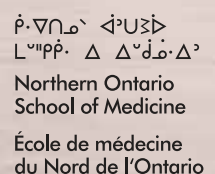


Gididaa Bimaadiziwin Wenji-Maamoobiiding





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.

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A Message from the NOSM Dean and CEO

Dear Friends of NOSM,

The Northern Ontario School of Medicine (NOSM) has a social accountability mandate to be responsive to the health needs of the people and communities of Northern Ontario. From the very beginning, NOSM engaged the Indigenous peoples, communities and organizations in the region. In 2003, NOSM held a workshop titled *Follow Your Dreams*, hosted by Wauzhushk Onigum Nation near Kenora. This three-day Indigenous Community Partnership Gathering brought together over 130 delegates from First Nations and Métis communities across the North and served as a blueprint for the development of the Indigenous dimensions of the School.

From September 19-20, 2018, Wauzhushk Onigum Nation welcomed us again for NOSM's fifth Indigenous Community Partnership Gathering, *Gathering Together for Life and Well-Being*. Unfolding over two days, through ceremony, shared meals and conversation, the Gathering brought together more than one hundred Indigenous Elders, leaders and community members, creating a space for people to speak openly, and for difficult questions and issues to be heard and discussed.

In February 2018, NOSM engaged an Expert Panel on Indigenous Relations to review the relationships, structures and policies that exist between the School and Indigenous Peoples. Gathering participants had the opportunity to provide feedback on the Expert Panel's final report and recommendations, as well as direction on the plan for implementation. NOSM leaders, staff and faculty also reported back to communities on the actions taken in response to the recommendations made at the fourth Indigenous Community Partnership Gathering, *Walking the Vision*, in 2014.

It is with a deep sense of gratitude that we say *chi-miigwetch* to NOSM's Indigenous Reference Group and Indigenous Affairs Unit for their guidance in organizing this event. *Chi-miigwetch* to Wauzhushk Onigum Nation for hosting this valuable Gathering in their traditional territory. *Chi-miigwetch* to Tim Pile, Métis Nation of Ontario, for acting as Master of Ceremonies and to Sue Chiblow for facilitating the Gathering. *Chi-miigwetch* to Dr. Lisa Richardson for presenting the Expert Panel's final report and recommendations. And *chi-miigwetch* to everyone who travelled from across the North to share their knowledge and wisdom. We still have work to do, but with the guidance of Indigenous communities, NOSM will become a world-class example of how to produce physicians and other health workforce that provide culturally competent care to Indigenous peoples.

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



EXECUTIVE SUMMARY

The Northern School of Medicine (NOSM) hosted the 5th Indigenous Community Partnership Gathering titled *“Gathering Together for Life and Well-Being, Gididaa Bimaadiziwin Wenji-Maamoobiiding”* to assess progress on recommendations from previous Gatherings. The Gathering was held in Wauzhushk Onigum Nation on September 19-20, 2018 guided by their protocols. Participants were provided a forum to dialogue on presentations, evaluate NOSM’s progress and to discuss recommendations from the Expert Panel Report. Participants at the Gathering included Indigenous Leaders and organizations, the Métis Nation of Ontario, NOSM faculty and staff, Indigenous Elders and community members, and the Indigenous Reference Group (IRG).

The first day consisted of welcoming addresses by Wauzhushk Onigum Nation representatives, the Métis Nation of Ontario, and NOSM followed by presentations from NOSM’s faculty and staff. Each presentation generating discussion and recommendations by the participants. A key presentation was the summary and 44 recommendations from the 2018 Expert Panel on Indigenous Relations Report. This report collected and analyzed information through document analysis, interviews and a survey with ten key themes emerging as the focus for the development of recommendations that could assist NOSM with continuing to build trusting relationships with Indigenous peoples and communities.

Key recommendations generated from the presentations focusing on undergraduate medical education; faculty affairs and continuing education and professional development; and Indigenous affairs. General comments and recommendations included the need for a traditional healing program; the need for land-based learning; need for Indigenous medicines, a focus on the little ones; and to be part of the solution.



The second day consisted of wrapping up the presentations and small working groups sessions focusing on questions based on two categories with six themes to generate discussion and recommendations. The themes were based on previous reports for consistency purposes with one exception being focus questions for the Expert Panel Report. The other themes were categorized into community input on Indigenous health, culture, communication, recruitment, community engagement, and curriculum/ Postgraduate. Not all groups responded to all the questions but focused their expertise on different themes which produced answers to each question. Recommendations from the focus questions are categorized into the themes in chart format for easy access.

Since one component of NOSM's mandate is to increase the supply of physicians and other health professionals in Northern Ontario, recommendations on enhancing this from participants will assist NOSM in strengthening relationships with Indigenous peoples. The other component of NOSM's mandate is enhancing access to care and improving the health and well-being of the people in Northern Ontario including the health of Indigenous peoples. This mandate may prove to be more of a challenge as a significant recommendation is the need for land-based learning, cultural revitalization, and decolonization. NOSM is striving to meet the needs of Indigenous communities and has begun a successful program with CampMed that may provide an opportunity to address land-based learning and cultural revitalization.



BACKGROUND

The Northern Ontario School of Medicine (NOSM) is located in Northern Ontario and serves as the Faculty of Medicine of Laurentian University in Sudbury and Lakehead University in Thunder Bay. NOSM has a Social Accountability mandate and strives to be socially accountable to the needs and the diversity of the populations of Northern Ontario, including Indigenous communities. As part of this social accountability mandate, NOSM periodically hosts Indigenous community partnership gatherings attracting approximately 100 Indigenous community members, leaders, health professionals, and NOSM staff and faculty to each Gathering.

Historically, Indigenous peoples had processes for collaboration. These processes allowed for everyone to learn and experience from one another. This was the true form of democracy providing voices to communities to share and learn so that communities, and nations would remain strong – always improving relationships with future generations at the forefront of decision making. Many organizations and communities are revitalizing these processes in the form of gatherings to learn from one another in order to continue to have healthy, strong relationships. NOSM continues to work on improving its approaches to utilize community knowledge and skills to keep their relationship strong and progressive.

NOSM's mandate is to increase the supply of physicians and other health professionals in Northern Ontario, while enhancing access to care and improving the health and well-being of the people in Northern Ontario including the health of Indigenous peoples. Several gatherings have been held by NOSM for Indigenous peoples to provide recommendations on a path forward. These gatherings have generated the following reports:

- 2003 – Follow Your Dreams
- 2006 – Keeping the Vision
- 2011 – Living the Vision
- 2014 – Walking the Vision

These reports provided recommendations to NOSM to assist in fulfilling their social accountability mandate.

More recently, NOSM has engaged an Expert Panel to examine the relations, structures and policies that exist between NOSM and Indigenous peoples with the goal of building on NOSM's strengths as a medical school founded on principles of social accountability and community engagement ensuring strategies, processes, and structures are developed to deepen the relationships between NOSM and Indigenous peoples. The final report of the Panel was released September 2018.

NOSM continues to thrive at engaging Indigenous peoples providing opportunities to gather and discuss how NOSM can continue to move forward which is contingent upon strengthening relationships with Indigenous peoples.



INTRODUCTION

NOSM is a unique medical school in Canada. It serves as the Faculty of Medicine for two universities (Lakehead and Laurentian) and provides the academic affiliation for two Academic Health Science Centres: Health Sciences North (Sudbury) and Thunder Bay Regional Health Science Centre. In addition, NOSM has a very broad reach in communities in Northern Ontario with approximately 1700 faculty members and more than 1000 learners distributed in more than 90 communities, including over 45 Indigenous communities. Together with our partner organizations, and NOSM's mandate of social accountability, it is in a particularly key position to impact change in the communities it serves.

The inaugural *Follow Your Dreams* workshop was held in Wauzhushk Onigum Nation in 2003. Three subsequent NOSM Indigenous Community Partnership Gatherings were held, *Keeping the Vision* at the Fort William First Nation in 2006, *Living the Vision* in Sudbury in 2011 (in partnership with the Métis Nation of Ontario), and *Walking the Vision* in Chapleau Cree First Nation in 2014. In addition, NOSM held Indigenous Health Research Gatherings in 2008 in Thunder Bay and the 2016 in Sault Ste. Marie.

