

Global Health Consultation Group

Chair: Dr. Alex Anawati

Invited Guests:

Dr. Emmanuel Abara	Dr. Kathleen Bailey (regrets)	Dr. Elaine Blacklock (regrets)
Dr. Gary Bota	Dr. Mike Cotterill	Dr. Richard Denton
Dr. Ken Foster (present)	Dr. Jack Haggarty (present)	Dr. William Harris
Dr. Naana Jumah	Dr. Steve Kalsen (present)	Dr. Brent Kennedy (regrets)
Dr. Erle Kirby	Dr. Roy Kirkpatrick (regrets)	Dr. Ruby Klassen
Dr. Anjali Oberai (regrets)	Dr. Gretchen Roedde (regrets)	Dr. Sayali Tadwalkar (regrets)
Dr. Niranjan Vijay (regrets)	Dr. Tom Yokogawa	Dr. Brynlea Barbeau (regrets)

Dr. Dave Musson - Associate Dean Undergraduate Medical Education

Dr. Penny Moody-Corbett – Associate Dean for Research & Interim Associate Dean Community Engagement (present)

Mr. Robert Barnett (Administrative Director of Community Engagement and Integrated Clinical Learning)

Ms. Eleanor Vandermeer (student) (regrets)

Ms. Viktoria Damonkos (student) (regrets)

Meeting Date/Time: June 18th, 2018 @ 1830-2200

Location: Sudbury – HSERC 324; Thunder Bay – ATAC 6020

Webex:

222659 Global Health Consultation Group Meeting

Monday, June 18, 2018 6:25:00 PM

6:25 PM | 125 minutes.

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Agenda Items:

1. Introductions/Attendance

10min

- Thank you for dedicating your time to this and your interest. We have a lot of work to do to build a global health initiative at the medical school.
- Introductions
 - Dr. Alex Anawati – Based in Sudbury. Global Health Coordinator. Charter class student. Family medicine residency at UBC with rotations in places with ‘global health like conditions’ such as Port McNeil Vancouver Island, Inuvik and surrounding rural/remote and isolated Indigenous communities.
 - Dr. Jack Haggarty – Based in Thunder Bay. Psychiatrist and work experience in Manitowadge, Fort Frances and other outlying communities. Global Health Experience since medical school – Nigeria, India, Haiti. Developed relationship with Partners in Health. Working in developing a residency program in Haiti. Involved with Student Led - Clinic Compass North for 6-7yrs.
 - Dr. Ken Foster – Based in Parry Sound. General Surgeon. Worked in Angola for three years. Returned for extra training in upper extremity/plastics and spent time in Afghanistan until 2011. Interested in developing rural surgery training competency by design – designed for what the community needs, not the individual person/practitioner. Facilitate in developing skill sets specific for community’s needs.
 - Dr. Steve Klaussen – Based in Thunder Bay. Family medicine. Spent a few years in Marathon. Always had an interest in Global Affairs. 2004 Dr. Steve and Ruby Klaussen went to Northern Thailand when tsunami hit to ‘backfill’ a clinic. Since then some involvement in Zambia and Namibia. Still keen to learn.
- A number of regrets have been sent in with requests to follow the minutes and comment on the attachments with similar experiences as those in attendance. It is an exciting prospect to be able to draw on those experiences and expertise of our faculty.
- Other items to add to agenda. No items.
- Dr. Penny Moody-Corbett - Matter of correction of titles for associate dean’s

2. Current State of Global Health at NOSM

10min

Dr. Alex Anawati:

- Primitive state ... laying the foundation. There was a global health coordinator prior to 2014, the position was vacant for a few years and then I (Dr. Alex Anawati) was hired in November. Relatively new position at the medical school. Application and hiring process was undertaken in November 2017.
- Job description is broad (maybe too broad for the time and resources allocated to it) – focus on 1) Elective opportunities for our students and visiting students to Northern Ontario from

other international schools; 2) enhance Global Health Curriculum; 3) Global Health Initiatives – one project per year, which can be anything from a speaker series to creating an overseas global health project.

