



**Northern Ontario
School of Medicine**

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August 13-15, 2014



Through a vision imparted upon Elder Langford Ogemah, he gave to the School as he was directed, **Gaa-taa-gwii** (meaning “to join, to help”). The two eagle feathers symbolize the separate and unique physical locations of NOSM’s two host university locations - Lakehead University and Laurentian University. The red cedar base represents Mother Earth, who eloquently joins everything and everybody together. The black, red, yellow, and white ribbon signifies many races of human kind, who are part of NOSM as learners, staff, faculty, and the various advisory groups. Lastly, the four colours represent the four directions and overall, the symbolism of all of the parts represents interconnectedness regardless of physical location.

NOSM’s Aboriginal Affairs Unit and the Aboriginal Reference Group wish to thank Walter Kornas and Spring Sault for reviewing the rich discussions from the *Walking the Vision* gathering and compiling the content in this report.

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CHAPLEAU CREE FIRST NATION

Chapleau Cree First Nation is situated five kilometres southwest of the town of Chapleau. The dimension of the Fox Lake Reserve is approximately 2,560 acres, or four square miles. Chapleau Cree First Nation is based at the bottom of the Arctic Watershed, which also embodies the largest Crown game preserve in North America, the Chapleau Crown Game Preserve. There are two other First Nation communities located within a seven-mile radius, Brunswick House First Nation and Chapleau Ojibwe First Nation.

The original settlement of Chapleau Cree First Nation was connected with Chapleau and Nebskwashi Rivers, approximately one mile east of the town of Chapleau. The land was of poor quality and band members chose not to settle there, instead they settled in the town of Chapleau.

In 1989, the Chapleau Cree First Nation negotiated with both the Federal and Provincial governments to set aside lands for the use of the First Nation and to establish a permanent community. Chapleau Cree First Nation is currently situated on the newly established Fox Lake Reserve. Since band members began returning to their community, 30 homes and a seniors' residence have been built. There is also a band complex, health centre, public works garage, water treatment plant, and gas bar.



Chapleau Cree First Nation Chief and Council



Cultural Pow Wow held at Chapleau Cree



Dear Friends of NOSM,

From August 13-15, 2014, Chapleau Cree First Nation hosted the Northern Ontario School of Medicine's (NOSM) fourth Aboriginal Community Partnership Gathering, titled *Walking the Vision*. This collaborative gathering engaged Aboriginal Peoples and communities from across the North to provide guidance to the School and demonstrated NOSM's ongoing commitment to its social accountability mandate.

Walking the Vision gave NOSM senior leaders, faculty, and staff the opportunity to gather with over 100 Aboriginal community members from across Northern Ontario to develop, strengthen, and enhance relationships. These gatherings also provide a valuable opportunity for leadership at the School to ask what community members think about NOSM's progress, what next steps can be taken to ensure that the School meets the needs of Aboriginal individuals and communities across the North, and ensures that the School is accountable to the priorities that our communities identify.

In addition to providing feedback on NOSM's admissions, curriculum, and research, *Walking the Vision* participants provided valuable input into our strategic planning process. Between May and September 2014, we connected with communities across Northern Ontario to develop NOSM's Strategic Plan 2015 – 2020. Around 50 communities were visited as part of the engagement phase of strategic planning—in all there were over 1,000 individual contributions. We are committed to continuing to forge a positive working relationship with Aboriginal communities across Northern Ontario over the next five years and beyond.

It is with a deep sense of gratitude that we say Gchi-miigwetch to NOSM's Aboriginal Reference Group and Aboriginal Affairs Unit for their guidance in organizing this event. Gchi-miigwetch to Chapleau Cree First Nation and Chief Keeter Corston for hosting this valuable gathering in their traditional territory. Gchi-miigwetch to Dr. Doris Mitchell, NOSM alumna, for her powerful presentation about her experience as a new physician in Chapleau. And Gchi-miigwetch to all of our participants who travelled from across the North to share their wisdom.

Dr. Roger Strasser, AM
Professor of Rural Health
NOSM Dean and CEO
Northern Ontario School of Medicine

Dr. David Marsh
NOSM Deputy Dean and
Associate Dean of Community Engagement
Northern Ontario School of Medicine

INTRODUCTION

The Northern Ontario School of Medicine (NOSM) Aboriginal Partnership Gathering 2014 was held from August 13-15 at the Chapleau Cree First Nation. This most recent workshop of the successful on-going NOSM Aboriginal Partnership was called *Walking the Vision*. The mandate of the event was to assess the progress made to date, and to make recommendations going forward, in addressing specific issues with respect to educating future health care professionals who will practice in under-serviced Northern Ontario Aboriginal communities and ensure an appreciation of the unique medical, social and cultural issues faced in these communities.

This event brought together representation from Aboriginal leaders and organizations, the Metis Nation of Ontario, faculty and staff from NOSM and its Aboriginal Reference Group (ARG) as well as delegate members of numerous Aboriginal communities served in the region.

The mutually beneficial partnership was created and fostered through a strong shared commitment to the social accountability mandate of NOSM. The School has regularly solicited from its partners their invaluable experience and ideas to move forward.

The inaugural *Follow Your Dreams* workshop was held at the Wauzhushk Onigum First Nation in 2003. Two subsequent NOSM Aboriginal Partnership Gatherings have been held: *Keeping the Vision* at the Fort William First Nation in 2006 and *Living the Vision* in Sudbury in 2011.

Each of these events has culminated in a series of recommendations generated by the participants toward the fulfillment of the social accountability mandate of NOSM. Through this regular dialogue, members and elders of the Aboriginal communities, in conjunction with the faculty and staff of NOSM, are actively identifying and implementing solutions to the unique and diverse challenges of the Aboriginal communities in Northern Ontario which can be achieved through the contributions of a medical school sensitive to Aboriginal culture and needs.

Walking the Vision addressed the ongoing need for review and revision towards progress on the School's path to improving Aboriginal input and involvement regarding the reality of health care in the North, predominantly in inadequately serviced rural and remote communities.

Armed with the recommendations generated by the participants of *Walking the Vision*, NOSM is tasked with implementing them toward fulfillment of its social accountability mandate. The daunting task will be marrying these valuable recommendations with human resource and budget realities. NOSM has achieved high marks to date, based on Aboriginal community feedback. Its on-going efforts and commitment underscore the solid working relationship of the partnership.



WALKING THE VISION OBJECTIVES

The objectives of the *Walking the Vision* Aboriginal Partnership Gathering were as follows:

- A. To provide an update from NOSM on activities and progress made in seven key areas:
 - Admissions
 - Communications
 - Community Engagement
 - Curriculum
 - Aboriginal Health Research
 - Postgraduate Program
 - Faculty Affairs
- B. To evaluate the progress made by NOSM in implementation of the recommendations generated at earlier workshops.
- C. To provide a forum for Aboriginal participants to share their knowledge, ideas and recommendations going forward.

LIVING THE VISION (2011) RECOMMENDATIONS

As a comparison to the previous Aboriginal Partnership Gathering, the following were the recommendations from the 2011 *Living the Vision* event:

Admissions and Learner Recruitment:

Goal #1: Define a clear path for learners from Aboriginal communities to (and through) NOSM.

Objectives:

- Enhance Learner Recruitment toolkit.
- Enhance recruitment efforts with prospective Aboriginal learners.
- Increase Aboriginal Reference Group (ARG) and community member participation in the admissions processes via the Aboriginal Admissions sub-committee and Multiple Mini Interviews (MMI).
- Collaborate with Admissions and Learner Recruitment to improve tracking abilities of NOSM applicants.
- Collaborate with Admissions and Learner Recruitment to reduce admissions barriers to prospective Aboriginal learners by reviewing/ improving admissions process.
- Strengthen learner support and mentorship functions (i.e., Cultural Rooms, Elder's On Campus, etc.)

Goal #2: Assist Aboriginal communities in their efforts to encourage learner interest in and applications to health sciences careers.

Objectives:

- Support Aboriginal individuals, communities, or organizations in local recruitment and preparation activities, as resources allow.

Goal #3: Increase academic preparedness of Aboriginal applicants.

Objectives:

- Assist partner communities with lobbying efforts for equitable financial resources for First Nation schools.

Goal #4: Increase communication efforts between NOSM and Aboriginal audiences.

Objectives:

- Create communications tool for providing regular updates on Admissions and Learner Recruitment issues. (Please refer to General Operations Goal 3, Objective 2).

Communications

Goal #1: Increase targeted communications between NOSM and Aboriginal media/Aboriginal audiences.

Objectives:

- Create communications tool for providing regular updates on activities/projects within the ARG and Aboriginal Affairs Unit. (Please refer to General Operations Goal 3, Objective 2).
- Enhance content and delivery of content for, and about, Aboriginal people.
- Improve communications to youth audiences through the use of web-based communications tools and social media interfaces.

Goal #2: Increase targeted communications between NOSM's ARG and Aboriginal audiences.

Objectives:

- Create communications tool for providing regular updates on activities/projects within the ARG and AA Unit. (Please refer to General Operations Goal 3, Objective 2).
- Collaborate with the Communications Unit to provide general communications support at quarterly ARG meetings.
- Facilitate ability of ARG members to share NOSM publications with their representative organizations and other Aboriginal audiences.

Goal #3: General enhancements.

Objectives:

- Increase appropriateness of content, delivery, and presentation.
- Increase /enhance use of internet technologies – innovative, interactive, and up-to-date.
- Increase use of multi-media.

Community Engagement

- Expand opportunities for NOSM staff, faculty and learners to learn culturally safe behaviour (i.e., expanded on-campus offerings and the Adopt-a-Faculty program).
- LCCs and NOSM staff, faculty, and learners to collaborate during CBM 106 placement planning to ensure appropriate and beneficial experience for the community (e.g., youth are engaged through a variety of activities during CBM 106, Elders are engaged).
- Build awareness of the role of the ARG within Aboriginal communities.
- NOSM to ensure that the benefits of the community placements are shared with the partner communities.
- NOSM and partner communities to create opportunities for students to re-visit their first-year host communities and additional communities at points further along in their medical studies (i.e., during residency).
- Increase information sharing between NOSM, ARG, and partner communities.