The fifth Gathering was held in Wauzhushk Onigum Nation on September 19-20, 2018 to assess the progress to date and make recommendations going forward in addressing specific issues with respect to educating future health-care professionals. The Gathering consisted of specific themes designed to engage participants in small group discussions.



Purpose and Objectives

The primary objectives included:

- Providing a forum for Indigenous peoples to communicate the desired role within NOSM;
- Provide an update on activities since the previous Gathering;
- Evaluate NOSM's progress in relation to its Indigenous community partnerships;
- Continue to elicit input from Indigenous peoples on the development of an Indigenous Community Health Postgraduate (residency) program at NOSM; and
- Discuss and reflect on the recommendations from the Expert Panel Report.

These objectives were consistent with the first four Gatherings, with the exception of the fifth objective.

The Gathering was designed to provide presentations followed by small group sessions. The small group sessions focused on specific themes with questions to generate discussion and provide opportunities to generate recommendations to NOSM.

The Gathering brought together representation from Indigenous leaders and organizations, the Métis Nation of Ontario, faculty and staff from NOSM, Indigenous Elders and community members, and the IRG (Indigenous Reference Group).

In keeping with Wauzhushk Onigum Nation's traditions, the gathering began with ceremony.

DAY ONE

GATHERING TOGETHER FOR LIFE AND WELLBEING

In keeping with Wauzhushk Onigum Nation's traditions, the gathering began with opening ceremonies following a welcoming address. The Wauzhushk Onigum Roundhouse was filled with the smell of smudge and the sounds of drums.

The Wauzhushk Onigum Elder, Ida Skead opened in Anishinaabemowin sharing the history of the long house.

Chief Chris Skead welcomed participants referencing the importance of water to all life.

Karen Kejick on behalf of Ogichidaa Francis Kavanaugh of Treaty #3 spoke of the natural laws and racism in the health field and the need to continue to learn and teach about racism.

Dr. Roger Strasser, NOSM Dean and CEO, acknowledged Wauzhushk Onigum's territory, sharing information that NOSM's mandate is based on social accountability which stems from community engagement. He reiterated the importance of relationships and partnerships with Indigenous Peoples and welcomed the participants.

Theresa Stenlund, Métis Nation of Ontario provided greetings to all participants and acknowledged the territory of Wauzhushk Onigum.

Rory McMillan, from the Council of Kenora also acknowledged the territory and brought greetings from the City of Kenora Mayor and Council. He spoke of relationships and partnerships being extremely important and was honoured to be in the lodge.

Drs. Shannon Wesley and Chuck Branch, Indigenous Reference Group Co-Chairs, provided acknowledgements and indicated that we must acknowledge the past and move forward together.

Dr. Catherine Cervin, NOSM Vice-Dean Academic, provided a background of her position, explaining these types of gatherings are why she was drawn to NOSM. She stressed the importance of hearing from the participants and also provided acknowledgements.

Elder Phyllis Shaugabay, NOSM Elder reminded the participants of the importance of this gathering. She explained the importance of ceremony, language, and protocols. Elder Phyllis reminded participants of the importance of working together and helping each other.



Presentations on NOSM Updates

Expert Panel Report Presentation and Recommendations by Dr. Lisa Richardson, University of Toronto

Dr. Lisa Richardson provided an overview on the Expert Panel Report 2018 prepared by herself, Dr. Marcia Anderson, Dr. Sheila Cote-Meek, and Dr. Jerry Maniate. The Executive Summary and Recommendations from the Expert Panel Review were provided to participants in their packages.

The overarching goal of the review was to build on NOSM's strengths as a medical school founded on principles of social accountability and community engagement, and to ensure that strategies, processes and structures are developed to deepen the relationships between NOSM and Indigenous peoples upon a strong foundation of trust and respect. This includes addressing experiences of systemic racism, such that the roles, responsibilities and actions undertaken by all aim to strengthen the relations while supporting improvements to Indigenous health across Northern Ontario.

The Expert Panel collected and analyzed information through document analysis, interviews and a survey from which ten key themes emerged as an area of focus for the development of recommendations that could assist NOSM.

Under these themes, 44 recommendations were produced. Dr. Richardson highlighted key recommendations as follows:

- Indigenous learners need support on campus, by their communities and need to be connected to other Indigenous learners;
- There needs to be a mandated cultural safety education program for everyone in NOSM;
- There needs to be role clarity around who supports Indigenous learners;
- Pieces are missing in the current curriculum. “Power & privilege” needs to be understood. There needs to be anti-colonial processes and anti-racist processes;
- More communication and clarity related to students’ placements in Indigenous communities;
- Create an academic unit focused on Indigenous health;
- An Indigenous Health Workforce Development Plan should be developed and implemented;
- Formalize a process for faculty appointments of Elders;
- The current IRG should be dissolved and embedded in the Board of Directors;
- Elders need to be integrated into the Board to include the diverse First Nations and Métis populations;
- There is a need for a recruitment process for the Board as positions are not always filled;
- Bilateral negotiations need to take place among key leaders and organizations (ex. Treaty #3);
- A formal Code of Conduct should be developed to help in dealing with performance management.

STUDENTS ARE ASSISTING WITH MENTORSHIP AND RECRUTIMENT



Admissions, Dr. Owen Prowse

Dr. Owen Prowse provided an update on admissions focusing on the recommendations from the *Walking the Vision* Gathering in 2014. The admissions mandate is to have class profiles which reflect the demographics of Northern Ontario who are likely to succeed in the northern and rural learning environments, including all applicants from Northern Ontario, rural and remote areas in the rest of Canada.

Roughly 2100 applicants for 64 seats apply each year to NOSM and 320 applicants are selected for an interview assessed by community assessors basing the review on GPA, context and community scores.

At the *Walking the Vision Gathering* in 2014, several recommendations were provided and NOSM admissions has done the following to meet those recommendations for:

Admissions

- Information Sessions are held in person and online;
- Support for “non-admitted” students is available;
- Grades 1-6 event is a priority for camps, mentorships, and information exchange;
- Session offered to Community Coordinators;
- Tool kit is ready and available to NOSM students;
- Indigenous Affairs Unit;
 - Mentorship program;
 - MMI Workshop;

- Work with Indigenous Liaison and Recruitment Offices and regularly interact with teachers and Guidance Counsellors;
- Increased Use of Social Media;
- All information sessions are available online and through video-conferencing;
- New calendar of events will appear on our new website shortly.

Recruitment

- Significant Presence on Facebook, Twitter, Instagram and LinkedIn;
- #SAYYESTONOSM campaign;
- CampMED Insta- takeover;
- Social Media Plan in place;
- Made three recruitment videos this year;
- CampMed focused;
- Inspiration focused;
- Why NOSM focused.

Youth Programming

- Discovery Days;
- IAU hosted Community Camps;
- Recruitment Plan includes at least one grade 1-6 event each year;
- CampMed rebranded and updated curriculum;
- KEY: NOSM students in community.

One important message from this presentation was that current students are assisting with mentorship and recruitment.



Communications, Ms. Joanne Musico

Ms. Joanne Musico provided information on communications and how they have used the recommendations from the *Walking the Vision* Gathering in 2014 to guide the work being done by NOSM's communication department. The goals and objectives are based on the 2014 report feedback.

Increase targeted communications between NOSM and Indigenous media and audiences by:

- enhancing content and delivery of content for, and about, Indigenous peoples;
- actively sharing more stories regarding Indigenous peoples on NOSM's social media channels (Facebook, Twitter, Instagram); and
- improving communications to youth audiences through the use of web-based communication tools and social media interfaces.

Increase targeted communications between NOSM's Indigenous Reference Group and Indigenous audiences by:

- collaborating with IAU to provide general communications support at quarterly IRG meetings; and
- facilitate ability of members to share NOSM publications with their representative organizations and other Indigenous audiences.

Enhance communication between the Indigenous communities and NOSM using multi-media channels:

- increase appropriateness of content, delivery, and presentation;
- enhance use of internet technologies - innovative, interactive, and up-to-date; and
- increase use of multi-media channels.

Ms. Musico also indicated they will continue to work with IAU and IRG on communicating effectively.



