement of the Aboriginal communities and participation in the ongoing development of the school. This Workshop gave NOMS the opportunity to listen and learn from the Aboriginal peoples of the North. Information gathered at this Workshop is vital in ensuring that Aboriginal peoples have a voice in the development of the Northern Ontario Medical School from the beginning. The 'Follow Your Dreams' Workshop is an early step in the process of developing an ongoing partnership between NOMS and its stakeholders. The Northern Ontario Medical School has been and will continue to be committed to its Aboriginal partners. NOMS looks forward to your continued involvement in this unique and exciting endeavor.

Those individuals who were unable to attend this Workshop have the opportunity to provide their input through a questionnaire posted on the NOMS website. This report, along with other information from the Workshop, is posted on the website at www.normed.ca. For further information or to share comments or suggestions, please contact the Northern Ontario Medical School at 807-343-8100 or feedback@normed.ca.

Aboriginal Workshop Supplemental Information

The following supplemental section consists of feedback received during the small circles at the Aboriginal Workshop. Delegates were asked to engage in dialogue and discussions in response to questions presented to them by facilitators.

Disclaimer: The data was taken directly from comments of participants and notes taken during the small circles. This data does not necessarily state or reflect the opinions of the Northern Ontario Medical School.

Small Circle Feedback

<p>What role can NOMS play in Aboriginal Communities?</p>	<ul style="list-style-type: none"> • Mentoring program – Youth – early age mindset • Summer camps / Superior Science example • Visit to communities / NOMS – career fair • Collaborate with health / education authorities • Promotional materials – ad campaigns <ul style="list-style-type: none"> ▪ NOMS ▪ Overall medicine • NOMS – assist with research with Aboriginal peoples • NOMS coordinate clinical experiences in Aboriginal Communities – supporting students as they go in – clear objectives • Creating trained and retrained medical labour force • Involvement in decision making • Foster communication, partnerships – external and internal to NOMS framework • Presentations to young students • Educate Northern people about NOMS • Develop strategic communication plan • Travel to communities • Learn and respect for traditional medicines • Guidance councilors, graduation speakers • NOMS to set up speaking circuit / Aboriginal role models • Support for telehealth • NOMS to be a part of career fairs • Courses available to students in their communities (sciences) • Liaisons • Training of both Aboriginal and non-Aboriginal students (cases which address direct health issues of Aboriginal communities) • Teaching on language barriers – coping strategies • Set up temporary clinics so students do work in community provision of some level of care to communities • Go into high schools and present opportunities • Research around Aboriginal issues, eg. Diabetes and
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	<p>implement appropriate curriculum – models of care for Aboriginal patients (ie. on genetic history of Aboriginal populations)</p> <ul style="list-style-type: none"> • Ensure students are prepared for medical school – pre/access programs • Problem-based training • NOMS can have elected person who can handle accommodations for students. • Development of health sciences program long term – physics, biology, • Coordinated approach – interdisciplinary models • Job placements for students • Economic development • Accountability for health • Develop scholarships • Participatory research
<p>Are there specific resources in Aboriginal communities that would assist in medical education?</p>	<ul style="list-style-type: none"> • Utilize Traditional Healers • Spend time with CHR – multidisciplinary approach • Telehealth • Models of health care delivery – federal, Aboriginal health and wellness, provincial, tribal, telehealth • Air ambulance/land • Health care centers • Hospitals – Sioux Lookout Zone/Moose Factory • Professional Services – Northern Diabetes Network, Telehealth, Dilico • Medical equipment, tools • Nursing stations, mentoring students • First response teams, emergency care • Aboriginal institutes – part of resource, could prepare students for academic access programs • Pre-medical and access programs • Humor • Community ownership in providing support (financial and social) for students living within their communities • Sponsorship • Seven Generations, other Aboriginal institutions for educational support in pre-health – delivery site support with information tech support • Communities provide partnerships to other health/education organizations to NOMS
<p>Are there specific health priorities or needs that could be addressed?</p>	<ul style="list-style-type: none"> • Nutritional counseling • Diabetes, cholesterol, blood pressure, heart disease • Health promotion – diet, exercise, stress • Healthy lifestyle – traditional based • Accessibility of good food • Social/self esteem