Goal #1: Collaborative planning and engagement re CBM 106 are appropriate and beneficial to the partner communities

Objectives:

- Support and maintain efforts of Regional Aboriginal Community Coordinators (RACCs) to continue healthy partner relationships with CBM 106 host communities.
- Assist CBM 106 communities with annual placement planning and site readiness efforts.
- Involve CBM 106 communities in other community engagement events/ opportunities.

Goal #2: Expand regularly occurring opportunities for NOSM staff, Faculty and learners to learn culturally safe behaviour.

Objectives:

- Provide regular CBM 106 preparation sessions for first-year learners.
- Increase awareness and understanding of Aboriginal culture, customs and practices among NOSM staff, faculty, and learners.
- Increase awareness and understanding of culturally safe behaviours among staff, faculty and learners by engaging in learning sessions with host universities.
- Facilitate Adopt-a-Faculty opportunities for self-sponsored or unit-sponsored NOSM staff and faculty members.

Goal #3: Increase opportunities for NOSM learners to re-visit their CBM 106 host and/or other Aboriginal communities during future years of learning.

Objectives:

- Promote/facilitate self-supported learner requests to visit Aboriginal communities.

Goal #4: Increase opportunities for ARG members to interact with NOSM learners, staff and faculty.

Objectives:

- Schedule ARG participation in a broad variety of NOSM events.

Goal #5: On-going communications with Aboriginal communities and organizations regarding issues related to Community Engagement and CBM 106

Objectives:

- Create communications tool for providing regular updates on activities/projects within the ARG and AA Unit. (Please refer to General Operations Goal 3, Objective 2).



Curriculum

Goal #1: Ensure Aboriginal content in NOSM's curricula accurately reflects Aboriginal people and communities of the region.

Objectives:

- Provide oversight of mandatory Aboriginal curriculum content in all new and existing programs, including postgraduate opportunities.
- Enhance mandatory curriculum components regarding traditional medicines.

Goal #2: Establish 'culturally safe behaviour' as a mandatory component of NOSM's health curricula.

Objectives:

- Enhance mandatory curriculum components that address, and provide learners with opportunities to learn about, culturally safe behaviour.

Goal #3: Transparency in reporting of CBM 106 evaluative data, and that of other partnership initiatives

Objectives:

- Maintain reporting activities to partner communities on CBM 106 evaluative exercises.
- Ensure transparency in reporting of evaluative data from other initiatives.

Goal #4: Accurate and reflective representation of Aboriginal people in NOSM's faculty.

Objectives:

- Increase number of Aboriginal faculty at NOSM.
- Explore and pursue opportunities for Aboriginal Elder faculty positions at NOSM.
- Ensure NOSM health programs include Aboriginal people as teachers, both as regular NOSM faculty and as community-based instructors during community placements.

Goal #5: Ongoing communications with Aboriginal communities and organizations regarding issues related to Curriculum content and delivery.

Objectives:

- Create communications tool for providing regular updates on activities/ projects within the ARG and AA Unit. (Please refer to General Operations Goal 3, Objective 2).

Goal #6: General enhancements.

Objectives:

- Improve/enhance student preparedness prior to CBM 106.
- Increase feedback from students/NOSM to community partners post-placement.
- Expand opportunities for NOSM staff, faculty and learners to learn "culturally safe" behaviour.
- Review and revision of Aboriginal content in the curriculum must include Aboriginal Elders, health professionals, as well as interested and knowledgeable community members.
- Include traditional medicines in all years of study.
- Active involvement of ARG members must occur in all areas of NOSM



Research

Continue on-going communication and information sharing between NOSM/ARG and Aboriginal communities to establish and maintain respectful relationships which continue through all stages of research.

Provide regular communication updates to inform communities of on-going research activities by NOSM, and provide linkages between communities involved in similar or identical research.

Utilize trust relationships to encourage Aboriginal communities to approach NOSM as a partner in addressing their own research needs in a manner which substantively benefits and validates the community and individual members.

Assist and support Aboriginal communities and agencies in developing and implementing their own research ethics review processes (e.g., such as GEAR – Guidelines for Ethical

Aboriginal Research, or MARRC – the Manitoulin Aboriginal Research Review Committee).

Encourage or require researchers to utilize Elders and community members where and when research material and results are being presented to the public or other scientists at public forums such as at gatherings or conferences.

Goal #1: Establish NOSM as a research resource for Aboriginal communities.

Objectives:

- Generate awareness of research resources available to Aboriginal Communities through the NOSM Aboriginal Research Initiative.
- Promote NOSM as an available resource to Aboriginal communities regarding research.
- Respond to Aboriginal communities with research agendas/interests who express interest in NOSM as a resource to support community research efforts.
- When possible, partner with Aboriginal communities with research agendas/interests who express interest in NOSM as a resource to support community research efforts.

Goal #2: Ensure involvement of Aboriginal Elders/ community members in all Aboriginal research initiatives.

Objectives:

- Promote internally the need for participation by Aboriginal Elders and community members in Aboriginal research at all levels (discovery through results).
- Monitor extent of community-level participation.

Goal #3: Establish on-going communications and information sharing regarding NOSM Aboriginal research initiatives and activities.

Objectives:

- Create communications tool for providing regular updates on activities/ projects within the ARG and AA Unit. (Please refer to General Operations Goal 3, Objective 2).

Postgraduate Medical Education

- Hire Director of Aboriginal Postgraduate Learning.
- Identify and establish partnerships with medical practices serving Aboriginal communities, which can provide the proper preceptor function at the community level (at-a-distance or on-site).
- Utilize Aboriginal health providers and Elders to develop an appropriate and culturally sensitive Aboriginal Family Medicine PGY3 elective curriculum.
- Invite identified communities and organizations to indicate interest in hosting medical residents.
- Complete development and offer a one-year PGY3 course specific to Aboriginal Family Medicine with regular rotations into rural and remote communities.
- NOSM/ARG to establish dialogue with member organizations and communities to inform them of NOSM's desire to collaboratively develop and deliver postgraduate medical residency programming in Aboriginal Family Medicine.

Other Goals

Goal #1: Fulfill ARG mandate.

Objectives:

- Continue with scheduled ARG quarterly meetings to provide regular advice and input to NOSM's Dean, Executive Group, Board of Directors, management, staff and faculty.
- Create and utilize tracking tool to track progress and follow through on LTV recommendations.
- Create ARG Orientation Manual.
- Increase understanding of NOSM among ARG members by pursuing opportunities to participate in the School (i.e., as committee member, Standardized Patient, Donor, Aboriginal Admissions sub-committee, Multiple Mini Interviews, etc.).

Goal #2: Increase role/visibility of Aboriginal people within the structure and operation of NOSM.

Objectives:

- Generate school-wide support for ARG/AA Unit role.
- Generate School-wide support for 2011-2014 Work Plan.
- Provide support to meet the challenges of NOSM financial policies for people from remote Northern communities, regarding their participation in, and input to, NOSM meetings (i.e., finance policies re: travel for non-employee, advances, etc.).
- Increase efforts within NOSM and with external funding sources to secure stable funding for AA Unit initiatives.

Goal #3: Implement regular and continuing communications between NOSM and Aboriginal audiences.

Objectives:

- Investigate best practices for providing regular updates to NOSM's external Aboriginal audiences (i.e., ARG partner agencies, Aboriginal communities, Aboriginal health and education organizations, etc.).
- Create communications tool for providing regular updates on NOSM and work of ARG to respective partner Aboriginal agencies and Aboriginal communities.

WALKING THE VISION DAY ONE

Wednesday, August 13, 2014

During the *Walking the Vision* opening ceremonies, participants were welcomed by a panel consisting of:

- Chief Keeter Corston, Chapleau Cree First Nation
- Goyce Kakegamic, NAN Deputy Grand Chief
- Dot Beaucage-Kennedy, NOSM ARG Chair, Nipissing First Nation
- Dr. Roger Strasser, NOSM Dean
- Dr. David Marsh, NOSM Deputy Dean and Associate Dean, Community Engagement
- Mayor Andre Byham, Chapleau

All panel speakers welcomed participants to engage in a successful sharing of information and ideas towards a common goal – the mitigation of impediments to Aboriginal Peoples attaining admission to NOSM, completing their medical education in Northern Ontario, and practicing medicine in rural and remote Aboriginal communities.

WALKING THE VISION DAY TWO

Thursday, August 14, 2014

Day Two commenced with the lighting of a sacred fire and a sunrise ceremony. Master of Ceremonies, Tim Pile, of the Metis Nation of Ontario introduced the morning's speakers.

Dr. Roger Strasser spoke to the history of NOSM, as well as its current direction, and highlighted its Aboriginal relations and social accountability mandate. He also stressed the importance of community feedback and the value of the recommendations that would come out of the gathering.

Dr. David Marsh also emphasized the importance of the participants' feedback and the direction that the recommendations could take. He urged participants to be open and honest with their comments.

Rosie Mosquito related her experience of having an early desire to work for her own community and what was required for her to do so. She identified a great need to urge and support Aboriginal Youth on their career paths. She acknowledged those who helped her along the way and noted her long-term involvement with NOSM and the ARG.

James Morris recognized the importance of guiding Aboriginal Youth to and along a career-planning path from an early age. He identified the importance of childhood heroes in behaviour-modelling a child's career aspirations and development. He associated career interest in the medical field with finding a hero in the field to look up to and model their behaviour.

Tina Armstrong, NOSM Director, Aboriginal Affairs, and **Kim Daynard**, NOSM Director, Communications made a joint presentation entitled *Feedback Loop* which identified that community participation and feedback were vital to the effectiveness of socially accountable medical education. In the feedback loop the community needs and challenges are first identified, a response is made to those needs and challenges, followed by an evaluation of the overall effectiveness of that response.

They considered the results of the three previous NOSM Aboriginal Partnership Gatherings and noted that, from the first workshop *Follow Your Dreams* in 2003, eight powerful and effective

recommendations had been put into action. Seven additional recommendations were implemented from the second event *Keeping the Vision* in 2006, including Health Sciences Summer Camps and incorporating traditional practices and teachings into the School. Additional community-based feedback initiatives were implemented arising from the third workshop *Living the Vision* in 2011, including but not limited to:

- Compulsory sessions for learners prior to their CBM 106 placements;
- Creation of a Research Chair to work with Aboriginal communities regarding procedures and protocols for research from a community perspective; and,
- NOSM's Elders on Campus Program.