Undergraduate Medical Education, Mr. Jeff Bachiu

Mr. Jeff Bachiu presented on the NOSM Doctor of Medicine (MD) Program (also known as Undergraduate Medical Education, UME). His presentation included details on the following:

Philosphy of Education	Curriculum	Governance	Indigenous Faculty
Self-directed learning	Module 106	ICEPIC (Indigenous Community Experience Preparation & Implementation Committee)	Newly hired full-time Indigenous faculty member
Content & context	Nothern & Rural Health		Approx. 40+ stripeniary faculty self-declared Indigenous



Research, Dr. Penny Moody-Corbett

Dr. Penny Moody-Corbett presented on the research recommendations from the *Walking the Vision* 2014 Report, the Research Office, relationships and connections, and activities.

The recommendations included communication, sharing, development, involvement, encouragement, and engagement.

Dr. Moody-Corbett provided information on who is in the Research office and discussed the relationships and connections among the IRG and IAU, the NOSM Elders and the many other Indigenous people who have helped. She highlighted the *Indigenous Research Gathering* in 2016; the *Pathways to Well-Being* in 2017; and the *Bonds Across Borders: A platform focused on Indigenous health* in 2018.

Also, in the presentation was the Advisory Committees to the Associated Medical Services (AMS) – NOSM Research Chair in History of Medicine in Indigenous Health and Traditional Healing and the Heart and Stroke Foundation – NOSM Research Chair in Indigenous and Rural Health.

Dr. Moody-Corbett shared the updated NOSM website for Indigenous health research.



Postgraduate Education, Ms. Jennifer Fawcett

Ms. Fawcett presented on Postgraduate Education and Indigenous Health beginning with a brief introduction of who she is. She explained how Postgraduate Education fits into the NOSM program after the students have become MDs. She explained the residency programs of family medicine including the rural stream and that the 3rd year of family medicine enhanced skills in emergency medicine, anesthesia, maternity care, care of the elderly, etc. She also described the Royal College specialties, specifically general internal medicine, general surgery, pediatrics, orthopedic surgery, public health and preventive medicine, psychiatry, anesthesiology, and obstetrics and gynecology.

NOSM Postgraduate Approach

Work together for shared outcomes.

Significant acceleration needed.

Indigenous people at table and in all parts of the process.

Respect the right to lead with culture.

Transformational whole-scale change driven by community.

Collectively acting in our shared interests.

Spaces occupied are interdependent.

Ms. Fawcett reviewed the recommendations specific to the postgraduate education from the *Living the Vision* 2011 and *Walking the Vision* 2014 reports. She expressed that they have listened to those recommendations and are now implementing the following:

- Engaged more Indigenous MD Leadership with Postgraduate Programs;
- Indigenous Resident Self Declaration Process Began;
- Initiated a Remote First Nations Residency Stream;
- Tri-party (NOSM, Matawa First Nations Management and Eabametoong First Nation) shared decisions and oversight with guiding principles including:
 - Joint Selection Process;
 - Curriculum Planning Circle.

She described the other progress that has been made from the *Walking the Vision* 2014 report highlighting that all postgraduate residents must attend an Indigenous Health Academic Half Day led by Dr. Doris Mitchell, Brunswick House First Nation and NOSM graduate. She also outlined other developments such as the collaborations with the University of Toronto (Psychiatry and Ob/Gyn) and Ottawa/Nunavut (Pediatrics) and the partnership with the University of Manitoba.

Ms. Fawcett conveyed future endeavors are:

- Being responsive to the Expert Panel Recommendations;
- More communities/Indigenous organizations involved; expansion of remote First Nation residency stream and other program clinical options;
- More intentional curricular outcomes led by Indigenous people;
- More supports for Indigenous residents; and
- Better health outcomes for Indigenous People, graduating culturally safe practitioners.

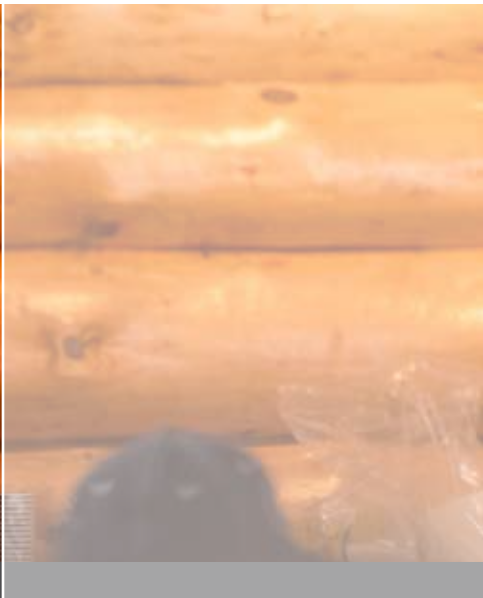
Day one ended with a Welcoming Feast
at the Powwow Island Youth and Elder Building.

DAY TWO

GATHERING TOGETHER FOR LIFE AND WELLBEING

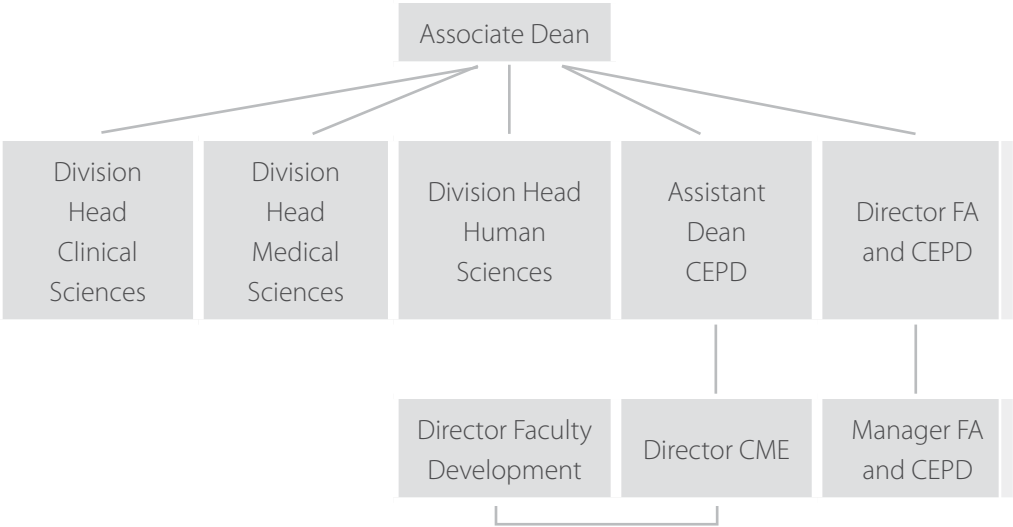
Day two followed protocols of Wauzhushk Onigum Nation with a Sunrise Ceremony and a Drum Ceremony.

Presentations on NOSM Updates Continued



Faculty Affairs and Continuing Education and Professional Development, Ms. Anita Arella

The organization chart was presented.



Ms. Arella provided information on Indigenous faculty focusing on:

- the strong relationship between CEPD and Indigenous Affairs;
- recruitment of Indigenous faculty is a priority;
- there are over 35 self-identified Indigenous faculty though identification isn't consistently disclosed by faculty members;
- they have developed a process whereby the names of new Indigenous faculty are shared with Indigenous Affairs for the purpose of welcoming new recruits; and
- engagement/involvement is ongoing; and CEPD aims to offer sessions that meet the needs of Indigenous communities.

She gave details on the strategies to ensure social accountability such as including new Clinical faculty members with peer mentors (requests for Indigenous mentors will be honoured to the best of NOSM's ability) and weekly communiqués and newsletters are issued to staff to keep them informed.

Ms. Arella explained the priorities from the last Indigenous Gathering are relationship building, funding and culture. She described how the FA CEPD has partnered with the Research portfolio to take an inventory of current research activity and the information will be used to streamline Northern Ontario Academic Medicine Association reporting and for strategic planning purposes and identifying ongoing research needs within our communities.



Indigenous Affairs, Dr. Darrel Manitowabi

Dr. Manitowabi provided details on NOSM's commitment to work in partnership with Indigenous peoples and communities through a vision imparted upon Elder Langford Ogemah. NOSM has six positions in the Indigenous Affairs Unit (IAU). He highlighted all the reports that have been done in the past with numerous recommendations.