	<ul style="list-style-type: none"> • Mental health, psychiatric – education of the MD students – challenges/resources • Putting together Western medicine / spiritual • Bedside manner • Complimentary medicine – bringing in other methods – acupuncture, massage • Interpretive services (language barrier) • Informed consent • Holistic Approach • Cultural sensitivity • TB, FAS/E, hepatitis C, AIDS/HIV/STD's, obesity • Access to health care • Doctors, dentists, specialists on a regular basis • Appropriate health care facilities, ambulance • Links to tertiary care facilities • Dental hygiene • Suicide, death pacts • Substance abuse / alcoholism • Infectious diseases • Injuries • Environmental concerns – water, homes, nutrition • Transportation and housing funding • Utilize and enhance services for flying into remote areas • Equipment – eg. X-ray machines, diagnostic, dialysis • Collaboration between NOMS and communities • Preventative care • Access to reports, research • Long term care for elderly • Palliative care – training for families, acceptance for families, perinatal • Over prescriptions • Grief, loss, trauma • Racism, residential schools, abuse, growing up in shame • Vaccinations • Lack of parenting skills • Community health • Focus on children • Self health awareness for community
<p>How can NOMS support and work with communities so that they host medical students successfully?</p>	<ul style="list-style-type: none"> • Contact person – ensure community is supportive, community liaison • Work with programs already in place • Ethics/research – ensure entire community is accepting of research • Access and possession issues • Partnership • Learning contract – student develop objectives – what

	<p>they want to learn with community input</p> <ul style="list-style-type: none"> • Formal support group – when they come back, online discussion groups when they are there, encourage use of IT • Support available long before medical school • Linkages to Aboriginal groups • Accommodation – billeting, etc. • Financial • Mentorship • Community members as resources • Work with youth – Multicultural Youth center • Host families • Paid support staff • Career fairs, youth summer science camps • Retreats • Bursaries, help with fundraising • Culturally appropriate settings – nature, buildings structurally designed for ceremonies, lectures, etc. • Orientation to community – buddy system, part time work • Education – make students aware of local politics, customs, laws, and traditions • Communication with community health centers, clinics, hospitals • Invite students to take a field trip to university to meet medical students • Make a promotional video • Continuity of contact with all students • Actively recruit Aboriginal faculty • Meet with communities, relationship building • Social gathering/fostering • Preparing students – cultural awareness diversity/ different lifestyles • Understanding and using humor • Basic terminology • Adequate debriefing for medical students (suicide incidents particularly high in a community) • Community has to be educated re: role of medical students • Know research and understand diversity amongst communities – gain support from leadership within each PTO area, increase community awareness • NOMS needs to have dialogue with physicians in the north who provide service to communities • Educating non-Aboriginal teachers • Open house at NOMS
<p>What are the</p>	<ul style="list-style-type: none"> • Very difficult to leave home

<p>specific challenges?</p>	<ul style="list-style-type: none"> • Post-secondary education not often seen as a value • Parental /family influence • Readiness to work in the North • Recruitment of nurses, doctors, etc. • Lack of role models • Funding issues • Few special education programs • Lack of recognition/celebration of achievement • Values conflict – walking the two worlds • Language cultural deterioration • Children dropping out earlier, school not seen as safe • School mentality – relates back to residential school syndrome • Mentality of parents – live off the land, afraid of losing this • Accessibility – students into medicine, patient, post-secondary programs (preparedness, geographic isolation, technology, Aboriginal content) • Academic preparedness – all levels of education • Health care system specific – lack of public health, healthy sexuality programs (clinics, screening) • Overburdened health care professionals – need support staff, burnout • Lack of coordination and integration of various players eg. Government agencies, etc. • Continuity of care, follow-up • Change, loss of doctors, lack of specialists • Limited translation services • Costs of travel • Lack of access to technology and training in technology • Racism • Accommodation for patients • Lack of access to science courses in high school • Location of academic training areas – have to move away from home • Support in universities for Aboriginal students • Isolation • Access to medical equipment – eg. Dialysis machines • Internet access, maintenance, training • Poor communication, language barrier • Generating graduating grade 12 students • Services for referral to physiotherapists, speech pathologists, etc. • Telecommunication infrastructure • Lack of health education • Lack of role models

How can NOMS best support youth before, during, and after the MD process?