In closing, they reiterated how the feedback received from participants matters to achieving the School's socially accountable mandate. The feedback has resulted in many significant developments at NOSM, and the School values this relationship with its Aboriginal partners tremendously.

PORTFOLIO UPDATES

NOSM presented a series of lectures to update participants on the progress made by the School since the last partnership workshop toward fulfilling its social accountability mandate in relation to the Aboriginal communities. Each lecture considered the following topics

- Previous Aboriginal community generated recommendations;
- Implementation effected to date; and,
- Quality of the response to previous recommendations and their implementation.

After each update lecture, participants broke into 10 (ten) working groups to review and respond to the material that had been presented them. Presentation times were limited to fifteen (15) minutes and each feedback session was thirty (30) minutes long.



Admissions Update – Dr. Owen Prowse

The NOSM Admissions Update was presented by Dr. Owen Prowse. He identified a NOSM goal to have class profiles that reflected the true demographics of Northern Ontario. He noted that the selection process for NOSM's undergraduate medical program reduces many barriers that exist for Northern students and favours those who are likely to thrive in Northern and rural learning environments, which would include applicants from Northern Ontario, rural, and remote areas in the rest of Canada, and Aboriginal and Francophone applicants. Dr. Prowse noted the following under the current criteria for the Aboriginal admission stream to NOSM:

- Persons of indigenous ancestry, First Nations, Inuit or Métis, as recognized in the Constitution Act 1982, may voluntarily identify themselves as such;
- All self-identified Aboriginal applicants are considered under the General Admissions Stream, unless they choose the Aboriginal Admissions Stream; and,
- In support of its commitment to recruit aboriginal students NOSM designates at least two seats in each year for Aboriginal students.

Aboriginal students, however, have the option to apply to either of the two streams of admission, being "General" or "Aboriginal".

With respect to a review of previous Aboriginal community feedback recommendations, Dr. Prowse made note that:

- The Recruitment Working Group is engaged in developing better and new tools for the purpose of recruitment (i.e. Facebook);
- The Youth Focus Group is led by Aboriginal Affairs and supported by the Recruitment Working Group; and,
- Based on recommendations received, a database for student/applicant tracking has been developed.

Dr. Prowse further advised that there is now a process in place to encourage suitable numbers of Aboriginal applicants to apply to NOSM as well as enhanced admissions criteria. He noted that this would not have come to fruition had it not been for Admissions and the ARG working together effectively.



Communications Update – Kim Daynard

Kim Daynard, NOSM Director, Communications, noted several milestones achieved with respect to NOSM communications as they pertain to recommendations made at previous Aboriginal Partnership Gatherings. She flagged the increased appropriateness of content, delivery, and presentation materials, and the increased and enhanced use of internet technologies—being more innovative, interactive, and up-to-date—as well as multi-media. She provided the participants with several examples of Aboriginal participation events respective to School activities and made special note of the excellent communications work that had been

prepared for Rendez-Vous 2012. She also identified that, based on recommendation, NOSM communications took on a new flavour with respect to inviting Aboriginal application and community participation. She looked forward to new events, new designs and developments, and new recommendations from the *Walking the Vision* event to improve the School's outreach and strengthen its social accountability mandate.



Community Engagement Update – Dr. David Marsh

Dr. Marsh began his presentation by providing the following definition of community engagement:

"A fundamentally relational, mutually beneficial practice based on shared values and aspirations and actualized in a range of engagement activities explicitly geared to local community (re)development and social justice outcomes. Members of a specific community and interdependent partners work together as "friends" to identify and develop new ways to resolve issues affecting the well-being and life experience of the members of that community."

Source: Adapted from Sutherland et al, 2004

He made note that the Community Engagement portfolio encompassed the following:

- Aboriginal Affairs
- Francophone Affairs
- Admissions and Learner Recruitment
- Clinical Placements (Housing and Electives)
- Integrated Clinical Learning (Health Sciences)

In addition, he identified that community engagement was also responsible to:

- Cultural Safety
- Community Benefits from CBM 106
- Aboriginal Reference Group (ARG)
- Continuity of Relationships

This collection of responsibilities was vital to the development of opportunities for NOSM staff, faculty and learners to learn “culturally safe” behaviour. Through community engagement effective changes have been made, including:

- Cultural Competency Training with CEPD
- Mandatory Preparatory Sessions for CBM 106
- Elders-On-Campus available to staff, faculty and learners
- Elder Participation in Senior Leadership Group

Dr. Marsh further went on to note many community benefits derived from CBM 106 placements, as well as the effectiveness of the ARG within community engagement as it pertains to NOSM’s social accountability mandate.

In closing, he identified the continuity of relationships that have evolved through community engagement and recognized the potential for strong growth opportunities as a result of the Aboriginal Partnership Gathering and its recommendations.



Keynote Address – Dr. Doris Mitchell

Dr. Mitchell’s address was entitled “Momma I’m Coming Home.” A highlight of the *Walking the Vision* event, Dr. Mitchell spoke to the value that NOSM and its Aboriginal partnership have brought to Northern Ontario medicine. She identified key impacts and benefits of practicing within her home community, noted the personal and professional requirements for a Northern/rural/remote community doctor to practice in the North, and identified that a need going forward is a focus on retention or “aftercare” of doctors practicing in the North.

Her advice for both NOSM and its partnering Aboriginal communities was to encourage and nurture Aboriginal students into and through medical school. She advocated for the School to continue on its path of acknowledging and respecting Aboriginal history, traditions and cultures and to remember the expertise and resources available to them in these same communities.

In conclusion, Dr. Mitchell reiterated the value of the Aboriginal partnerships with NOSM, and promoted the importance of incorporating into the curriculum the challenges and specific health priorities of the Aboriginal communities. She also implored communities to find ways to prepare themselves and their future physicians to face the challenges of delivery of rural medicine and of health care in one’s own community.



Undergraduate Medical Education Update –

Dr. David Musson

Dr. Musson's lecture identified three key steps in NOSM's approach to teaching and learning:

- Extensive use of Case-Based Learning (CBL);
- Community-engaged teaching (i.e. off-campus instruction and learning); and,
- Increased clinical activity each year

He noted key accomplishments resulting from implementing recommendations made at previous Aboriginal Partnership Gatherings, including:

- Enhanced student preparedness prior to CBM 106 placement;
- Increased feedback to community partners from students and NOSM after CBM 106 placement;
- Expanded opportunities for NOSM staff, faculty and learners to learn “culturally safe” behavior; and
- Reviewed and revised Aboriginal content in the curriculum arising from involvement by Aboriginal Elders, health professionals, as well as interested and knowledgeable community members.

Furthermore, Dr. Musson noted the inclusion of traditional medicines in all years of study, the active involvement of ARG members in all areas of NOSM, and the inclusion in CBM106 (the Aboriginal community visit) of case-based learning (CBL) sessions that include discussion of the impact of residential schools. He emphasized that each of these developments arose as result of NOSM implementing recommendations made by its Aboriginal partners.



Aboriginal Health Research Update –

Dr. Sheldon Tobe and Dr. Penny Moody-Corbett

The Update lecture on Aboriginal Health Research posed the following questions to the group as a whole to be addressed by the participants:

- Community engagement through research. How will communities who have a research question they want answered in partnership with NOSM be identified?;
- How to involve Elders and community members in NOSM research; and,
- How to communicate with communities about NOSM research.

The lecturers also sought ideas on respectful approaches to Aboriginal communities for the purpose of eliciting consent to the conduct of key types of research relevant to the community. The responses to these questions are available in the Responses and Recommendations section of this report.

Dr. Tobe went on to explain to the event participants the process for community engagement through research. With that discussion, participant input referenced the report entitled “OCAP: Ownership, Control, Access, and Possession” which encompasses a process for approach and discussion with Aboriginal Chiefs and Councils, Elders and community members as a whole. Drs. Tobe and Moody-Corbett made note of the report, acknowledged the group's participation in their lecture, and thanked NOSM and the ARG for time within the agenda.



Postgraduate Program Update –

Dr. Cathy Cervin

Dr. Cervin identified the following successes achieved by NOSM arising from the implementation of recommendations made by its Aboriginal and partners:

- First ever full Postgraduate Accreditation, May 11-15, 2014:
 - 32 team members
 - 11 teams
 - 7 communities
 - 4 days
- On-going development of Indigenous Health curriculum is still a high priority.

Dr. Cervin went on to note that based on previous recommendations, the Postgraduate (PG) Program's goal is to hire an Aboriginal Physician as the Indigenous Health PG Lead in the Fall of 2014. She identified that the core curriculum for PGY1 will include specific in-person workshops (noting that Dr. Doris Mitchell has agreed to provide these over the coming year). Moreover, the PG Program is reaching out to Aboriginal Health Access Centres to foster participation by NOSM residents in clinical care within those Centres.

She advised that one resident to date has undertaken a PGY3 year with a focus on Aboriginal, Francophone and Rural Health and created a faculty development project on social determinants of health. As well communication is being established and a willingness to collaborate with the University of Toronto, but currently there is much work to be done in the area of inviting identified communities and organizations to indicate interest in hosting medical residents.

Together with this, Dr. Cervin noted a need to establish dialogue with member organizations and communities to inform them of NOSM's desire to collaboratively develop and deliver a postgraduate medical residency programming in Aboriginal family medicine.