Dr. Manitowabi explained the Indigenous Reference Group's (IRG) accountability mechanisms to provide leadership to NOSM in the areas of Research and Administration issues in order to promote excellence in higher learning and ensure appropriate reflection and inclusion of the Indigenous world view(s). The IRG serves as the primary resource for the School of Medicine in fulfilment of its social accountability mandate concerning inclusion of both Indigenous learners and the Indigenous world view(s) in the education it provides.

He shared the purpose, function, and evolution of NOSM's Indigenous Elders.

Dr. Manitowabi provided details on the following:

- Walking in Two Worlds Community Based Health Science Camps Program;
- Indigenous Multi Mini Interview Workshop;
- Tutorial Program; and the
- Indigenous Faculty Mentoring Program.

He wrapped up the presentation by providing responses to the Expert Panel's recommendations as follows:

- Increase student support;
- Enhance IAU (integrate an academic unit);
- Clarity of role with other units and in NOSM;
- Support network with Indigenous faculty;
- IAU leadership at both campuses;
- Improved communication within via meetings;
- Support Elders through IAU;
- Cultural safety.

PRESENTATION FEEDBACK

During the presentations, participants provided comments and recommendations, which are listed in the following table.

Presentation	Comments	Recommendations
Undergraduate Medical Education	<ul style="list-style-type: none"> Curriculum needs to be designed and taught by Indigenous peoples. We have our own medicines that are not addictive. 	<ul style="list-style-type: none"> Integrate community coordinators into the modules. Need specific numbers on Indigenous physicians, staff etc. and provide this regularly – twice yearly and at future gatherings.
Faculty Affairs and Continuing Education and Professional Development	<ul style="list-style-type: none"> 10 years is too long. Lack of Indigenous faculty. Can't say we don't have the money for more Indigenous faculty. Where is the process to have students work with us? Why is it hard for doctors to work in our communities? 	<ul style="list-style-type: none"> Need a short-term plan and remedy. IRG needs full time faculty that speaks Anishinaabemowin. Need to support Indigenous faculty. We do not support on-line Indigenous learning or cultural safety training – i.e. face-to-face teaching is required to be effective The IRG Elders are here to assist, utilize them.
Indigenous Affairs	How are we creating our own health care models?	<ul style="list-style-type: none"> After students graduate, have them work in the (106) communities they attended as students. Track where the Indigenous students go after graduation – communicate back to communities. Track how many NOSM graduates are serving First Nation communities – communicate back to communities. Develop our own health care system, we need our own medicines, we have our bundles, we have our own knowledge.



Some participants spoke in Anishinaabemowin and without a translator important information was not captured but with the basic understanding of Anishinaabemowin, the participant did speak of our own health care systems, medicines, and the need to revitalize these.

Elder Phyllis Shaugabay, NOSM Elder provided details from the participant who spoke Anishinaabemowin reiterating information about the Papal Bulls and treaty making. She explained that we had our own ways and we need the bundles and lodges as part of our ways. She spoke of the pharmaceuticals that are in our communities destroying our people and how the current health system does not work for us as it is not designed for us and keeps us number one in all the statistics like diabetics, suicide, etc.

We need a traditional healing program
We need land-based learning
We have our own medicines
We need to focus on the little ones
We need to be part of the solution



Other participants comments included:

- We need land-based learning – we have the power to do this, we have to pick this up, our communities can do this;
- We need a traditional healing program.
- We have our own medicines to deal with everything.
- The colonial structures and systems have to change.
- Medications make people forget not allowing them to deal with trauma and issues.
- We need to focus on the little ones (under 12) because they are sponge.
- Are we part of the problem or are we going to be part of the solution?
- We have to heal ourselves first, then we can heal others.
- How can we put a square box into a circle – the circle is the circle of life, we all have responsibilities in the circle.
- A rattle (shaker) story was shared when this is used for babies.
- How the government breaks down funding leaving the communities with the smallest piece was shared.
- Student placement is important.
- Students should learn about smudge as now scientists have proven that smudge kills bacteria.
- Many participants shared stories about morality, teachings and carrying our own knowledge.

GROUP SESSIONS

Immediately following the open forum on the presentations, participants broke into 12 small working groups to discuss a series of questions designed to generate discussion and recommendations in two categories: Expert Panel Report and Community Input. Six themes were under the section Community Input following the themes of all previous reports.

A listing of the sections and themes follows, together with a selection of related feedback. Not all groups answered each section or each question due to time constraints and the groups choosing where to focus their expertise.

Expert Panel Report Focus Questions

- Need to look at existing structures so they work for everyone and include community voices.
- It's one thing to have a voice and another to be heard. Actions are needed to demonstrate how our voices are being heard.
- Need more representation on the Board and more Indigenous faculty.
- There is a need to have people come into the communities and experience the health care.
- Cultural competency must incorporate respect, truth, spirituality, and our roots – the Grandfather Teachings. This should be mandatory and taught by an Indigenous person who has lived it.
- Physicians need more education about traditional medicines.
- Students should research the communities.
- Has NOSM increased the numbers of doctors in the North?
- Indigenous Knowledge is identity, our Elders, our Ancestors, how/what our Elders teach. It is a system to transfer knowledge, it's about spirituality, and ceremonies are integral.
- Anti-colonial process & anti-racist process.
- Power and privilege.
- Organization and community leaders need to commit to renewing negotiations with communities (bi-lateral negotiations).
- Indigenous peoples need their traditional foods when healing.
- Role clarity around who supports Indigenous learning.



- Communication is important.
- Oppression is a determinant of health.
- Indigenous Structure/Processes within NOSM.
- Indigenous peoples need to be at the table.
- Connect to Indigenous peoples have a real voice at the table.
- Traditional way of life is paramount.
- How does FNIHB override doctors – for example – a clerical person can refuse a medivac that a doctor has ordered.
- Need to deal with racism – how do we breakdown privilege.
- Deconstruct colonial mindset.
- Cultural safety means sitting with Elders, smudging.
- Students need to live the oath.
- Community Input



Theme One – Indigenous Health

- Health priorities mentioned (are not in order)
- Suicide – depression, mental health
- Cancer
- Cardiovascular (heart disease)
- Additions (especially youth) – drugs & alcohol, prescription drugs
- Diabetics (limb loss) – child obesity
- Methadone clinic
- Skin problems
- Loss of belonging
- Mold in homes, shortage of homes
- Water treatment plants – boil water advisories
- STDs, HIV, Herpes
- Loss of culture
- Disconnect from family
- Elder Care – Senior safety
- Legalization of cannabis
- Mercury poisoning
- Misdiagnosis due to doctors not listening and demonstrating prejudice



- Early diagnosis
- Prevention education
- Fee for service vs salary for physicians
- Supportive housing and long-term care
- Thunderbird group addressing holistic needs of person
- Food is medicine
- Land based activities, cultural revitalization, re-introduce traditional laws, community driven
- NOSM research needs to be driven by the community
- Solutions need to belong to the community

Theme Two – Culture

Medical doctors working with Traditional Medicine

- Needed in all spaces, hospital, class room, health care, etc.
- The Elders are the bridge for these two
- Understand how to engage traditional healers
- Need to teach culture and spirituality – role of ceremony in health care
- Need language revitalization
- TK & medicine are sacred – should only be for Indigenous learners
- Need to shake up their worldviews
- Decolonization of health practice needs to be in curriculum
- Focus on values of traditional practices
- Need to link spirituality to scientific principles

Theme Three – Communication

Effective communication with communities

- Build relationships with political organizations
- Newsletter to communities
- Universities to look at social determinants

Theme Four – Recruitment

Recruitment requirements

- Children need early exposure to doctors
- Face-to-face engagement
- Science-based camps for grade schools
- Role-model programs - mentorship
- Summer jobs interfere with CampMed

Challenges

- Doctors coming in one week at a time
- Clinics staking claim and not taking new people
- Lack of training in rural communities
- Lack of willingness to train or take professional development
- Entitlement is a problem
- Self-esteem
- Sponsorship and funding
- Struggles with staying in high school
- Limited resources – human resources – environmentalists

Theme Five – Community Engagement

Communicate between gatherings

- More reciprocal communication
- If no action is taken on a recommendation, community needs to know why
- NOSM needs to seek advice from communities
- People need to know what NOSM is really doing
- Lack of visibility

Models/Protocols to engage traditional medicine practitioners

- There needs to be acceptance and understanding of traditional ways
- Alaska/ New Mexico – traditional healers work with MDs
- Indigenous peoples need to see themselves in institutions
- Communities need to do a scan of what is happening in the communities to share with NOSM so they can set up booths

Theme Six – Curriculum/Postgrad

Engage other health spaces (hospitals, clinics, etc.)