Before:

- Working with youth councils
- Summer camps – university sponsored during and before
- Financially – make information available – IT – ie., KOSMART PROJECTS
- Aboriginal Resource Person – on site at University
- Support in primary & secondary schools, and university/college support (culture, Elders, staff, external)
- More sciences at primary and secondary levels
 - Role models (young doctors)
 - Scouting in high school and in pre-med programs
 - Active face in community
 - Calendar – information of pre-requisites
 - Educate the educators – guidance counselors
 - financial resources, scholarships, bursaries
- Field trips to university, labs, etc.
- Availability of material, eg., medical books
- Web link to Aboriginal pages
- Effective outreach program
- Student society

During:

- Aboriginal health electives
- Encourage Aboriginal students to become role models Support groups for all students ie., tutors, mentors
- Support students supplies and materials
- Financial assistance for unexpected expenses (contingency fund)
- Curriculum: Aboriginal specific and content and Aboriginal participation within school – curriculum / academic committee
- Staff and Aboriginal faculty
- Child care resources (day and night)
- Elders in residence
- Guidance in selecting in specialty area
- Summer programs – placements in their related fields
- Use wider MD community for support

After:

- Residency programs
- Mentoring/tutoring with current students
- Info about Physicians group

	<ul style="list-style-type: none"> • Awareness of the difficulty in returning to the community • Balance the expectations – family ties – expect 24 hours access <ul style="list-style-type: none"> - Intimacy issues / emotional - Rotating residences in communities – seen as frustrating – takes a while to build the relationship • Political preparedness • Perception of Nurses – communities aware of Aboriginal students <ul style="list-style-type: none"> - They are “real” doctors – avoid back door syndrome • Promotion / communication of the student – their background (↔ 2 way) • Alumni program – counseling if needed – well developed • Professional development opportunities eg. response to legislation, technology, industry changes, requirements • Locating / placing doctors in rural /First Nation communities • Track the graduates • Job incentives to work within Medical School • Networking / links established • Grads contact Medical School / staff for assistance – help • Business plan basics – how to set up your practice • Breaks from community to access technology, new info, etc
<p>How can Aboriginal youth be included in this process?</p>	<ul style="list-style-type: none"> • Youth summit – focus groups of students – what they want • Planting the seed very early – primary and secondary school • NOMS student representation on youth councils • School visits – on and off site • Promotion/PR of medicine targeting Aboriginal youth • Aboriginal doctors attend youth workshops • Liaison with counselors • Outreach to groups, schools • Summer science camps for Aboriginal youth • Friendship centers • Aboriginal Head Start program – children/parents • National and provincial strategies to encourage Aboriginal youth to pursue medicine – culturally sensitive, key messages, peer support/mentoring • Separate admissions process for Aboriginal students – application, interviews, screening, active recruitment and fostering pre-med, etc. • Role model programs with existing Aboriginal doctors,

	<p>community placements</p> <ul style="list-style-type: none"> • Career fairs • Student awards/scholarships • Create a strategic plan to include youth, from the youth • Have a youth conference, let them know they have support (especially from Elders) • Distance education, make use of IT
RECRUITMENT	<ul style="list-style-type: none"> • Mentoring • Summer camps (eg. Superior Science) • Collaborate with health/education authorities • Promotional materials – ad campaign • NOMS – help with research with Aboriginal peoples • NOMS coordinate clinical experiences in Aboriginal communities – supporting students as they go in; clear objectives • Show support systems prior to recruitment at all levels • Separate support systems to address Aboriginal needs (advocacy) services are easily identifiable, accessible, not meshed with main stream services • Sharing information via CD-Rom could be beneficial (need to ensure technology available to support) • Encourage and support anyone who is interested in applying to meet the criteria for admission –track and help progress • Students communicate with communities about their own needs so that communities might be able to help them stay/return. *Set a certain number of seats aside for Aboriginal students (same number each year) based on demographics • Access programs – expand current resources • Have no science requirements to enter into MD program as science requirements discourage Aboriginal students to apply • Target strategies • Priority for Admissions • Raising Awareness • Attractiveness of program • Returning to their communities • No compulsion but encouragement • Support and encourage those who are interested in applying • Make service in the North following graduation a requirement for admission (minimum number of years to practice in North to be considered for admission) • Avoid making admissions decisions based solely on academic standing – perhaps accept a passing grade in prerequisite studies as the minimum academic standard, and then consider other factors (eg. Cultural background, determination, motivation, community