- The funded is funded at one day per week. It involves attendance at the Towards Unity for Health (Limerick, Ireland) conference and the Association of Medical Education of Europe (Basel, Switzerland). Global Health Coordinator reports directly to the school's executive leadership group (the deans) ... originally was to the Dean of Community Engagement, but this likely to be changed to the Dean of UME.
- Whatever is undertaken has to be relatable to social accountability as defined by the WHO's 1995 Charles Boelen definition and NOSM's social accountability mandate – where we mirror the identified priority of Indigenous, Francophone, rural and remote locations.
- Current state of Global Health at NOSM is that the fundamental building blocks for global health initiatives are absent and we are failing to meet accreditation standard 11. These include international elective approval process, safety mechanisms being in place, support for students before/during/after their electives. These are big priorities – putting out fires currently.
- A ray of sunshine and hope is that our students are actually highly organized and have organized their own global health certificate program (supported by some faculty at the school), international exchanges through the IFMSA/CFMSA, as well as their own speaker series.
- Since I took the job we have done a few things. The vision for the position was created which centres on the principles of social accountability, the passions and interests of our students/faculty and their intersection with global health domains.
- I have developed
 - Pre-departure training
 - Started the process of overseeing out students that are going abroad for medical electives
 - Prepared a draft for international elective approval process
 - Acquired adequate insurance/assistance to mitigate liability for our students who are engaged in International activities.
 - I have also reached out through all the LEG's to see what faculty out there has experience in global health or interest. I have a list of about 25 individuals and they have all been invited to participate in this global health consultation group.

3. Terms of Reference (see email attachment) – for discussion

10min

Dr. Alex Anawati

- These have been circulated once before for comments in Feb/March, as well as, before this meeting. Nothing major was suggested to be changed.
- The global health consultation group is meant to create a space to discuss global health topics or interests to really be a sounding board for ideas and to utilize the expertise and experience of our faculty that is out there.
- Input, comments or thoughts are very appreciated – none heard.

- Dr. Jack Haggarty – suggest to circulate again after the meeting.
 - Goals – support development of Global Health at NOSM; provide space to share ideas/thoughts and knowledge.
 - Guiding principles – social accountability; passions of our students/faculty/staff; intersection with global health domains.
 - Membership – Global Health Coordinator; students; all faculty; admin director of community engagement; dean of UME/community engagement.
 - Plan to meet twice a year.
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- Dr. Penny Moody-Corbett – does this just apply to medical students or does it also include any global health activities of health sciences centres.
 - Dr. Alex Anawati – great idea. I have been keeping it in mind. I have started networking with the Nursing School here in Sudbury (Mrs. Karla Gaharty) who is in the early phases of setting up a Global Health Project in Ghana. I have also attended their pre-departure training sessions as an invited guest. Open to exploring this more.
 - Dr. Penny Moody-Corbett – is this just undergraduate students or post-graduates. Do they also have an opportunity? Would we be better off using the term learning.
 - Dr. Alex Anawati – original job description intended for undergraduate learners. Duplications exist. Some challenges in duplication are that the approval process for electives and oversight are completely different than undergraduate. Intent is to development it first for undergraduate and then duplicate it for post-graduate down the line.
 - Dr. Penny Moody-Corbett: list of membership – two student representatives would they be any student from any of the four years?
 - Dr. Alex Anawati: the student representatives that we are hoping to get are the ones that lead the Global Health Student Group. Victoria Domonkos & Eleanor Vandermeer (one from the east and one from the west).
 - Dr. Ken Foster – do other medical schools have similar groups.
 - Dr. Alex Anawati – yes, other schools have a forum for discussion of global health and share advice. It is very helpful for us to have a consultation group as we are very distributed and we do actually have a valuable resource in our faculty and their Global Health experiences.
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- Dr. Ken Foster – If a medical student is interested in doing something in global health .. is there a repository of opportunities or listings?
 - Dr. Alex Anawati – there are a few options. International agreements with a number of medical schools around the world that share our social accountability philosophy. The most popular mechanism students are using is the IFMSA/CFMSA student international exchange program that has its own database, repository and application process. Currently we have one student in Switzerland and at the end of the month we will have another student in Finland doing internal medicine. Another student in July headed to Budapest in Hungary to do a month of surgery. Students also use personal contacts from time to time. If we wanted to create a larger repository or have access to more – there are international organizations that have ‘banks’ for opportunities in low resourced to high resources settings. The most

popular one is called GEMX that help connect students with International experiences that match learning objectives. There is a fee associated with accessing these elective banks.