- Make room for traditional ways
- Acknowledge the existence of Anishinaabe society prior to contact
- Institutions need to understand change is needed
- One-time learning is not enough
- Understanding depends on the ability to be compassionate
- There needs to be a system in place to address infractions (cultural violations)
- Decolonize the health system
- Important to have dialogue on which health system people want: western or traditional
- Need to legitimize and give value and credibility to our Indigenous ways
- Too many health professionals do not value traditional ways
- Indigenous navigators

Indigenous Health Curriculum

- Indigenous people must be involved including Elders
- Students have raised concerns about the way the curriculum is delivered by non-Indigenous faculty
- Indigenous content should not be taught online
- The admissions process needs to be revised

Other Comments

- Budgets and funding need to be addressed
- The far north is being left out

A statement was created by one group:

"NOSM commits to having Indigenous led curriculum written, developed, approved, and delivered by Indigenous faculty who are connected to the community."



CONVERSATIONS

During the event, there were many one-on-one conversations about NOSM, the IRG, the Elders, curriculum, recruitment, Indigenous health, Indigenous medicines, and communications with participants.

Feedback received from these conversations were:

- The IRG and Elders appear to be tokens
- Lack of communication between faculty, Dean, IRG/Elders
- Need a circle with graduates
- NOSM does not give them recognition for processes developed
- Is the public aware of IRG/Elders?
- We have provided advise, how do they report back to us on this advice?
- Need an Elder on the board and an Elder should be at every meeting and event
- Do not dismantle the IRG/Elders
- We need our own health system
- There is historical knowledge of treatments for all health issues
- Pharmaceuticals drive western medicine – how does this help us?
- Don't know who you can trust when sharing knowledge on medicines – pharmacies overharvest
- We need land-based learning
- I still have connections to the lands, I know medicines, I know our ceremonies
- We need to teach our young to take care of the medicines
- We have protocols for sharing knowledge
- Curriculum has to be driven by us in all aspects
- We need to be involved in recruitment
- We need land-based healing
- We need to keep talking and learning together

INTEGRATED RECOMMENDATIONS ARISING FROM THE GATHERING

Expert Panel

- Connect Indigenous learners to other Indigenous learners for support.
- Mandated cultural safety education learning for everyone in NOSM.
- Create an Indigenous academic unit to be embedded into curriculum.
- Develop an Indigenous health workforce plan.
- Faculty appointments of Elders.
- IRG -subcommittee to board of NOSM.
- Need a recruitment process for Elder positions on the board.
- Integrate Elders to the board.
- Formalize a code of conduct (performance management).
- Provide copies of 106 students presentations to the communities.
- Develop awareness of First Nation communities for 106 students with the communities so students are prepared to enter the community.
- Have community members present at the orientation sessions before students enter the communities.
- Develop an understanding of the long term impacts of the 106 Module.
- Develop better partnerships with hospitals to provide traditional foods to patients.
- Develop a template for Indigenous communities to complete regarding the progress made in their communities as a monitoring tool.
- NOSM should use local media outlets and videos for communicating their progress.
- Do exit interviews for doctors that leave.

Indigenous Structures/Processes within NOSM

- Develop a subcommittee on Indigenous health.
- Have an Indigenous Associate Dean.
- Have an Indigenous scholar for CEPD for Indigenous faculty.
- Contact Richard Mathews for bioethics.
- Develop conflict resolution for faculty.
- Have a council of Elders as a panel for final exam on the 106 module.
- Develop a decolonization package with booklets, for all the Nations for all in NOSM.
- Develop a program that produces doctors with two world views.

Community Input

- Develop land-based learning, cultural revitalization, drug abuse strategy driven by community, re-introduce our laws, opioid replacements, basic life skills, clarifying proper use of cannabis, harm reduction strategies, supervised injection sites.

Theme One – Indigenous Health

- Develop holistic approaches to healing.
- Develop educational materials on prevention for all diseases and about traditional foods geared for all audiences.
- Have interpreters for patients and doctors.
- Need more Elder teachers.
- Expand view of family in hospitals and health care for extended family.
- Don't leave Elders alone.
- Take pop vendors out of schools.
- Assist with having staff in health clinics from the community.
- Have team of professionals visit people in the hospital when they are sick.
- NOSM should be involved in training navigators.
- Research
- Have a process for conducting and asking permission to do research.
- Research has to be community driven.
- NOSM needs to be supportive, encouraging, enforcing community driven research.
- Develop team-based approaches to research.

Theme Two - Culture

- Land-based learning is needed.
- Have Indigenous medical clinics.
- Have students in 106 learn about traditional medicine collections.
- Develop anti-racism training for all NOSM staff including janitors.
- Have First Nations and Métis teach their cultures and teach more culture.

Theme Three - Communication

- Build relationships with Indigenous Organizations, UOI, AIAI, Grand Council of Treaty #3, NAN.
- Go to these organizations meetings and make a presentation.
- Draft a newsletter to the communities.
- Produce flyers, bulletins for information.
- Utilize Indigenous radio stations ex. Wawatay Radio.

- Have more Indigenous physician mentors.
- Review current mentorship program to extend to 4-year mentorships.
- Participate in the Chiefs of Ontario Health Forum.
- Do presentations to communities.
- Site visits by SFL members.
- Utilize community individuals to teach NOSM students until the faculty gap is filled.
- Classroom learning by community teachers using telemedicine networks.

Theme four – Recruitment

- Public campaign to raise awareness.
- Go to the communities.
- Reach out to new health clinic in Big Trout.
- Leave a gift in the community to remind them ex. Flag.
- Start recruitment programs at grade school.
- Formalize a role-model program and include Elders.
- Continue with Discover Day and CampMed but need special sessions for high-school students.
- NOSM can use the native nursing entry model to help Indigenous students with prerequisites for medical school.
- Use guidance counselors in school to assist with communication.
- Don't need French on recruitment for Indigenous communities.
- Raise monies for high-school students to receive bursaries – have sponsorships to high-achieving high school students.
- Let communities know where the 106 students are practicing.
- Attend conferences, powwows, health fairs, career days.

Theme Five – Community Engagement

- Report back at least two times per year.
- Provide a NOSM report card to the community – include statistics on Indigenous students.
- Be part of the Road Warriors as other colleges and universities do (Other Colleges and Universities go on the road to promote their institutions as a means of recruitment).
- Have students create a video blog related to 106 – post on NOSM website.
- Develop posters of students and Indigenous faculty for different events.

Theme Six – Curriculum/Postgraduate

- Ensure Anishinaabe Institutions are visible (sacred teachings, ceremony)
- Cultural safety learning needs to be on-going and agreements with other organizations can be

made to assist with this.

- Indigenous faculty must be involved.
- Admissions needs to understand cultural sensitivity.
- Do not teach cultural safety on line.
- At admission, students should be required to sign a contract with NOSM making them accountable to NOSM mandate and the Indigenous communities.
- NOSM should tap into the Indigenous faculty at Laurentian and Lakehead Universities.
- Develop Social Accountability Mandate awareness training for communities.
- Ensure culturally awareness at interview processes.
- Create a safe space for students and faculty that experience racism.
- Develop an Indigenous Health Clinic.
- Engage other health spaces to support cultural sensitivity.

SUMMARY

The Gathering started and finished with ceremony which is fundamental to the existence and wellbeing of Indigenous communities. Starting and finishing with ceremony reminds people of the importance of Indigenous ways.

NOSM has addressed many recommendations from previous workshops, continuously striving to engage communities to enhance their processes by hosting workshops to listen to community participants. Several presentations listed how recommendations from previous Gatherings were addressed. The reporting back to the communities on how the recommendations were addressed is continuous engagement which is a sign of a healthy relationship established with Indigenous peoples.

Key recommendations from the presentations in this Gathering related to undergraduate medical education; faculty affairs and continuing education and professional development; and Indigenous affairs. General comments and recommendations included the need for a traditional healing program; the need for land-based learning; the need for Indigenous medicines; a focus on the little ones; and to be part of the solution. The presentations generated good discussions and the timeline was constrained as some of the presentations were moved to the following day decreasing the amount of time for small group discussion.