	<p>service, experience, and future plans)</p> <ul style="list-style-type: none"> • “Brightest students” posted on NOMS website is discouraging – contributes to stigma associated with being admitted for any reason other than high marks • Recruitment can only be addressed when support systems are developed and implemented. <ul style="list-style-type: none"> - services are easily identifiable, accessible, not meshed with main stream services - support systems required within NOMS and both Universities
<p>RETENTION</p>	<ul style="list-style-type: none"> • Retention = keep in school (at all school levels) & keep in communities • Program access <ul style="list-style-type: none"> - Basic studies/study skills - Develop structured student services system - Identify early those with potential risk of drop-out/failing - Look at on-going/on-site/continuous support for students <p>Team or community member involvement in education process (CHR, Elders, social workers, aunties, PHN, educators</p> • Need more parent involvement – push students to stay in high school • Have students and doctors in community to serve as role models to high school students • Retreats – to build relationships, debrief • IT support for medical student (laptop, student stethoscopes, etc.) • Concerns for community members to go back to community to be accepted back and to leave the city • Community to take responsibility for accepting, ensuring a conducive relationship and make students feel welcome • Peer support – proper orientation to medical school from senior medical students • Incentives (scholarships, etc) • Aboriginal faculty • Flexible time tabling to accommodate Aboriginal cultural activities, ceremonies • Progress services of staff (faculty) – students • Communication systems established within medical school • Links with other medical schools • Financial Issues – scholarships, bursaries, etc... • Support Services <ul style="list-style-type: none"> - Housing - Child Care

	<ul style="list-style-type: none"> - Transportation - Mentoring - Encourage mechanisms • Curriculum • Medical School <ul style="list-style-type: none"> - Faculty, Staff - Aboriginal representation in all aspects - Student tracking
<p>NOMS TEACHERS</p>	<ul style="list-style-type: none"> • Professors • Traditional Healers, Elders – in addition to medical sciences, clinical services, community and social services • Emphasize hands-on learning – practical teachers • Bring in guest lecturers • Communications / cultural competency specialists • Variety of health care workers • Use Aboriginal programs that exist – elective • Non-Aboriginal teachers who have been in Northern communities • Educators that can function in a virtual environment (eg. Telehealth, video conferencing) • Willing to provide mentorship • Balance education and research • Public health training community • Culturally sensitive and competent • Geographical understanding – knowledge of region/diversity • Aboriginal representation on committees relevant to faculty recruitment – curriculum Academic Review Committee is a must • Communities database • Aboriginal teachers with facilitators (openness) • Awareness of issues/university and community • Paying the teachers – not simply a title • In addition to medical / clinical / community / population / social sciences have traditional healers / mid-wives / Elders as lecturers / sessions • Integrate throughout the curriculum • Have cultural sensitivity training – communications • Make use of experts and resources from Lakehead's and Laurentian's Aboriginal programs • Good online facilitators • Qualities: <ul style="list-style-type: none"> - flexible – willing to incorporate other beliefs – suitable mentors open to students discussing particular issues – ie., time to attend a community funeral, etc.. - respect