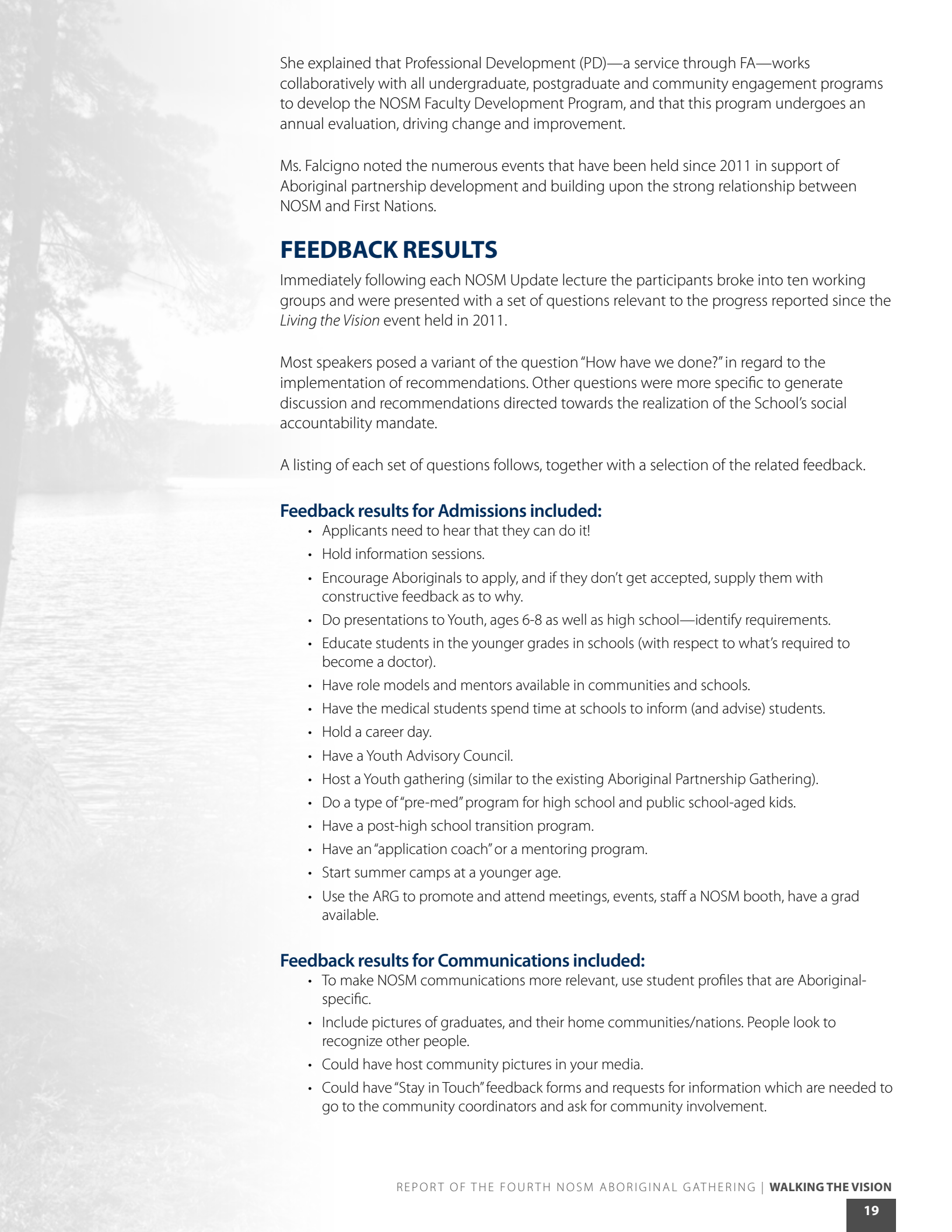
Faculty Affairs Update – Kim Falcigno

Kim Falcigno, NOSM Director, Continuing Education and Professional Development, began by noting that Faculty Affairs (FA) is responsible for the recruitment, appointment, reappointment, evaluation, promotion, remuneration and overall support of Faculty members. She identified that FA works with other portfolios within NOSM to establish, implement, coordinate and streamline faculty-centred business practices.

Ms. Falcigno identified the three sciences that make up the curriculum at NOSM and for which FA is responsible:

- Clinical
- Medical
- Human

She further went on to note that FA is dedicated to the provision of innovative, learning-centered continuing medical education (CME), faculty development (FD), and continuing professional development opportunities. These initiatives promote lifelong learning and enhance clinical and teaching competencies as well as overall performance of health care professionals and faculty; all this while advancing their ability to meet the needs of the people of Northern Ontario.



She explained that Professional Development (PD)—a service through FA—works collaboratively with all undergraduate, postgraduate and community engagement programs to develop the NOSM Faculty Development Program, and that this program undergoes an annual evaluation, driving change and improvement.

Ms. Falcigno noted the numerous events that have been held since 2011 in support of Aboriginal partnership development and building upon the strong relationship between NOSM and First Nations.

FEEDBACK RESULTS

Immediately following each NOSM Update lecture the participants broke into ten working groups and were presented with a set of questions relevant to the progress reported since the *Living the Vision* event held in 2011.

Most speakers posed a variant of the question “How have we done?” in regard to the implementation of recommendations. Other questions were more specific to generate discussion and recommendations directed towards the realization of the School’s social accountability mandate.

A listing of each set of questions follows, together with a selection of the related feedback.

Feedback results for Admissions included:

- Applicants need to hear that they can do it!
- Hold information sessions.
- Encourage Aboriginals to apply, and if they don’t get accepted, supply them with constructive feedback as to why.
- Do presentations to Youth, ages 6-8 as well as high school—identify requirements.
- Educate students in the younger grades in schools (with respect to what’s required to become a doctor).
- Have role models and mentors available in communities and schools.
- Have the medical students spend time at schools to inform (and advise) students.
- Hold a career day.
- Have a Youth Advisory Council.
- Host a Youth gathering (similar to the existing Aboriginal Partnership Gathering).
- Do a type of “pre-med” program for high school and public school-aged kids.
- Have a post-high school transition program.
- Have an “application coach” or a mentoring program.
- Start summer camps at a younger age.
- Use the ARG to promote and attend meetings, events, staff a NOSM booth, have a grad available.

Feedback results for Communications included:

- To make NOSM communications more relevant, use student profiles that are Aboriginal-specific.
- Include pictures of graduates, and their home communities/nations. People look to recognize other people.
- Could have host community pictures in your media.
- Could have “Stay in Touch” feedback forms and requests for information which are needed to go to the community coordinators and ask for community involvement.

- Get stories about Aboriginal students coming into medicine—what inspired them—encourage others.
- Send out all of your communications to all First Nations.
- It seems the only contact with the communities by NOSM is through Sam Senecal at the start of the year, re. placements. Need to link with the community for more than the ICE placements. Use community coordinators.
- ARG could have an added strategy to increase community voice in school on community needs.
- Could do interviews and profiles of Aboriginal success stories through NOSM. Put these on local radio or in local media.
- Could have the CBM106 placement people do an interview, record, and post to Facebook for marketing, as well as Youtube.
- Do bursaries, scholarships.
- Have an Aboriginal affairs-specific calendar.
- Do an Aboriginal community newsletter.
- Have a focus group of the Youth.

Feedback on Community Engagement included:

- From the remote community perspective, there is more work needed to fulfill the recommendations for culturally safe behaviour.
- Not great awareness of ARG/NOSM - need to build awareness.
- More community visits and presence is required. Maybe be more cognizant of community time schedule and put emphasis on community to also find and share info.
- Engage leadership and they can take the role of sharing the knowledge.
- Need more community visits by NOSM. Interaction helps to express what is wanted and for NOSM to see what is happening on reserves.
- Look at long term range like 30-50 years for planning.
- Preparing students for the realities is critical. Having an “emergency preparedness plan” is good!
- There needs to be relationship building with other communities. Adjacent communities can work together.
- You should send a bulletin/report card to tell updates of recommendations before the next gathering.
- There needs to be better communication to reduce the stigma of going on-reserve. More promotion of Elders when they come to campus; sometimes only one or two come.
- Work with the children/youth - instill the knowledge and excitement about science and health from JK through to Gr. 12.
- Students act as the link. Share happenings at the school, provide a group update to communities about school, students and progress.
- Need more community visits by NOSM. Interaction helps to express what is wanted and for NOSM to see what is happening on reserves.

Feedback on Undergraduate Medical Education questions included:

- Respect Aboriginal approaches to health. To know more about traditional medicines. To better understand medicine men and how to know who your patients are seeing and how qualified they are.
- Incorporate First Nation traditional medicinal knowledge/healers into the medical approaches.
- Elders and coordinators need to sit on curriculum committees.
- Aboriginal faculty need to be involved in ICE and community placements.
- Social determinants of health need to be looked at.

- (We need) More community feedback on 106 placements after the placement is done.
- Fourth year community placement with Aboriginal doctors. Fourth year rural and remote training if possible.
- (Knowledge of) Aboriginal traditional healing practices and knowledge (needs to be) present, visible and palpable.

Feedback results for Aboriginal Research included:

- Send an invite to Chief and Council to ask if you can visit. Let them decide the date and time. They will decide. They can help you. Let them tell you what is appropriate or what works for them.
- Work with the community, the Chief and Council, the Elders, and representatives identified by Chief and Council.
- There is an established practice for communicating with Elders. Contact Chief and Council to proceed. Follow OCAP.
- Needs to be an effective Aboriginal community research protocol put into place to ensure it's done appropriately and that there's respect for traditional ways and medicines.
- The research needs to be owned by the community and the access to it, controlled by the community.
- After you approach Chief and Council and get the proper approvals, approach the health promotion committee and seek their endorsement.
- Or work directly with NAN and Treaty 3 (political organizations) who represent the many communities.

Feedback results for the Postgraduate Program included:

- Yes, communities would benefit from residents, as long as there are no expenses.
- It's tough for a community that doesn't have a permanent doctor to attract a resident. A resident could follow a doctor around that is shared between communities.
- Residents should support doctors in remote communities by accompanying them at fly-in locations. The challenge is a low volume of patients.
- The residents should have community involvement and knowledge on preventative medicines (for HIV, HEPC, Diabetes, etc.)
- Physicians currently working in Aboriginal health should be required to do additional training in Aboriginal health.
- Help PG through a senior mentor program with access to other physicians or use telehealth to connect? Could refer to Dr. Mitchell's talk or just have a regular weekly discussion. Support for new graduates.
- PG's present to undergrad re. their experiences.

Feedback on Faculty Affairs included:

- Make it more clear as to why the information (self-identification) is requested i.e. what is the reason?
- Encourage self-identification through clinics and medical associations.
- The NOSM faculty could build a stronger association with the Native doctors association in Canada-this isn't the right name.
- Recommendation is to link self-identification benefits to a greater social accountability mandate. Promote why self-identification is important.
- Make sure that the motive for identification is clear on the questionnaire.
- Have Cultural Competence training for all staff, faculty and students.
- Reach out to our partners and through our partnerships for stronger representation (i.e. using the ARG)
- Get an Aboriginal person to make the approach to Aboriginal groups and associations.