- Dr. Jack Haggarty – Dr. Nanna Juma and I have spoken about Global Health Fellows in a program in Toronto. Our unique circumstances in Northern Ontario have made it such that we are recruiting NGO's to do our work. EX: NAN is beginning to partner with Partners in Health as circumstances in low-income countries can give us good input to enhance service delivery in some of these locations in Northern Ontario. Dr. Juma's connection with the fellowship program is an opportunity to see what we offer in our region that is in-line with global health principles in our own backyard. There are similar conditions in places that our just 1-hour flight away from Thunder Bay. That deserves some discussion and thoughtful reflection that is global in its in need, but in our own backyard. The nature of the global health challenges are not that far from our reach.
- Dr. Alex Anawati – thank you for those reflections, those thoughts weigh on my mind as well. We do have some global health themes in our own backyard that we may want to look at as a focus.
- Dr. Steve Klaussen – I echo that.
- Dr. Alex Anawati – When we reflect on global health projection, and from some discussions on other committees and anecdotal conversations with other faculty, I hear - why are we focused sometimes so much internationally when there is so much work to be done at home? It may be a good idea to take some of these global health philosophies and ideas and apply it to our most remote and disadvantaged communities and populations. Maybe we should connect with partners in health or incorporate it into electives or educational opportunities for our students.
- Dr. Jack Haggarty – all these things add to the information to what are we good at and what is an easy win. For example, we were going to have residents from Haiti come to Northern Ontario to look at how we do service delivery and what can and might not work for them. These are unique opportunities that Toronto / Guelph / London, Ontario ... may have lots of faculty around, but we may have the disparities to adapt our 'systems' to.
- Dr. Alex Anawati - these are the 'fun, great things we can accomplish' with global health at NOSM. Unfortunately, the majority of my time has been spent catching up to the students and putting out fires.

4. Pre-departure Training (see email attachment) – for discussion

10min

Dr. Alex Anawati:

- Currently, we have students travelling internationally that we are giving elective credit to. This makes us liable for preparing, supporting and debriefing them.
- Pre-departure training is based on the AFMC guidelines for international electives in low-resourced settings. It is mandated for the school to do it. It is mandatory for students to attend before leaving on an international elective. I developed this from scratch sourcing from other schools as well as current literature and common sense / travel experience. It was delivered this past March to students. It is mandatory for them to attend prior to having an international elective approved. It consists of delivering information around

personal health considerations, personal safety/security, cultural competency/humility, gender sensitivity, language sensitivity and ethics. It is case based and next year will be delivered bi-annually with a strong expectation that students will attend in person to facilitate the ethical debates. It is helpful to be there in person with the students to also develop a relationship with them.

- The topics include
 - Personal Health – pre-health check, looking up health advisories for region, appropriate immunizations, understanding when and how to take malaria prophylaxis, HIV PEP, being sure it is available. Personal protective equipment availability. Being aware of endemic illnesses where they are going, how to protect themselves from it and the risks involved.
 - Personal Security – valid passports, entry/exit requirements, proper insurances (health, disability, life, travel), registered with proper medical licensing authority, aware of having appropriate liability/malpractice insurances – CMPA does not cover them, but I understand NOSM has purchased additional insurance to cover the students (Grace Vita – liability and risk management).
 - Cultural Competency – understanding the traits that define different cultures, encourage humility, ethnocentrism, accept other people’s worldviews even if it may be wrong, insurgent multiculturalism.- looking at the major factors that allow groups to be disadvantaged and others to hold onto power.
 - Gender Sensitivity – aware of the different roles of men and women in different societies and to be aware of that.
 - Language Sensitivity – give them information about and how to use interpreters.
 - Ethical Frameworks – to work through ethical dilemmas and emotionally stressful situations. One of them that I give them is the definition of social accountability – to be used as a gauge to see whether they are going for the right reasons or whether the global health initiative they are participating in is built on the right reasons. Discuss professional standards that are expected of them in Canada are also expected of them internationally. Voluntourism.
 - Safety – is discussed and the learners are told that if they do not feel safe for whatever reason to leave, get on a plane, come home and we will sort things out upon their return.
- It is delivered via a 73-slide power point. If you have a free evening and would like to look through it and provide feedback or themes that are missing. I would love to hear about that so that I may incorporate it.
- Dr. Jack Haggarty – good to be putting effort into that. Those are important things.
- Dr. Penny Moody-Corbett – I second that. Thanks for this.
- Dr. Steven Klaussen – I wish I had gotten that training before I went on my first trip.
- Dr. Alex Anawati – Thank you. I have learned a lot in the process of putting all this together. It equipped me better to understand some of the issues I see in the ER here in Sudbury. We’s talked about this a few time. The pre-departure training is to help students prepare themselves for low resourced settings. As Dr. Haggarty mentioned earlier, we send them into CBM106 which is a low-resourced setting that puts them into the same situations