Participants were engaged in the small group sessions providing recommendations and comments on different themes. Small group sessions provide opportunities to generate fruitful discussions and should be a component of future gatherings. Unfortunately, due to time constraints not all questions in the themes were addressed by each of the small groups.

There are on-going systemic issues in First Nation communities that are beyond the scope of NOSM such as developing land-based learning for communities that can re-connect people to the lands and Indigenous knowledge, but NOSM can certainly play a role in advocacy for these types of community requests. The ongoing legacies of colonialism has had devastating impacts on Indigenous Peoples including Indigenous Peoples' health through diet changes and the overall approach to health and wellbeing. Indigenous Peoples worldview on health is holistic addressing the physical, mental, social, and spiritual. The current colonial system of health is broken into silos leaving Indigenous Peoples unable to address the holistic approach to healing and wellness. NOSM is young and with the help of Indigenous communities, it can become a world-class example of how to produce physicians and other members of the health workforce who are sensitive and compassionate to Indigenous peoples and their worldview.

APPENDIX

Chart of Responses

Expert Panel
Some recommendations from previous report have been implemented.
Good recommendations in the report. Good community involvement. They interviewed over 200 people but were people in the communities interviewed? Would be good to see a list of participants.
Need to look at existing structures that work for everyone. Need it so that communities have an active vote.
The IRG and IAU are currently being used by some people and groups.
Need more representation on the Board and more Indigenous faculty
It's one thing to have a voice and another to be heard. We have been putting forward many recommendations and repeating ourselves but little action has been taken –need action to be taken when heard.
Elders are used 'back home' but in many cases, questions may go unanswered. One person from Big Trout Lake mentioned there is no access to Elders there.
A real need exists for people outside rural Indigenous communities to see, experience and understand the challenges Indigenous peoples face when it comes to health care.
I'm the Local Community Coordinator (LCC) for 106. I organize orientation sessions for Learners. We don't hear anything back from NOSM after the students are gone from the community. We don't get copies of their presentation. It's a short-term relationship.
I'm the Health Director for UOI. We've had more dialogue with NOSM in the past few months because there was a disconnect for a while. I'm also on the hospital board. We survey the 3rd and 4th year students for suggestions to improve their placement. We're interested in physician recruitment and retention.
I've been the LCC for 106 since 2006. Once students give their final presentation we don't see them again. I would like a copy of their presentation. Being in Thunder Bay, there is an opportunity for input into 106 as the liaison lives in Thunder Bay.
We are a host community for 106 but there is very little involvement with NOSM other than the students. The community hardly gets anything. NOSM provides \$60/night for the students but that is supposed to cover room and board, cable, internet and driving the students around. The students don't know what they're getting into. One couldn't handle it and had to leave. Culture shock. It's a different lifestyle. They got to understand the lives of First Nations people. Some homes don't have running water. Some people don't have vehicles. Someone needs to explain the reality to them. People in the communities don't have luxuries. Communities in the north are way different and students aren't prepared.
Components must incorporate respect, truth, spirituality and our roots. The Grandfather teachings.
The vast geography of Northern Ontario and the implications that need to be considered around travel and expenses should also be addressed in the program.
Anyone working with Indigenous people should take it. It should be mandatory.
It should be taught by an Indigenous person who has lived it.
They must be able to understand trauma. Not just a traumatic experience but a lifetime of trauma – a culture of trauma. Understand that issues must be dealt with at the core not just treat the symptoms.
Physicians need to be more educated about traditional medicine.
Lots of red tape in the system. Urgent issues may be neglected or delayed because of systems and process. People shouldn't have to wait 4-6 weeks, sometimes they don't have that long or will change their mind about getting help.
There are different practices in the communities. Some don't follow traditions.
There's diversity in the communities.
Introduce students to different aspects.

The LCC needs to update the community profile. When we meet with students, I find out what they know about the community before the students start.
Get community members to present at the orientation sessions before the students go into the communities.
The community gets \$6,000 to billet and host a student.
For the Métis placement, Elders are invited to talk about culture and customs.
I don't take culture lightly. You can't just have anyone teach it. It's hard to say who can teach it.
I don't know much. I can only share what I know.
The faculty who teach this should be living it and modeling it. But does it give you the right to teach it?
It shouldn't be a non-Aboriginal teaching about our culture. Or an Ojibway teaching about Cree.
You can't paint everyone with the same brush. Know the people you're going to provide services to.
Students should research the communities.
The APTN show called First Contact has some good teachings in it.
As you get to know people, you get to know if they're open to learning.
We share our culture and way of life with students but do they carry it with them when they finish at NOSM. What is the long-term impacts of 106?
How many students stay in the north? NOSM was supposed to increase the number of doctors in the north. Has this happened? Some communities haven't had a doctor there in 1.5 years.
Identity. Who you are. It's about our roots and ancestors.
It about what and how our elders taught us.
It's about more than just tradition, it's a foundation for life.
A big part of it is about spirituality. Respect for each other, the land and life experiences.
It's a system that is in place to transfer knowledge from generation to generation.
It's a process for growth – a formal progression through many stages of life.
Girls are guided by our women and elders. Boys are guided by our men and brothers. Indigenous people were happy and healthy until colonization.
Ceremonies are integral.
The Grandfather teachings.
We didn't spend much time on this answer but one person expressed that Indigenous people recover slower in hospitals because they are not able to eat their traditional food. Their bodies are trying to adjust to a new diet and they become more sick when they should be healing.
Better partnerships are needed to be able to provide traditional foods to Indigenous people in hospitals.
Many are visual learners therefore a face-to-face update would be effective.
NOSM could consider distributing a template for Indigenous community members to fill out with progress made in their communities.
Local media outlets.
Videos
Oppression as a determinant of health
do exit interview for why doctor left
how do we think about designing a system - Bilateral relationships

Indigenous Structures Processes
Indigenous peoples need to be at the table
Board of directors
Academic – CEPD – need an Indigenous scholar for CEPD for IDG faculty
Subcommittee on indigenous health
People who are connected to the community
Community rep @ ICEIC
Indigenous associate dean
Connected so that Indigenous peoples has a real voice at NOSM
Not enough information
Connect to health station
Education begins at grade levels
Traditional way of life is paramount
High cost of living
How does FNIHB override medicinal decisions
Bioethics – Richard Mathews
Racism – how do we breakdown privilege
Should not always be the responsibility of the people
95% of people who go through racism (even in a day)
Need three people – Janice Ray, Yevxce – Canadore college?
Deconstruct colonial mindset
Space for removing privilege
Students have not been taught to be culturally safe
Culturally safe means: Students could sit with 4 elders – 2 men, 2 women with helper, tobacco, smudging. Elders as paid faculty
Conflict resolution for faculty – support for the people
NUKA – doctor partner in the system with people to advocate
Council of Elders – panel as final exam
Students have to live the oath
Citizens plus-greater responsibility for reconciliation
Health transformation happens
Help produce doctors with two world views
Decolonize UME through booklets, Ojibway, Oji-Cree, Cree but star with conversation has to be with the everyone – UME Assoc dean, faculty, model 1-6
Human rights exemption as one way to hire Indigenous faculty

Community Input

Theme One Indigenous Health Health Priorities
Suicide, cancer, cardiovascular (heart disease), addictions (especially youth), diabetics (limb loss), methadone clinic, drugs & alcohol, skin problems, mold in homes, shortage of homes, water treatment plan, boil advisory since 2008, loss of belonging,
child obesity
Decline in doctors
Accessibility in remote communities is a challenged
diabetics, addictions, loss of identity, hypertension, drug use, depression, disconnect from family, parents addiction, STDs, HIV, herpes, cancer, loss of culture
Change needs to happen through education – need prevention
Drug addictions – overdoses
Heart disease
Lack of health services is a big problem
Elder care
OTN – catch 22- it's a good band aide solution but doesn't solve the problems
Mental health – anxiety, depression, suicide, addictions, trauma
Single women – single mothers
Street people – mental health
Illicit drug use. We are behind the curve in addressing this.
Prescription drug use.
Dependence on drugs
Senior safety – they're being victimized and assaulted for drugs
Don't have money to address all health issues. We are reacting to issues like suicide. Ten communities are affected by suicide after suicide. We have a 90% diabetes rate and 15% are amputees. Our houses are not built to accommodate amputees. Opioid treatment program. Out of a population of 1200, 465 are addicted to opioids and 120 have gone to treatment. We are 600 people behind on immunizations. We do what we can daily. We are dealing with crisis on a daily basis and the doctors and nurses that we do have can't address everything.
The legalization of cannabis is going to have an effect on pregnant mom's and children through second hand smoke. How will it affect their development? Cannabis is different than alcohol and is going to create the next FASD.
Babies are being born addicted to opioids.
Many people are on dialysis.
High risk youth – mental health issues.
Solvent abuse.
Limited services out there.
Are doctors being educated about this? Those in training and those in the field.
Whitedog First Nation has been dealing with mercury poisoning.
The change over time has been an increase.
Increasing mental health issues. Schizophrenia induced by drugs.
Misdiagnosis due to doctors not listening and demonstrating prejudice