WALKING THE VISION

RECOMMENDATIONS

Admissions:

Question 1 - How can Learner Recruitment get more Community members involved in recruitment efforts?

Recommendations:

- Research new programming to work with Aboriginal Youth in younger grades; perhaps commencing at grades 4 through 8 (a type of “pre-med” program).
- Partner with Aboriginal schools (elementary) through their principals to inform, advise and possibly establish mentorship programs.

Question 2 - How can Admissions get more Community members involved in the Admissions process?

Recommendations:

- Hold information sessions targeted directly at encouraging Aboriginal students to apply.
- Promote, promote, promote; on local radio stations, in Aboriginal newspapers and magazines, and on community websites and bulletins/newsletters.

Questions 3 and 4 - What more/else can NOSM do to increase the number of Aboriginal applicants? What more/else can I do to help increase the number of Aboriginal applicants?

Recommendations:

- Give the students a better understanding of the type of curriculum they’re dealing with in younger grades, and what they’ll need to achieve in order to get into medical school. Start younger with student recruitment.
- Work with First Nation Educations Authorities.
- Work towards having role models and mentors available in communities and schools, or perhaps an Aboriginal Youth Programming Advisory Group.
- Complement existing services with a “post-high school” transition program and/or an “application coach” program.

Question 5 - In your opinion, has NOSM met the Admissions/Recruitment recommendations put forth at the LTV workshop?

Responses:

- NOSM has met many of the recommendations but must get stronger with them.
- Needs to be more communication, and quicker—right now it seems too slow, (with) very little give and take with the communities.
- Expand on all recommendations that are currently working well.

Questions 6 through 10 - Pertaining to ways of communicating with and encouraging Aboriginal Youth applicants:

Recommendations:

- Hold an annual career fair – look to host Aboriginal Youth field trips to NOSM campuses.
- Use the ARG to promote and attend Aboriginal meetings/events for Youth, take a NOSM booth, and have a grad available – perhaps consider the inclusion of such functions as cultural events and pow-wows.
- Work with the Chiefs of Ontario (COO), Nishnawbe Aski Nation (NAN), Union of Ontario Indians (UOI), etc. to complete community outreach and information distribution – consider working with current graduates to showcase/highlight the career opportunities.

- Continue working with Facebook, Twitter, Youtube, etc. to advise and inform, as well as distribute details on-site at local communities that do not have access to the internet (i.e. through community health agencies/offices and Chief and Councils).

Communications:

Questions 1 and 2 - Please review the NOSM Communications items at your table.

How can NOSM make it more (a) accessible, and (b) relevant to Aboriginal audiences? How can Aboriginal partners and communities collaborate with NOSM to make the medical school's communications more a) accessible, and b) relevant to Aboriginal audiences?

Recommendations:

- Enhance regular communications between the Aboriginal communities and the ARG (through a contact such as Sam Senecal, or Tina Armstrong directly) in order that they may have input on the accessibility and relevance of the NOSM communications items.
- Hold an Aboriginal Youth focus group for the collection of information from the communities on accessibility and relevance, as well as types of advertising "freebies".
- Attend Chiefs' meetings to do presentations - other meetings that should be attended include: Nishnawbe Aski Nation (NAN), other Political Tribal Organizations (PTO's), Chiefs of Ontario (COO), and Tribal Councils.

Question 3 - What communication methods and strategies would you like to see NOSM undertake in its efforts to reach Aboriginal audiences?

Recommendations:

- Create a database for community communication - use more local outlets (i.e. Aboriginal newspapers and magazines, APTN, Aboriginal community newsletters and websites).
- Keep using Facebook and Twitter, SnapChat and Youtube for the Youth.
- Consider an Aboriginal Communications Strategic Plan including:
 - Providing a link to NOSM's website on each Aboriginal home page if allowed.
 - Providing hard copies of NOSM's detail in pamphlets at community access centres, libraries, Aboriginal health and education offices and Band Offices.
 - Doing interviews and profiles of Aboriginal success stories through NOSM and having these aired on local radio or in local media.
 - Develop apps and videos for use at career fairs, science camps or other such events.
 - Develop and Aboriginal-specific community newsletter.

Community Engagement:

Question 1 - In your opinion has NOSM met the Community Engagement recommendations put forth at the LTV workshop?

Responses:

- Yes, NOSM has met the recommendations for culturally safe behaviour, youth engagement, awareness of the ARG, shared benefits and revisiting needs.
- There's always room for improvement.
- More community visits and presence is required. (Could) be more cognizant of community time schedule and put emphasis on community to also find and share info.

Question 2 - How else would you wish to be engaged by NOSM?

Recommendations:

- Engage leadership and they can take the role of sharing the knowledge.
- Mechanisms need to be put in place to ensure fluidity of NOSM program information—address the needs of Elders, Youth, and staff during a gathering or event. Provide for the exchange of ideas and experiences, and keep communication flowing.
- Consider the need for program development around direct community visits by NOSM—interaction helps to express what is wanted and for NOSM to see what is happening on reserves.

Question 3 - What next steps can we take to ensure that NOSM meets your needs, and the needs of your community?

Recommendations:

- Look at a long term range (ex. 30 years) for Aboriginal communications and liaison planning.
- Work with the children/youth – use mentorship programming, summer camps and information exchanges to instill the knowledge and excitement about science and health from JK through to Gr. 12.
- Continue to engage the communities, ask questions, provide current feedback mechanisms and keep the door open for future recommendations.

Undergraduate Medical Education (UME):

Questions 1 and 2 - Sometimes it helps to think of recommendations in terms of the outcomes you would like to see. To be considered truly socially accountable to the Aboriginal community, what would you see in terms of outcomes as they relate to the MD training program (UME)? What would you like to see changed in terms of how NOSM trains its MD students?

Responses:

- That they have the support so that they stay in the North.
- Aboriginal health competency based outcome measured for early cultural safety.
- Would be nice to know what (the students) have specialized in and what they (have) learned from us (Aboriginal communities).

Question 3 - What prevents NOSM from achieving its promise with respect to Aboriginal health?

Responses:

- Politics.
- Geography.
- Money – financial constraints of both the student and/or their families.

Question 4 - In your opinion has NOSM met the Curriculum recommendations put forth at the LTV workshop?

Responses:

- (There is) more work to be done to understand how Aboriginals respond differently to treatments.
- Respecting traditional practices of medicine and not creating doubt in those people needs to be prominent.

Question 5 - Are there other methods with which NOSM could include Aboriginal Health issues into their curriculum?

Recommendations:

- Curriculum on current health issues should be provided - for instance, diabetes and addictions are pressing and growing issues in Aboriginal communities. If this isn't part of current curriculum, it should be incorporated.
- In their fourth year, the hospital experience should be expanded/increased to other hospitals besides Thunder Bay and Sudbury - for instance, Sioux Lookout where locums fly into the First Nation communities. The students will have more exposure to and experience in First Nation communities.
- (Provide) Introductory coverage to traditional medicine so they understand (as a historical perspective).

Aboriginal Research:

In the Research Update Lecture, Drs. Tobe and Moody-Corbett chose to pose their questions to the full group as opposed to holding a working group session. In this instance, the following recommendations were gleaned from responses:

- Follow communications guidelines set out through the "Ownership, Control, Access, and Possession" or OCAP report, which encompassed a process for approach and discussion with Aboriginal Chiefs and Councils, Elders and community members as a whole.
- For questions or invitations with respect to research, work with the community, the Chief and Council, the Elders, and any representatives that are identified by Chief and Council in order to further open communications or initiate opportunities.
- After you approach Chief and Council and get the proper approvals, approach the health promotion committee and seek their endorsement.

It was also further identified that with respect to research details or documentation specifically:

- The research needs to be owned by the community and the access to it, controlled by the community.
- The researcher needs to know that they own none of the information.
- Through a proper protocol, there needs to be a clearly defined mutual benefit for the research - too many times a community has been researched and then they never see the results, nor do they hear from the researchers again.

Postgraduate:

Question 1 - Do you feel your community could/would be involved in NOSM's Postgraduate program, and if yes, how?

Responses:

- More residents joining doctors/locums in rural/remote Aboriginal communities.
- Aboriginal communities should be involved in curriculum development (i.e. "mini" 106 placements, and diabetes and addictions discussions).
- Networking and engagement sessions held with one or more communities in order to obtain their direct feedback on a yearly basis.

Question 2 - What preparation would be most helpful for a resident before he/she begins to work in an Indigenous Community?

Responses:

- Do relationship-building – have Elders connect with the resident, have an “information session” regarding the specific community they’ll be attending to, or at the least, provide “cultural awareness” training.
- Look at mentorship – hook up the PG with someone who is from that community in order that they have a key contact from the outset.
- Provide an “adopt-a-doctor” type of program whereby the community becomes as educated on what is required for the individual to practice medicine, as the individual is on the community and its surroundings/culture.

Question 3 - From your experience could you describe some learning experiences that helped a physician or physicians that you know provide more effective, culturally safe care to Indigenous People?

Responses:

- Teachings from Elders and work on ongoing collaboration with communities.
- A non-native, non-NOSM graduate physician built relationships within the community and understood the protocols and belief system. (They) performed a healing ceremony for a breast cancer patient.

Faculty Affairs:

Question 1 - In your opinion, what strategies or supports could NOSM use to encourage all faculty members of Aboriginal ancestry to self-identify or disclose this information to the Faculty Affairs Unit for reporting purposes?

Recommendations:

- Make it more clear as to why the information is requested i.e. what is the reason, the benefit, or the offering for doing so?
- Identify the importance of self-identification with respect to role-modeling and mentoring other future students.
- Focus on the positive aspect of self-identification, provide many opportunities to do so, and ensure that their information will remain confidential and secure if they require it be kept as such.

Question 2 - In your opinion, how can NOSM succeed at improving the representation of perspectives and needs of Aboriginal communities in the needs assessment phases of provincially organized educational projects (i.e., the IDEAS Introductory Quality Improvement Program) and NOSM developed CME/FD events?

Responses:

- Reach out through the ARG and/or additional partners to Aboriginal communities to ensure that their representation is met properly.
- Have an Aboriginal representative make the approach to Aboriginal groups and associations, in order to ensure proper representation.
- Get Elders and the ARG involved in developing questionnaires for this purpose.