	<ul style="list-style-type: none"> • Student focused – customer service model • Ideal to have NOMS students return as NOMS educators – Life cycle • Researchers should work with First Nations • Receptive to research questions when created by First Nations and then work in partnership on Aboriginal Health research • Opportunity to be a leader in this regard • Would like to see teachers with strong public health training • Focus on strategies of prevention • Strong clinical emphasis recognize that some aboriginal students may not be as receptive to theory as they are to practical <ul style="list-style-type: none"> - Having a database from the community with experience / expertise / library resource - Teachers awareness of issues info sharing with universities and communities - Experimental learning ie., participation in teachings – oral
<p>CURRICULUM ISSUES</p>	<ul style="list-style-type: none"> • Possible Aboriginal health stream • Specific course including Aboriginal healers to include traditional medicine and where they interact with Western medicine • Need to know protocols involved in traditional healing • NOMS should have Aboriginal health as a major part of curriculum – case based; health and prevention of disease, community is important • Use Aboriginal advisors and elders for curriculum development of Aboriginal cases • Must have the students going out to the Aboriginal communities for placements • Health and prevention of diseases • Case-based
<p>CULTURAL AWARENESS</p>	<ul style="list-style-type: none"> • Role of spirituality in health • Cultural norms need to be separated from traditional practices • Role of physician in community – cultural education for students • Understanding the demographics of the area a physician will serve • Holistic approach – mental, emotional, spiritual, physical aspects taught • Diversity • Languages • Cultural taboos, cultural practices

	<ul style="list-style-type: none"> • Making learning environment accepting, comfortable, empowering • Personal support – financial, educational, etc. • Orientation for specific areas – developed by communities/areas • All NOMS staff orientation/professional development on Aboriginal cultural awareness and concepts of health • “Aboriginal Studies” – cross cultural education courses for all med students • Protocols – cultural and political • Realities of our communities (socioeconomic, health conditions, etc) • Resources – additional books, info in regards to Aboriginal people and issues • Database of resource people • Learning styles of traditional Aboriginal education • Spiritual medicine • Understand communities ways • Demographic area – graduates should have knowledge of areas – north, east, etc. • Community development resources • Listen, watch, do • Residential school awareness addressed traditional knowledge – empirical knowledge • Skills, knowledge, attitudes and values • Differences in communities, histories, demographics, cultural issues, physicians role in the community • Medical School needs to be welcoming and supportive
<p>CONCEPTS OF HEALTH</p>	<ul style="list-style-type: none"> • Balance physical, mental, emotional, and spiritual • Open and respectful • Teasing/humor is important • Trust and acceptance • Community health (Aboriginal and others) resources / professionals – working together • From an Aboriginal perspective including history and language • Mental health – trauma, grief • Alternative medicines • Historical perspective of past health and to where we are today • Medicine wheel – learning, participation, teaching • Awareness for Aboriginal people around mainstream medical procedures/visual/language • Physical exams for women, men • Individual, community, and national health • Respectful and open • Trust and acceptance • Community planning, driven

	<ul style="list-style-type: none"> • Include curriculum and student affairs • Educate NOMS and others about Aboriginal culture, history, health status, social problems especially effects of colonization and residential school experience. <ul style="list-style-type: none"> - Role of Traditional Healing <ul style="list-style-type: none"> • Medicines • Ceremonies • Counseling • Environment • Health centre • Natural
<p>TRADITIONAL HEALING</p>	<ul style="list-style-type: none"> • Non-encroaching with Western Medicine – conform and compliment natural rituals • Whole spectrum of medicine • Make non-Aboriginal individuals aware – shadow Traditional Healer in medical school placement and residency • Educate NOMS and others about Aboriginal history, culture, health status, social problems (especially effects of colonization and residential school abuse) • Role of traditional healing – ceremony, medicines, counseling, environment • Consult with Traditional Healers around: curriculum, holistic medicine (emotional, physical, spiritual) need to be recognized and explored • Education/research • Teaching that patients can be supported within other health organizations (eg. Traditional Healers) and within wider support communities • To mentor community members, develop a youth group host families, paid support staff, settings, formal recruitment information of Aboriginal programs available • NOMS needs to explore ways to incorporate holistic healing into the student’s wider body of knowledge. • Courses could be offered that are taught by traditional healers <ul style="list-style-type: none"> • Clearly demonstrate that a patient’s care doesn’t end in the physician’s office - incorporate patient’s community and other health care possibilities • make non-Aboriginal person aware of traditional healing • orientation of practicing physicians to Traditional Healing • increase legitimacy of Traditional Healing (naturopathic medicine) • Incorporate into curriculum - contrast and

	<p>compare to Western medicine</p> <ul style="list-style-type: none"> • Traditional Healers across Aboriginal communities in Ontario – regional differences in culture, medicines
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MILESTONES – Identify milestones that could be used to evaluate NOMS progress in relation to its Aboriginal partners.