How do we address the priorities
• Early diagnosis of diabetic 5 years and up
• Smoking – education on tobacco
• Surge in Hep C – prevention is the key
• Health system who doesn't want to look after the sickest – chronic and & complex cases are under serviced
• Fee for service vs salary physicians
• Supportive housing and long term care
• Métis communities lack of service in a timely fashion, also diabetic smoking
• Have interpreters for patients and doctors
• Need to honor each other and peoples time
• Staff in the health clinic are from the communities
• Teaching the children about foods to stop diabetics
• Indigenous leaders as teachers
• Nutrition is very important – use our foods
• Take pop venders out of schools
• Food is medicine
• Need for compassion in hospitals – patients are treated as part of the furniture
• Elder homes need more compaction – need to be respected and understood
• Need to pay attention to elders support systems – don't leave elders alone
• Team of professionals to visit people in the hospital when they are sick
• People from Kenora go to Thunder Bay – address this by not moving people
• Expand view of family in hospitals and healthcare – need to expand next of kin
• More teachers – elder teachings
• Thunderbird group addressing needs of holistic person
• Not just treating – the are part – physical problem but addressing whole being
• Sadie – spiritual abuse & not understanding how people speak with each other in the community and with families
• Denial for those with a history of mental health or abuse – maybe they need more doctors but they need people who know how to speak to the community
• Need to come to peace with yourself to come clean – he did healing ceremony to get rid of the baggage
• Daughter told stories at their grad about their trauma – this helped
• Doctors who come to the community need to be compassionate
• Eating natural, important to address health issues
• Telling story about not being treated properly for throat and tongue cancer; was sent home, mother then did proper examination to diagnose cancer
• Each community should have its own traditional medicine cabinet
• A room for medicine
• Do medicine walks with elders
• Good to have traditional medicines and a healer to come from another community
• Training navigators – how is NOSM involved with the training – when do NOSM learn about the navigators?

<ul style="list-style-type: none"> • Are students given the time to learn about their own spirituality, so they can learn about others
<ul style="list-style-type: none"> • not easy to measure how this is evaluated or measured
<ul style="list-style-type: none"> • We have to have respect
<ul style="list-style-type: none"> • NOSM should be involved in training navigators
<ul style="list-style-type: none"> • Nurture their dreams when youth
<ul style="list-style-type: none"> • Show high school students examples of Indigenous docs
<ul style="list-style-type: none"> • Make sure Métis are included
<ul style="list-style-type: none"> • Land based activities, cultural revitalization, child welfare services, drug abuse strategy (community driven), reintroduce traditional laws, opioid replacement, renovating treatment center, youth centers, basic life skills, clarifying proper use of marijuana, harm reduction strategies, supervised injection sites.
<ul style="list-style-type: none"> • Telemedicine
<ul style="list-style-type: none"> • Political inclusion – depends on community

Theme Two

Culture

- Need for traditional medicine in spaces of healthcare everywhere, class room, hospital, schools.
- Bridge between western and Indigenous worldviews for health education is the Elders
- Need for more traditional healers to help the transitions and working with the doctors – understand and navigate how to engage traditional and/or western
- Land based learning is needed
- Working with the children and start teaching at that age
- Work from the land to learn about the foods
- Have Indigenous medical clinics
- Role of ceremony in health care systems
- Need to teach culture and spirituality
- Need to acknowledge different protocols of different communities and groups
- Prepare people to acknowledge and practice in Indigenous settings
- OCAP
- Need language revitalization
- Each community should have its own traditional medicine collections and have students in 106 learn about these
- for all staff Meno Ya Win at Sioux Lookout
- Anti-racism training for all staff, nursing, janitors, etc.
- 3-4 days long
- Start with conflict resolution
- Need to see how all of these effect the patients
- TK & medicine - Sacred - Only for Indigenous learners
- culture is often seen as fluff
- Don't believe cultural pieces are true
- Disrespect
- Need to link spirituality to scientific principles
- Only want to focus on science
- They don't always appreciate Métis culture
- Need FN and Métis to teach culture
- Teach more than culture – teach spirituality
- Focus on values of tradition practices
- Discuss spirituality instead of culture
- Need to shake up their worldviews
- Traditional healers get referred by NPs but not by doctors
- Decolonization of health practice needs to be part of curriculum
- Needs to be focus
- Concerns with traditional medicines vs western medicines
- Bad reactions, adverse effects
- 4 years ago gathering of western and traditional healers
- Over harvesting my western pharmacies of medicines

• People are very protective
• Sharing one medical record, its how we look at health, medicine
• Help students learn how to communicate
• Not every community has traditional healers – definition – means different things to different people
• Elders council could begin to have input into the definition of traditional healers and the scope of practice
• Who is accepted as a healer, elder, health research, etc. must be for the community
• Challenge is money to do all this work, different funders funding similar or same agency programs
Theme Three
Communication
• Build relationship with Political Territorial Organizations
• Anishinabek Nation - Union of Ontario Indians
• Association of Iroquois & Allied Indians
• Grand Council of Treaty #3
• Nishnawbe Aski Nation
• Get agenda and go to the meeting.
• Two way respectfulness, respecting youth, elders and each other
• Better information to communities in the form of a newsletter
• Universities to look at social determinants of health and how to alleviate them – needs public education
• Donations if NOSM receives monies from businesses
• Business increases to counter back
• Fundraising to the communities
• You are not communicating effectively
• Flyers, bulletins, printable – Wawatay radio spots
• More Indigenous physician mentors
• 4 year mentorships
• COO health forum panel – participate
• Presentations to community and CNCs
• Site visits by SLF members
• Utilize community individuals to teach NOSM student until faculty gap gets caught up with applicants
• Classroom learning guided by community teaches in community using telemedicine networks

Theme Four

Recruitment

- Children at a young age need early exposure to doctors and make it a fun experience –share food
- Public campaign to raise awareness
- Face-to-face engagement comes to the community
- Live a gift in the community (flag or even a backup system)
- New health clinic in Big Trout Lake – opportunity for NOSM to reach out
- More mental health workers who are culturally educated.
- Don't reinvent the wheel
- Recruitment is needed and should start right from grade school. The Med School in Duluth has been around for 40+ years and runs science-based camps which are very successful, and are fully funded – funding comes from government, big endowments and foundations. All internal practices at said school reflect the importance of hiring Indigenous faculty, teaching by Indigenous faculty, for example.
- There needs to be better recruitment at Camp Med
- We need to seek out and mentor the passion in Indigenous youth... to support their interests in medicine and health careers in general.
- NOSM could formalize a role model program and include Elders; ensure continuous contact with youth throughout their four year of MD program; Elders and students need to go into schools and communities to talk about health careers and further education; this would make considering medical education less intimidating.
- Elders could also teach in faculties, with the involvement of Elders, this might help urban community members come back to the land and resume contact with their community.
- The drum is a powerful tool for recruitment and learning.
- Laura Calmwind's program at Franklin Cromarty High School is good.
- Students don't understand the process and the classes they need to take. Most students in medical students already have a degree.
- Discovery Day at NOSM and CampMed are good ways to recruit.
- Summer job interferes with participation in CampMed.
- More outreach to students is needed. There should be special sessions for high school students.
- Mentorship – get NOSM grads out into the communities.
- Job postings at NOSM require French language. It's a barrier to applying.
- NOSM should use the native nursing entry model to help Indigenous students with prerequisites for medical school.
- Coming in one week at a time
- Retired doctor and left 100 patients
- Clinics staking claim and not taking new people
- Not working together, not ordering things for patients who don't have doctors
- Need more doctors in rural communities
- Lack of training in rural communities
- Lack of willingness to train or take professional development
- More communication between provincial and federal systems: patients are being caught in the middle.
- Kids who are being pushed into general are going to miss the opportunities to go to university
- Need posters of doctors in schools