SUMMARY

In the on-going dialogue with Aboriginal communities and representatives, NOSM has extended the opportunity for its partners to be directly involved in promoting Aboriginal admissions, curriculum development, cultural relevance in programming, and other shared successes.

The collective experience of ARG and its contributions to the Conferences and to the on-going dialogue have made ARG a primary resource for NOSM in taking steps to fulfill its social accountability mandate. The success of this event is a direct product of the efforts of the ARG.

The active and effective engagement of the conference participants serves to ensure that the needs of Northern Aboriginal communities remain a vital consideration in the strategic planning and operations of NOSM.

The long-term working partnership between Aboriginal communities and NOSM is clearly evident in the School's continuing commitment to host such gatherings in order that Northern Ontario Aboriginal peoples are given the opportunity to voice their recommendations for improved access to medical education and to medical care within the region.

Going forward NOSM continues to encourage the participation of its Aboriginal partners which is integral to the success of its efforts and to the success of Aboriginal education, medical access and good health.

APPENDIX — RAW FEEDBACK DATA

Feedback Recommendations: Admissions

Applicants need to hear that they can do it!

They need to know that they can get support and help with applications and with schooling.

Hold information sessions.

Encourage Aboriginals to apply, and if they don't get accepted, supply them with constructive feedback as to why.

Do presentations to Youth, ages 6-8 as well as high school - identify requirements.

Educate students in the younger grades in schools.

Give the students a better understanding of the type of curriculum they're dealing with in younger grades, and what they'll need to achieve in order to get into medical school.

Work with First Nation Educations Authorities.

Expand on all recommendations that are currently working well.

Use various mediums to get the message out about NOSM.

On Facebook, use short and compact info. Do 8 second videos on Youtube. Use Snapchat.

Bring teachings to the students and incorporate the 7 stages of Life Teachings.

Bring students together with Elders from ARG/NOSM to go out on the land instead of in a classroom setting.

Have role models and mentors available in communities and schools.

Work through extra-curricular activities or start a community-level Band-based program.

Do a Youth Gathering.

Have a Youth Program Advisory Group.

Have radio talks in Sudbury and Thunder Bay.

Have the medical students spend time at schools to inform students.

Keep working on a Facebook page.

Hold a career day.

Have huge billboards, or work a media strategy out.

Use magazine advertising.

Put out a newsletter to the communities.

Send speakers like Dr. Doris Mitchell to communities.

Needs to be more communication, and quicker - right now it seems too slow, and very little give and take with the communities.

Identify how much money doctors get paid in order that perhaps the money will motivate the students.

NOSM could work with parents for a "stay-in-school" program.

Do a type of "pre-med" program for high school and public school aged kids.

Sell the school's locations better (Sudbury and Thunder Bay) as opposed to the option of going down south.

Make recruitment more exciting, cartoons, Youtube, more fun.

Work with school programming to bring curriculum up to a better level on-reserve.

Look at different ways of learning to include in the curriculum.

Develop a "pre-entry" program for Aboriginal Youth.

Assist students in identifying funding supports and human supports.

Have a post-high school transition program.

Have an "application coach" or a mentoring program.

Have the LCC (coordinators) hold info sessions, invite membership, they need to be reminded and NOSM should have info booths.

Do an annual calendar of events and deliver to COO, NAN, UOI, etc.

Do a "show-and-tell". Have science fairs.

Do video-conferencing with teachers/students.

Start summer camps at a younger age.

Ask grads to do some of the recruitment.

Set up booths at Pow-wows and other cultural events.

Increase community outreach in recruitment, especially to remote communities.

Lobby the government for more resources for Aboriginal recruitment in the communities.

Use the ARG to promote and attend meetings, events, take a NOSM booth, have a grad available.

Children have to finish school. NOSM should support the NAN jurisdiction negotiations with the Federal government. NOSM should say that NAN has jurisdiction, with a letter of support.

Annual career fair to invite students to learn. There is a career fair each year at Lac Seul. Work with local guidance counsellors to understand what process the students must follow to be able to access college and universities. Other communities have similar fairs that NOSM could send a booth to. We can have a link on the community's web site to bring to NOSM's recruitment page. Similarly a link to Friendship centre sites.

Ensure that health people at the Friendship centres and on reserves should understand the NOSM admission process to be more comfortable with getting involved.

More NOSM field trips for high school students. The trips could be as early as grade 7 and 8. Educate the teachers.

Promote, promote, promote, (from community members who are involved in NOSM).

Radio shows ie. WASA radio. Each FN has their own program. Can promote from NAN wide and local community radio. It is reasonably priced. Also the newspaper. Get a reporter to do an interview. There are local high school papers eg. Scholard Hall High School in North Bay.

Posters to be placed in Friendship centres, Band Offices and Health Centres. Reporters should be invited to come to our meetings. Doing more to connect with all of the Northern colleges and universities with each of the Aboriginal Liaison offices.

NOSM has met many of the recommendations but must get stronger with them.

Youth chief and council meetings in communities.

Feedback Recommendations: Communications

To make NOSM communications more accessible, use APTN, Wawatay, signage (billboards)

To make NOSM communications more relevant, use student profiles that are Aboriginal-specific.

Target all of the PTO's (Political Tribal Organizations) i.e. NAN, COO, Treat 3, Treaty 9, UOI, etc.

Include pictures of graduates, and their home communities/nations. People look to recognize other people.

A page with pictures of Aboriginal medical students might be an incentive for potential students.

Could use recordings as a way to communicate - translations on website, language is a key way to communicate, and perhaps use captions.

Could use accessible language, not technical.

Could use comic books

Could have host community pictures in your media.

Enhance the community section in your media - right now it's only one page, and the photo isn't often identifiable.

Print more about the communities themselves and make it relevant.

Have more testimonials from students and the ICE experience.

Could have "Stay in Touch" feedback forms and requests for information which are needed to go to the community coordinators and ask for community involvement.

Could have inserts in Wawatay News in all languages.

Continue to expand on current programs and uses to continue getting the word out.

Get stories about Aboriginal students coming into medicine - what inspired them - encourage others.

Could do television advertising.

Send out all of your communications to all First Nations.

The language in your reports should be more "common" as opposed to "medical."

LCC's input needs to be maintained.

There should be input on the material that is going out - i.e. not all Aboriginal communities require syllabics.

Maintain consistency - branding.

Could have an off-site course on community health.

It seems the only contact with the community's by NOSM is through Sam Senecal at the start of the year, re. placements. Need to link with the community for more than the ICE placements. Use community coordinators. ARG could have an added strategy to increase community voice in school on community needs.

Create a database for community communication. Use more local outlets.

Find out if there's an interest in having the community highlights (one-pager) in local language as well as English.

Keep using Facebook and Twitter for the Youth.

NOSM information could be updated on Facebook for community pages (i.e. the different First Nations that have pages.)

Could put a link to NOSM's website on each Aboriginal home page if allowed.

Could put hard copies of NOSM's detail in pamphlets at community access centres, libraries, and Band Offices.

Could do interviews and profiles of Aboriginal success stories through NOSM. Put these on local radio or in local media.

Send details to the Band Offices, Education Depts., Health Depts., increase distribution.

Use local radio and tv channels.

Could provide a digital copy of the NOSM handbook to target different age groups.

Develop apps if none currently exist for info dissemination.

Could do videos to capture the attention of the Youth.

Could have the 106 placement people do an interview, record, and post to

Facebook for marketing, as well as Youtube.

Get the Youth talking and have their stories recorded - their health challenges.

Provide details on the needs of the communities and the important reasons to be a doctor.

Have a translator.

Have more summer camps.

Have an interactive website - learning tools - for Youth. Do giveaways to draw attention to programming.

Do bursaries, scholarships.

Follow up on PG students through access of the database.

Gaming forums?

Contests to draw subscribers to the NOSM web page.

Target Aboriginal students from other schools (from graduate programs).

Have an Aboriginal affairs-specific calendar.

Do a videos/poster series.

Use instagram.

Do an Aboriginal community newsletter.

Create a directory of community-based forms of communication to utilize on a regular basis.

Create a small booklet on medical careers for Youth. Could be in a bag/package that contains gifts and fun things.

NOSM publications should be distributed to nursing stations in each community.

Send NOSM publications to the Band Offices in remote communities.

Videos and discs should be made and sent to the Band Offices.

NOSM should have articles in tribal council and Band newsletters.

NOSM publications could be forwarded to tribal councils for distribution to create more "buy-in" as it's seen as being distributed by 'leadership'.

Attend Chiefs' meetings to do presentations. Other meetings that should be attended include: NAN, other PTO's, COO, Tribal Councils

Should be a brochure directed toward Aboriginals specifically.

Sam should provide more updates to coordinators within the communities and the coordinators should use Sam in order to access NOSM.

Should have bursary info in pamphlets.

Have a focus group of the Youth.

A NOSM bicycle rental would get our name out there.

The items are too masculine.

We should have a NOSM Aboriginal flag.

A contest to design a flag for NOSM. The flag would go everywhere for youth.

Promote the NOSM store.

Discounts.

NOSM publications. Hard copies are still necessary for the communities. NOSM volunteer's pictures seen in the documents are recognized by others in doctors' offices.

Lanyards are helpful.

Purchase airtime on radio stations and in newspapers in both languages. APTN presence.

Be present when there are arts activities in different communities.

Be present in the arts and culture communities.

Create feast plates.

Logo to be engraved on a rock and considered a sacred stone for gifts to elders. Change the logo to be sweet grass instead of the snake. It would only be for elders.

Feedback Recommendations: Community Engagement

No they have not fully met the engagement recommendations. More community visits and presence is required. May be more cognizant of community time schedule and put emphasis on community to also find and share info.

There's always room for improvement (Bob McKay).

Yes, NOSM has met the recommendations for culturally safe behaviour, youth engagement, awareness of the ARG, shared benefits and revisiting needs

Co-Elders at NOSM or committee have said they don't get all the information, but the group said NOSM has met the recommendations for culturally safe behaviour.

Concerns about potential students accessing the information that comes through the ARG - information they need, i.e. needing 80% to get into school.

Not great awareness of ARG/NOSM - need to build awareness.

From the remote community perspective, there is more work needed to fulfill the recommendations for culturally safe behaviour.