- ❖ Meetings with each community
- ❖ Creation of strategic plan
- ❖ NOMS taking a leadership role in promoting sciences and medicine at the primary, secondary, and post-secondary levels.
- ❖ Ensure the involvement of Aboriginal people in all levels of NOMS development and implementation eg. Academic Council, board, admissions, support services, recruitment (faculty of students), cultural awareness, curriculum development.
- ❖ On-going dialogue with Aboriginal focus groups (eg. Elders, youth, traditional people, more health professionals.
- ❖ Appointment of meaningful representation on the two senates of the universities. This could be achieved by the appointment from the existing ACE councils from the two universities.
- ❖ NOMS recruitment team into elementary, junior, high school
- ❖ The creation of a specific Aboriginal Program Coordinator to maintain the discussions and communications be added to staff, advised in issues, understanding people, strong ability to communicate with groups, awareness of issues detrimental to Aboriginals, need to ensure human
 - Facilitator will develop organizational structure (document that will be distributed to everyone)
- ❖ To ensure ongoing dialogue and meaningful involvement of Aboriginal peoples, the creation of an Aboriginals Liaison Unit at both sites (Lakehead & Laurentian) dedicated to addressing critical issues identified, supported and funded by NOMS and developed collaboratively with First Nations/Métis and NOMS.
 - Documents should be shared
 - Team approach
 - Need to ensure adequate human resources.
 - Distributed by existing documents to gain a better understanding and struggles of how we reached this stage.
 - Method of evaluation
 - Must be accountable
 - In 6 months – need update to confirm what has been done to date.
- ❖ Aboriginal involvement
 - medical students, physicians, administrators and other staff, other health care providers, communities
 - number of applicants – look at who's accepted
- ❖ Aboriginal professors
- ❖ Vibrant, accessible Medical School program partnered with Aboriginal communities
- ❖ Increase number of doctors in North by 50%
- ❖ World class health care providers for committees
- ❖ Community plans developed to entice new doctors in cooperation with NOMS
- ❖ Strong support systems 24/7
 - peers

- academic
- counseling – financial/personal
- Elder – in residence
- ❖ Medical school funding – tuition, school supplies, travel, living expenses
- ❖ Access other medical schools – various levels of success in graduating Aboriginal medical students from medicine (tracking from pre-med to med to residency)
- ❖ NOMS should demonstrate Aboriginal involvement in the following ways;
 - Hiring staff includes – faculty, administration, other staff a x% of 130 FTE (full-time equivalent) minimally that is reflective of proportion of Aboriginal people in Northern Ontario
 - Admissions enter – representative number Aboriginal members or separate committee (evaluate own)
 - Curriculum in Aboriginal health and culture
- ❖ NOMS and current funding resources will coordinate financing for Aboriginal medical students
- ❖ NOMS should assume an innovative role in research – recruitment of Aboriginal students into medicine, other school policies / strategies and incorporate best findings into practice
- ❖ Ensure designated seats
- ❖ Ensure open dialogue between the existing structures within the two universities (LUNEC and AMC) and the development of NOMS with NOMS acting as an advocate in ensuring that the institutions are honouring the original intent of these AEC.
- ❖ Distribution of documents outlining the history of NOMS should be shared with the community, and a commitment be made to ensure the implementation of recommendations within the corporate and academic structure of NOMS are being adhered to.
- ❖ Admissions policy that addresses Aboriginal concerns/issues
- ❖ Protocols with Aboriginal communities are in place (both sides – NOMS students and communities)
- ❖ Linkages strengthened between Lakehead and Laurentian and with the Aboriginal communities.
- ❖ Linkages between medical students at the two sites.
- ❖ Level of commitment from partners
- ❖ Recruitment and retention rates
- ❖ Develop policy that addresses financial barriers (eg. Tuition for service post-graduation)
- ❖ Recommendations from this Aboriginal Workshop are being implemented and strategic planning is occurring as a result of recommendations
- ❖ Faculty are priority – Aboriginal faculty (physicians and non-physicians); in next 4 months – development of a policy for recruitment, hiring, support/development and retention of Aboriginal faculty (eg. Director of Aboriginal Issues, campus Dean)
- ❖ Voting Aboriginal representation at the board and governance committees including senate (as the processes already established); connection to university Aboriginal council.
- ❖ NOMS participating in youth initiatives (x number of events per year), health teachings by NOMS in communities, youth council advisors consulted by NOMS and NOMS mentors.