where they have these ethical dilemmas and the need for cultural competency and humility. I wonder where there is overlap with the curriculum and how we are preparing them for 106 and whether this pre-departure training could be a larger piece to include or overlap with CBM106.

5. International Elective Approval Process (see email attachment) – for discussion 10min

Dr. Alex Anawati

- Currently, we have no international elective approval process. Traditionally, Phase I, II or III chairs would sign off on these without much review or scrutiny. Which was problematic and a failure to meet the accreditation standards (Standard #11 – what are we doing if there is an emergency, what are we doing if a war breaks out or natural disaster or political instability). Students were organizing themselves either through personal contacts, IFMSA international exchanges or with third party organizations with little to no oversight/support. We have been fortunate that nothing serious has ever happened to any of them, but the possibility is very real but relatively small.
- In the interim, I have initiated ad-hoc elective-by-elective reviewed them one-on-one with students prior to their departure and put temporary measures in place for communication while they are away and request a debrief session upon their return. I go over all the steps to ensure they will have a safe experience. I tell them all if things are not going well to just come home. I push them on the ethical considerations, the social and cultural considerations. I have been surprised by the lack of preparation some of the students take and it worries me that if they get into trouble they will struggle to 'figure it out.' Some have not looked at travel health advisories/security advisories. The ethical considerations, there is a lot of room there to have them consider why they are going internationally from a deeper reflective point of view. There is a need for mentorship or closer relationships with our students.
- I have reviewed what other schools do. Most have a booklet that pushes 40-60 pages of information and elements to complete before elective approval. I have tried to pear that down, coincide it with the information from pre-departure training and build it into a document, which you will find attached, currently in draft form. From that document, over the summer we will be creating an online application form to reflect the required elements for completion prior to formal approval and departure. This will also be compiled into an appropriate database that can be accessed by myself and learner affairs.
- I am suggesting a two-step process for approval 1) Tentative approval based on the where, what, who, when and why the student is pursuing this elective; 2) Formal approval based on completion of elements for their personal health, personal safety/security, cultural/social/political context and ethical considerations. This will involve meeting with me for tentative approval and then again for review prior to departure for formal approval and once more upon return to debrief. The approval process involves UME for special international elective credit and learner affairs for support dealing with the stresses of an international elective. Currently it is about 15 pages. Has a standardized letter outlining expectations for the host organizations and expectations that our students will follow.

- Feedback on making it less of a barrier and
- Dr. Jack Haggarty – who’s helping you out with this?
- Dr. Alex Anawati – You guys! All the work has been done by myself. I’ve met with UME and LA. LA has been very helpful, they really worry about our students due to the relationship they have with the students. It does consume the one day a week allocated for the position. It is part of the job description. I try to compile the information and send it out to interested faculty as consultants.
- Dr. Penny Moody-Corbett – additional support is being considered for the position. There will not be major admin support for the next 3-4 months. It will be followed-up in the future. It is recognized as a need.
- Dr. Alex Anawati – I ask people very nicely and they eventually help. I do have access to the senior leadership group which helps move things along.
- Dr. Penny Moody-Corbett – administration assistance is provided by Vin Auld for my position, but not dedicated.
- Dr. Jack Haggarty – engagement with NOAMA for pan-Northern things like this where funding may be available. Issues could go to NOAMA for curriculum renewal.
- Dr. Alex Anawati – I have looked into the curriculum objectives around global health ... there are about 150 objectives, wading through them may not be the best use of my 1-day a week allocated time. Another area of the job description is to look at other sources of funding, so it would be worthwhile to look into the NOAMA.