Yes, they have achieved all the recommendations. NOSM has been very successful at community engagement. There appears to be a sense of pride in the communities for NOSM.

We have really grown since Tina has come and we have met the recommendations and then some! As a group the ARG is moving faster, they are all on the same page. It is helpful for the chair to have the direct contact with the Dean. The written comments coming from the Dean is really very helpful and superior to the previous oral communications.

Provide copies of information to multiple key people to ensure info is rec'd by more people.

More info about other programs offered by NOSM.

Provide info for health fairs and attend First Nations.

Engage leadership and they can take the role of sharing the knowledge.

Spend longer periods in community with adequate notice.

Provide incentives for people to attend info sessions, i.e. meals, gifts, honorariums.

Visit each Northern community and Aboriginal community head offices and ensure that the information is communicated.

Mechanisms need to be put in place to ensure fluidity of NOSM program information - address the needs of Elders, Youth, and staff gathering during a weekend - exchange of ideas, experiences, and keep the communication flowing.

Better preparation provided to contingency sites; right up to the last second.

Postgrad - evaluation better integrated into site selection process.

When living in more remote communities, need information on accommodations - how to get it, how much does it cost, knowing who to go to for support. You can't do it if you're not informed.

Placement plan in 106 community is going well. Have 2 students every year. They do go and talk to students and Elders.

Hard to give placement students clinical experience when you only have a doctor and a nurse practitioner one time per week. So have developed a cultural experience program that has been effective. Worked out really well - students have been really willing to participate. They become part of the community.

Have more pre-prep and planning to accept student. Some students didn't have communication technology set up.

Need to see more students as part of community preparation.

Students need to know the communities are friendly, non-intimidating and want to help more.

Could have a travelling GP go to remotes and take a couple of students with them each time.

There needs to be a connection between NOSM and the other communities that have received students - to share the experience.

Let everyone know that the students need good housing. Let the Band know that a home is needed for the students.

Need to get more information out about the Summer Science Program.

Need a better community connection and improvement around research.

Send NOSM reports to health centres on-reserve. Reading material needs to go to the right places where people will see it.

Support communities in receiving physicians. Support physicians when working in rural communities.

Do students hear about the residential schools and their issues - could do online engagement process or provide a way on the website for Aboriginals/Metis, to provide feedback, but do not replace the face-to-face visits.

Need more community visits by NOSM. Interaction helps to express what is wanted and for NOSM to see what is happening on reserves.

Students that are going to the communities should be encouraged to participate and not just hang out with each other. Don't send "honeymooners"

Ask Aboriginal learners what they think the non-Aboriginal will need to know about working with community members.

Cultural teachings should be more encouraged.

Cultural teachings around death, around the Western Doorway. Funerals become a celebration for example.

Tracking of first year students - feedback to communities (and host family).

Students act as the link. Share happenings at the school, provide a group update to communities about school, students and progress.

Learners who come through the program can use communities as a resource to practice.

Build a more lengthy relationship (over time.)

Commitment to employment - there's a large turnover rate, and then more time is spent on re-educating, re-introducing and new employers.

Look at long term range like 30-50 years for planning (Bob McKay).

Work with the children/youth - instill the knowledge and excitement about science and health from JK through to Gr. 12

Hold a Youth gathering with the Elders Committee.

Community realities should be accounted for during "selection" process.

Preparing students for the realities is critical. Having an "emergency preparedness plan" is good!

Look at mentorship requirements in postgrad for new as well as undergrad students.

Should be emphasized to students that they will have the opportunity or incentive to go back to the community, because they have great knowledge of the community and the community needs them.

Students have to understand the need to be flexible in meeting the goals. They will be met, but not always on the original schedule.

There needs to be better communication to reduce the stigma of going on-reserve. More promotion of Elders when they come to campus, and sometimes only one or two come.

Start with the treaty issues in education.

There needs to be relationship building with other communities. Adjacent communities can work together.

Not sure that the students are going back to visit the 106 communities. An effort to go back should be focused on clinical. ARG should report back to students.

You should send a bulletin/report card to tell updates of recommendations before the next gathering.

Continue to engage and ask, just like this meeting.

NOSM lacking in traditional Aboriginal practices, but should this really be incorporated? We need to discuss that - don't want to be exploited. NOSM needs to be sensitive to the issue of medicinal plants and traditional ways.

Doctors should be accepting that patients may use traditional medicine, and support them in that.

Feedback Recommendations: Undergraduate Medical Education

To be able to see the Elder - that historical, holistic (as whole - mind, body, spirit).

Excellent communication skills and an understanding of different communication styles.

That they have the support so that they stay in the North

Aboriginal health competency based outcome measured for early cultural safety.

Integration of traditional medicine is tricky. Differing nations. 2 cultures coming together needs to have some protocols and advocacy

Balanced in mind, body and spirit.

Hard to say, we only get them for one month in first year and don't hear what happens to them after that. Don't know if our first students finished their program or not. Would be nice to know that; what they specialize in; what they learned from us.

Do they carry through the cultural learning we gave them?

Feedback from the students has been positive.

Respect Aboriginal approaches to health. To know more about traditional medicines. To better understand medicine men and how to know who your patients are seeing and how qualified they are.

Should be able to know who to refer the client to or Elder for traditional healing.

Aboriginal traditional healing practices and knowledge present, visible and palpable.

Incorporate First Nation traditional medicinal knowledge/healers into the medical approaches.

Acknowledge the different gifts that each individual offers. Teach the concepts of these gifts and philosophies.

First Nation healing and administering medicines and healing through tobacco/food offerings and sacred items, drums/rattles, sweat lodges, hands-on healing.

Personal management when seeking First Nation healing, social accountability.

Elders and coordinators need to sit on curriculum committees. Where are the Aboriginal faculty?

Aboriginal faculty need to be involved in ICE and community placements. Indigenous people need to be directly working with students.

Need to have a discussion on the intersecting of Western perceived medicine and Aboriginal health, medicines, spiritual, and the whole process. "The Spirit Catches You As You Fall Down" Book. NOSM students get the book knowledge - treaties, etc.

Aboriginal board members on hospital boards to better engage traditional medicine "healers". Mutual respect for traditional healers/medicine.

Bring in/ask "healers" to present on what they do; for support of each other, not just once, but throughout.

Bring in to 106 "Residential School Healing Foundation" to share their knowledge.

Greater understanding of residential school and how it impacted health choices.

106 Ict placements - sanctioned events, be careful of messages speakers give. Content is respected - within the philosophy of the school.

Translators - how to work with them.

Aboriginal history taught by Aboriginal people.

NOSM medical students should be told they can get answers to their questions by asking the Elders.

Should be more cultural teachings in the curriculum to prepare them before they enter the community, i.e. sweats. But then try to learn the specific details of that community once they're in it.

To be able to listen to the stories that Aboriginal community members tell about how their relatives and friends have been treated in the past. Excellent training in being able to manage mental health issues. Must be able to diagnose correctly when a patient appears to be drunk but is not and has another condition.

Two different health systems need to work together so by graduation, the student is aware and able to talk to patients about the Aboriginal health systems. Need to have additional opportunities to get further training to

learn more about Aboriginal health system at a stage of learning when they wish.

Politics.

Elders want more involvement, more present true partnership.

No one training on all the Aboriginal issues.

Social determinants of health need to be looked at.

Faculty - need to undertake CPD and be able to deal with diversity in learners who are supportive/negative.

Racism, not accepting Aboriginal way of life.

Can't retain the students when trying to be competitive with the South.

Geography.

Money - financial constraints.

Stop being afraid to engage Aboriginal communities.

Education facility not health facility.

Stability of funding. Learners want more exposure to elders and to learn everything possible about Aboriginal culture, in particular the medicine wheel. Limited opportunities for placement in Aboriginal communities due to a lack of HCPs to supervise them.

More work to be done to understand how Aboriginals respond differently to treatments.

Respecting traditional practices of medicine and not creating doubt in those people needs to be prominent.

Communities want to hear if graduates make it. Only one student called back.

Want to see the numbers of successes. Tell us what the numbers are saying and where these people are practicing.

What is the curriculum and what is taught? Needs to be identified to communities in order that they know the actual training.

More information on what curriculum covers in each phase.

Traditional medicines have not been implemented fully.

Develop a NOSM repository for traditional aboriginal knowledge. Electronic/recorded voice/doctor.

Information should be translated into the First Nation languages according to belief. Difficult for First Nations to describe the holistic healing from a First Nation approach.

Need for First Nation "Oral" Medicinal Apprenticeship Program, protocols, procedures, medicines and harvesting techniques and knowledge.

Seasonal sessions - oral teachings adhere to the First Nation ontology.

Can there be commitments made where the person must stay 2 or more years in a Northern community?

Aboriginal physicians should have knowledge and some ability to practice traditional medicines.

Look at how diseases affect people differently - different cultures - make students aware that each disease isn't the same for everyone.

Use of traditional medicines and how to prescribe in practice.

Bring in trainers skilled in traditional and holistic medicine to work with staff.

More community feedback on 106 placements after the placement is done.

Self-care for the students.

Introductory coverage to traditional medicine so they understand but not to practice - history, respect.

Introduce training by healers - create a working group to explore how this should work.

Sharing of knowledge and traditional methods by Elders and staff of NOSM with the students.

Fourth year community placement with Aboriginal doctors.

Fourth year rural and remote training if possible.

Identify how traditional medicines have contributed to and complemented modern medicine.

Identify Aboriginal traditional medicine knowledge holders to participate in or contribute to curriculum development.

Curriculum on current health issues should be provided. For instance, addictions is a pressing and growing issue in Aboriginal communities. If this isn't part of current curriculum, it should be incorporated.

In their fourth year, the hospital experience should be expanded/increased to other hospitals besides Thunder Bay and Sudbury. For instance, Sioux Lookout where locums fly into the First Nation communities. The students will have more exposure to and experience in First Nation communities.

Cultural sensitivity, good listeners/personable, effective communication skills to reach all cultural gaps. Approachable, competent.

Understand residential school survivor history.

106 - more mandatory rural/isolated communities.

Feedback Recommendations: Research

Send an invite to Chief and Council to ask if you can visit. Let them decide the date and time. They will decide. They can help you. Let them tell you what is appropriate or what works for them.