- ❖ Involvement of the Elders during the development process (resident elders at NOMS in September).
- ❖ Transitional training program to help prepare students for medicine.
- ❖ Commitment to maintain the Aboriginal curriculum component.
- ❖ Regular meetings of NOMS with Aboriginal people for a progress report (regular reports produced evaluating progress with Aboriginal issues).
- ❖ Having a continuous evaluation framework.
- ❖ Having appropriate Aboriginal representation on the NOMS Academic Council.
- ❖ Dissemination of key information and promotional pieces to Northern communities (ie. Admission plan, curriculum plan, student support services plan) and develop a mechanism for feedback.
- ❖ Experiential learning of Aboriginal culture in the curriculum (ie. True integration of NOMS students and teachers in the communities), immersion.
- ❖ Within 10 years: 30 Aboriginal doctors, no requirements for access programs, 50% of NOMS Aboriginal faculty (onsite, adjunct).
- ❖ Network of physicians, interns, and residents in communities.
- ❖ Highest number of First Nations/Metis graduates in all Canadian medical schools.
- ❖ Admission standards to be open and flexible – not be too prescriptive which may affect Aboriginal applicants, Aboriginal people have participation in admissions.
- ❖ Traveling road show to every community, advertising campaign (all media), encourage communities in ongoing dialogue, recruitment, links with youth
- ❖ Youth oriented programs – meet with youth, mentor
- ❖ Access programs developed – pre-med program (summer school)
- ❖ Scholarship/bursary program for Aboriginal/MD students
- ❖ Expanded information technology/telehealth capacity with partnership (eg. KO, Contact North, etc)
- ❖ Aboriginal MD graduates
- ❖ Interdisciplinary faculty
- ❖ Traditional/cultural awareness
- ❖ Database of speakers/facilitators (eg. Language instructors).
- ❖ Structural design of NOMS building must meet cultural/spiritual needs of students, faculty, community people (eg. Room for ceremonies, put proper ventilation for smudging).
- ❖ Aboriginal Working Group – meet with their community members, meet again 3-6 months with NOMS.
- ❖ NOMS visit Aboriginal communities to assess needs for hosting medical students.
- ❖ Admissions criteria developed with Aboriginal representation throughout the process.
- ❖ Seven teachings of the grandfathers incorporated into every stage: respect, wisdom, love, humility, bravery, truth, honesty
- ❖ Aboriginal students applying and being admitted into NOMS – achieving %
 - Testing stage – building supportive environment
 - Fostering aspirations
 - Evaluating – in reasonable timeframes (short)
- ❖ Encouragement and recruitment of children, community, other health professionals.
- ❖ Practicing in Aboriginal communities, Aboriginal graduates teaching Aboriginal students; non-Aboriginal people are culturally competent
- ❖ Students should be aware of the social events of the community

- ❖ Quality of life component
- ❖ Students to be a representative for the communities (youth)
- ❖ Learn traditional ways
- ❖ Utilizing community to teach
- ❖ Developing standards / MD must know the problems before they go in communities so they can prepare themselves early
- ❖ All MD's can have a web-site to talk and discuss the different things about their community - everyone contributes
- ❖ NOMS can only do so much with funding for placements – will have resources
- ❖ Assess other medical schools – various
 - Levels of success in graduating Aboriginals
 - Medical students from medicine
 - Tracking from Pre-Med to resident – practice