6. SOS Insurance policy / coverage (see email attachment) – for discussion 10min

Dr. Alex Anawati:

- We have purchased special insurance and assistance now to support our learners that venture internationally to make up for the void – safety, security, access to health advice, streamlined process. Scholastic International Risk Management Program by SOS International Assistance provides a 24/7 service that has a global network of hubs. They provide tracking of students, counselling services, assistance with medical emergencies or health problems, assistance with difficulties such as sexual harassment and put together detailed reports about the country they are venturing to. They will also coordinate evacuations for health reasons and/or security reasons, which includes kidnappings, war breaking out or political instability. They will go in with helicopters and a security team for extraction. Currently covers 25 learners at a cost of 20000\$/yr, also applies to staff, faculty, post-grad learners. We can increase the numbers and coverage. We have 10-15 students/yr that go on international electives. Information has been attached to the agenda.
- Dr. Jack Haggarty – are you implying this is available to faculty on NOSM approved clinical activities. What do faculty need to do to be able to participate.
- Dr. Alex Anawati – currently reserved for students exclusively. It is available to everyone from the organization. It was bought specifically for the students. First student is being on-boarded this week Bradley Reitze. It is a new program we have purchased so we do not

have any policy that is governing this at the moment whatsoever. That is a good question to follow up with senior leadership on how we want to use or expand this program.

- Dr. Penny Moody-Corbett – Has any of this been discussed with Grace Vita or risk management at the school? I think it has in the back of my mind.
- Dr. Alex Anawati - Grace Vita has approved it. Its been sent to the senior leadership group, learner affairs, the phase chairs, John Friesen. They were all in agreement that we needed it. There hasn't been any discussion on what it would look like to apply it to the faculty and staff.

7. Give & Get – for discussion

10min

Dr. Alex Anawati:

- Wanted to save time for a wish list of things that you would want to see grow under Global Health at NOSM.
- I have included a few ideas I have heard from other faculty:
 - Mentorship program – Dr. Gretchen Roedde does a lot of international women's health and has requested to be linked with students with similar interest. We could create a formal mentor program to help guide these students through their aspirations.
 - Scholarship / Bursaries – it is pretty expensive for students to do these electives. Financial support may encourage pursuit of global health experiences.
 - Might want to share fundraising ideas / programs they have been a part of.
 - Often self-funded or funded by close contacts.
 - Global Health Initiatives in our own backyard
 - Ethical Lens – who is responsible for the student (Canadian recognized supervisor at receiving end)
 - Suggest reaching out to the AFMC global health committee RE: ethical lens, benchmarks and what is acceptable or un-acceptable electives they wish to pursue. Who is a/the 'responsible' person at the receiving end. Those are important questions to work on – in some situations the supervisor should be a Canadian recognized physician at the other end for elective approval.
 - Reach out to other, more experienced medical schools may have answers to some of these questions/standards.
 - What is we are sending our students somewhere that does not have the same professional standards/expectations. Will that cause harm to our students, to the patients ... how do we mitigate that?
 - Ethics/professionalism standards seem to fluctuate depending on the circumstances, so absolutes are difficult to define.

- Partner with other organizations/medical schools to 'walk with' other sites internationally that are undertaking the same challenges as NOSM – like starting up a residency program like we are doing in Fort Hope. Might create synergistic opportunities.
 - Sudbury anesthesia group has created a partnership in Guyana to set up a residency training program in Guyana. Ongoing exchange between the two groups with faculty, MD's, staff and residents.

Meeting concluded 1946. Thank for for all those who attended and I look forward to further discussion. Next meeting to be scheduled for November. I am available for discussions offline via email, social media and I will circulate my cell phone number as well.