Work with the community, the Chief and Council, the Elders, and representatives identified by Chief and Council.

Elders exert leadership and direction. That's their role. You must work with the Elders.

After you approach Chief and Council and get the proper approvals, approach the health promotion committee and seek their endorsement.

Or work directly with NAN and Treaty 3 (political organizations) who represent the many communities.

Do a presentation to Chief and Council or to the Health Services Dept. of each community.

Just phone Penny's office

Anything in communities has to go through Chief and Council so go to them and make a presentation then ask if they have any research questions

Health and Social Services committee can identify issues to raise to Chief and council

In Thunder Bay MNO senator meets monthly with Lakehead and St Joseph's Care Group committee to discuss ethics issues. They often talk about meeting with NAN and Treaty 3 rather than each community because of cost of travel to fly-in communities

Invite Chiefs and Council Members to a meeting as a group as was done in Thunder Bay in 2009 (see Aboriginal Research meeting report on NOSM publications)

To engage the Elders, one-on-one is good. But if you go, you need to know the Elders' names, their traditional names, and bring tobacco.

There is an established practice for communicating with Elders. Contact

106 - collective sharing is beneficial.

Should be a requirement as part of the curriculum to spend some time on a reserve.

Have curriculum on residential schools to ensure the students understand what the impact on the people and community has been. One community has their students spend a whole day with a residential school survivor.

Some Elders would have similar status as NOSM faculty. For example at Pellican high school there is a male and female Elder on campus permanently. For example the hospitals, ie. HSN and TBHSC could have Elders on staff who were NOSM faculty who could round with the students.

Chief and Council to proceed. Follow OCAP.

Send an invitation to all Chiefs to get them to meet as a group with NOSM to identify health questions.

Needs to be an effective Aboriginal/Metis community research protocol put into place to ensure it's done appropriately and that there's respect for traditional ways and medicines.

Face-to-face and go prepared; know their Aboriginal name and bring tobacco; caution about the use of the knowledge because of negative experiences in the past when promise was made to bring findings back but this was not done; example given of NOSM having been caught going out and collecting plants (without approval from MNR, etc.)

Already established methods for communicating with Elders; approach your identified advisor and give them tobacco with request; recognize rough history with research over many years which has led communities to be tired of research; OCAP principles need to be respected; Established method of approaching communities is to go to Chief and Council and they will direct you to the appropriate people within the community

The research needs to be owned by the community and the access to it, controlled by the community.

There needs to be a clearly defined mutual benefit for the research - too many times a community has been researched and then they never see the results, nor do they hear from the researchers again.

The researcher needs to know that they own none of the information.

Do personal presentations to Chief and Council.

Chief and council will tell you how you can communicate within community (presentation or posters or other; they will also pick the time and place which work best for the community)

SLFNHA Research Unit established 2-3 years ago; to study population health and do work on determinants of health.

Feedback Recommendations: Postgraduate

Needs a mini 106. Could be at the same time (May). Because courses or talks won't have the same impact.

Financial incentives for remote locations.

Would be good for the community to have residents with the Dr.

Information should be provided to the communities on postgrads available for specific areas.

More residents joining doctor to visit Sandy Lake.

Yes, communities would benefit from residence, as long as there are no expenses.

Some people feel like guinea pigs with residents but you "have to start somewhere".

Study can get in the way of MD interaction.

But you need a physician to work under or resident could learn from nurse practitioner.

Not too much reliance on Western knowledge.

Enhancement for community to be involved in curriculum development.

The community has to attract a doctor first - they have to tell them what they have to offer.

It's tough for a community that doesn't have a permanent doctor to attract

a resident. A resident could follow a doctor around that is shared between communities.

Ask tribal council AHACs/contact for networking engagement sessions

Geographic locations of various First Nations - visit prior to PG

Current contact listing/organizational chart of each First Nation.

Lac Seul as an example, has residents on the days when the physician comes, and if the resident is senior enough, the resident can come alone. A delivery was done on reserve with telephone support from the medical centre. Someone can go once weekly on the day when the local HCPs are visiting the community. An NP can do this within the scope of their practice. Also Elders who are NOSM faculty could be embedded in the hospitals and could round with the trainees. Leadership of communities can be involved in the resident training to ensure they have the history of the community. Can be associated with a welcoming feast

Residents should support doctors in remote communities by accompanying them at fly-in locations. The challenge is a low volume of patients.

Every week a community visit occurs, the students could join the doctors on-reserve in some remote communities.

Do relationship-building, i.e. this is in place with Toronto and their residents, so why not with NOSM and theirs? Investigate this.

If residents come through NOSM, they must understand that NOSM is

culturally based.

Educate residents on the basics, have Elders go in, connect with Elders online.

Ensure residents utilize the Elder on Campus program for both residents and elective residents.

Work through health stations and hospitals to expand access to Elders.

Elders want to talk to everyone, regardless of program (UME, PGE, Psychiatry, Family Med., etc.)

Promote an open-door policy for Elders.

Work Elders into academic protected time.

Elders need feedback and evaluation to know if they are being effective in influencing learning.

Have local health staff on reserve provide an orientation on what to expect and the customs and norms and body language (especially).

Need a short mandatory course for residents who aren't from NOSM UME on Aboriginal competencies. Could use online but not solely needed face-to-face. Could use an ARG member i.e. Joyce or Tina Armstrong who is already associated with NOSM.

Placements should be in Aboriginal hands on learning within an Aboriginal community.

More residents in local hospitals and in the communities.

Home visits or transporting patients to see physicians.

Cross cultural training on specific communities (remote can differ from rural.)

Learning the language - phrases at least, to break the ice. Could do a handbook with pronunciation phonetically.

Hope that they are already prepared in UME - how to continue with modules and sharing circles and Elder consultation, etc.

Communication skills and Aboriginal people and how to ask the right questions.

Continuing involvement in education on Aboriginal healing traditions and practices.

Should see different reserves, different perspectives.

Should be preparatory work so there is no cultural shock, but also need to know the benefits and challenges.

106 do not have prep - the community does the prep.

Residents/physicians must respect local knowledge and know when to step aside (when local knowledge is more beneficial).

Knowing that there may be existing skills in the community.

PG should focus on preventative medicine in Aboriginal communities.

Could also focus on collaboration in Aboriginal health research projects. Research needs/project to be determined by the community in collaboration with the research chair.

The residents should have community involvement and knowledge on preventative medicines (for HIV, HEPC, Diabetes, etc.)

Liaison with First Nation/Aboriginal/Metis medical organization.

Indigenous health modules. CanMEDS - convert to the certificate referred to in the previous session. Provide as CPD.

Continuing education on Aboriginal health.

PG Aboriginal health year could be made as a second year (rather than tacked on as third year). Aware of timing (ie. Exams.)

Physicians currently working in Aboriginal health should be required to do additional training in Aboriginal health.

Global health/Aboriginal health in Canada - possible draw? Conformed degrees for doctors and public health.

Help PG through a senior mentor program with access to other physicians or use telehealth to connect? Could refer to Dr. Mitchell's talk or just have a regular weekly discussion. Support for new graduates.

Could see if accreditation could be achieved by having a resident who follows one doctor to one community and another to another, etc.

Expose the resident or medical student to traditional medicine, herbs and teas that have been effective as treatment.

PG's present to undergrad re. their experiences.

PG's to do 'actual' experience at different communities.

Adopt-a-doctor' or learner program.

Mentorship - hook up the PG with someone who is from that community.

Include in their electives.

Most of the residents were not NOSM students and should have some special preparation for working with Aboriginal people, like the preparation for 106

Physicians learn from their patients, so patients should understand the role they can play in helping to teach their physicians.

Can add Friendship centres as a place that residents can learn as well

There should be some reciprocal recognition about what the physicians are doing for the community

Feedback Recommendations: Faculty Affairs

Give more incentive to self-disclose i.e. bursaries

Provide directions for 'how-to' look into family history i.e. "Am I Aboriginal?"

Make it more clear as to why the information is requested i.e. what is the reason?

Work with membership committee of different bands and Metis organization to obtain the data.

Encourage self-identification through clinics and medical associations.

Provide and answer as to the benefit to the person identifying.

The NOSM faculty could build a stronger association with the Native doctors association in Canada (this isn't the right name).

We don't know why there is a reluctance to self-identify - could be colonization, racism, human rights relations in the past. Many people grew up ashamed of their background so they might not self-identify.

We know it's important for role modelling so the students can be inspired - mentoring, shadowing, to meet larger goals of improving the status of Aboriginal health. There's a societal benefit.

Recommendation is to link self-identification benefits to a greater social accountability mandate. Promote why self-identification is important

Question as to whether it's culturally safe to self-identify, however the issue is the need to self-identify as teachers in order to be involved in the curriculum.

For academic promotion - they need to self-identify to act as role models to fulfill the social accountability mandate.

Upon hiring, ask! When they sign up to employment, ask them to self-identify.

Offer surveys for this purpose.

Could help in reporting, as well as entice students and more support.

Create an Aboriginal recruitment strategy.

Why would you self-identify when nobody else is asked to identify?

If you express enthusiasm for your First Nation heritage, I find others will come forward who may have been reluctant.

Aboriginal profiling is a sensitive issue in the community; some may not identify as Aboriginal in any case.

Make sure that the motive for identification is clear on the questionnaire.

If it is understood as a positive thing, more people might self-identify.

Just having a box to check on a form with no knowledge of the consequences positive or negative is not going to work. More information is required about why this information is required, what will be done with it. Also what is meant by Aboriginal. Could we ask if the person is FN, Metis or Inuit? What benefit is it for the individual to self identify.

Perhaps people who self identify can get access to support from the ARG, or access to some sort of benefits, ie Elders

Organizational chart:
a) medical science
b) clinical science
c) human science
d) traditional knowledge

Group was unaware of the CME/FD need. Question was too long and ambiguous.

Cultural competence training for all staff, faculty and students.

Be more welcoming in the design of buildings and programs.

To reach out to our partners and through our partnerships to strong representation (i.e. ARG)

Get an Aboriginal person to make the approach to Aboriginal groups and associations, as they've been studied to death and will be reluctant to participate.

An Aboriginal person making the approach might be more effective.

Getting Elders and the ARG involved in developing these questionnaires