• Guidance councilors need to be a target of communication
• Learn “how to be”
• Taking an interest in the human being – connection is the key
• Start with the person, teach the person – not the test
• Teaching as a two-way process – pedagogy of medicine
• Only the “smart” kids are considered to go into medicine
• 106 students talking at the high schools to encourage other students
• Need doctors
• The Sudbury women their 106 students don’t speak to the high school students
• Resources, labs
• Self esteem
• Don’t want to leave the boundaries of the reserve
• School counselors are important
• Elders sitting in classes with students, med students could help this
• Limited resources – human resources – environmentalists
• 106 students talking to high school/elementary school students
• Raise money for high school students as bursaries
• Hard for students to stay at PSE – they struggle with leaving community
• Run med camp in community
• They struggle with staying in high school
• Entitlement is a problem
• Students get paid to attend high school
• Agency is taking over responsibilities of parents
• Need to know stats on retention of NOSM grads and residents in North Ontario and FNs
• Recruitment not being met – more youth involvement via placement plans CBM 106
• Self-esteem workshops, walking in two worlds for science camps
• De-mystify path to medicine, more Indigenous role models
• NOSM grad posters
• Sponsorship and funding, accredited summer science camps
• School tours for flying communities
• Scholarships offered to high achieving students in sciences
• Have some way to promote new grads – let the communities know of the student success. Send them a thank you letter letting them know where their respective learners are placed (106).
• We need to be more engaged with folks at different events – youth conferences, booths, powwows, etc.
• Career days

Theme Five

Community Engagement

- Reporting back needs to occur at least 2x per year.
- More reciprocal communication is needed.
- If there is no action taken on a particular item or recommendation, community needs to know why and what was done. People need to know what NOSM is really doing.
- Perhaps there needs to be a shift or variation in the action to be taken in order to move an action or recommendation forward and to make it doable in real terms.
- When difficulties arise in acting upon something, NOSM needs to seek help and advice from community.
- What does a model or protocols look like to engage traditional medicine practitioners?
- In Alaska/New Mexico, traditional healers work closely with MDs and vice versa. Traditional knowledge is recognized with and honorary degree. Often both options are presented to patients given validity to traditional healers. They take past experience and emulate it.
- There needs to be acceptance and understanding of traditional ways.
- Within institutions, Indigenous people need to see themselves, it is comforting to see sacred items displayed, i.e. The feather; this shows acceptance and understanding. This also needs to spread to affiliated institutions which are an extension of NOSM such as hospitals and clinics.
- Communications need to do an environmental scan of what is going on in the communities so NOSM can do presentation or set up a booth.
- We need to be part of road warriors (for colleges and universities) and visit more
- Challenges in encouraging medical careers
- We don't see anything from NOSM
- More advertising on other programs than medicine
- Lack of visibility
- Young ages
- Communication between gatherings
- Report cards annually back to communities
- Include stats on Indigenous students
- Where are the Indigenous doc practicing after grad?
- Actual # of students
- Picture of folk at activities
- Contact info of folks who are in the community
- TOR of groups in IAU
- Have students create some video blogs related to 106 – maybe post on NOSM website

Theme Six

Curriculum & Postgrad

<ul style="list-style-type: none"> • Ensure that Anishinaabe institutions (sacred teachings, ceremonies) are evident/visible to demonstrate they are meaningful for NOSM.
<ul style="list-style-type: none"> • These institutions must become part of educational institutions like NOSM
<ul style="list-style-type: none"> • It is necessary to make room for traditional ways from true learning to happen in a good way
<ul style="list-style-type: none"> • Acknowledge the existence of Anishinaabe society prior to European contact
<ul style="list-style-type: none"> • Institutions need to understand that change is needed
<ul style="list-style-type: none"> • There must be room to allow for that understanding to occur and grow (to take its place)
<ul style="list-style-type: none"> • For ex.: the continual use of the term First Nation perpetuates marginalization, so terms used need to change – it would be better to say Anishinaabe people or person
<ul style="list-style-type: none"> • Unless individuals are trained to create a culturally safe learning environment – problems will continue
<ul style="list-style-type: none"> • There should be an agreement with organizations – this should be part of the agreement with NOSM as well
<ul style="list-style-type: none"> • Just one-time learning does not cut it – this needs to be a life-long learning journey
<ul style="list-style-type: none"> • Understanding depends on the ability to be compassionate – what is the level of healing spirit within an individual
<ul style="list-style-type: none"> • There needs to be a system in place to address/act on 'infractions'
<ul style="list-style-type: none"> • Same applies to students who have not come into the program with the appropriate mindset/philosophy/way of thinking in relation to Indigenous people/health
<ul style="list-style-type: none"> • At Admission, students should be required to sign a contract with NOSM making them accountable (understand the mission, the Social Accountability Mandate, understand and be respectful of community), if that does not happen, there must be repercussions.
<ul style="list-style-type: none"> • Indigenous Faculty must be involved.
<ul style="list-style-type: none"> • There can be no understanding of the oppression and its ongoing effect/impacts otherwise.
<ul style="list-style-type: none"> • Students have raised concerns about the current way the curriculum is delivered by non-Indigenous faculty.
<ul style="list-style-type: none"> • Indigenous content cannot/should not be taught 'online', the Indigenous way/experience is very tangible.
<ul style="list-style-type: none"> • NOSM has Indigenous scholars but no Indigenous faculty until very recently.
<ul style="list-style-type: none"> • There needs to be a change in relation to the input, delivery and resources.
<ul style="list-style-type: none"> • NOSM should tap into the faculty at both Laurentian and Lakehead Universities.
<ul style="list-style-type: none"> • Indigenous content should be included in the curriculum renewal project at the UME and PGE levels.
<ul style="list-style-type: none"> • A change in the system is needed... it is very important and must be acknowledged.
<ul style="list-style-type: none"> • There needs to be respect for different ways of thinking and looking at the world, for ex. Traditional medicines and spiritual healing. To acknowledge Indigenous traditions and way; just because one does not see something does not mean that it does not exist or is not true.
<ul style="list-style-type: none"> • Individual Community World
<ul style="list-style-type: none"> • There is a need to legitimize and give value and credibility to our Indigenous ways.
<ul style="list-style-type: none"> • Many Indigenous people use both traditional ways and Western medicine, it is important for health professionals to have a dialogue with individuals as to their preferences.
<ul style="list-style-type: none"> • Too many health professionals do not value traditional ways. The mentality needs to change. There needs to be flexibility.

<ul style="list-style-type: none"> • Within the NOSM curriculum, there needs to be cultural sensitivity/understanding; an openness to understanding. The Admissions processes need to be revisited.
<ul style="list-style-type: none"> • This applies to both the UME and PGME curricula.
<ul style="list-style-type: none"> • For PGME, at the CaRMS interview process, there need to be Indigenous awareness, Social Accountability Mandate awareness, training (longitudinally), within community as well.
<ul style="list-style-type: none"> • NOSM needs to make Indigenous Health a priority.
<ul style="list-style-type: none"> • Indigenous navigators
<ul style="list-style-type: none"> • Bringing treatment centers into the NOSM curriculum
<ul style="list-style-type: none"> • Feeding their spirits
<ul style="list-style-type: none"> • In Manitoba – the treatment centre takes in the whole community
<ul style="list-style-type: none"> • Safe houses in the community for the kids
<ul style="list-style-type: none"> • Having native teachers teach everything – biology, chemistry, etc.
<ul style="list-style-type: none"> • Having knowledge keepers from communities as teachers
<ul style="list-style-type: none"> • Wilderness medicine learning
<ul style="list-style-type: none"> • Key highlights
<ul style="list-style-type: none"> • Indigenous health priorities
<ul style="list-style-type: none"> • Mental health – so important includes many things – homeless, street people – more recruit problems
<ul style="list-style-type: none"> • How do we address priorities
<ul style="list-style-type: none"> • Important to treat the whole person – holistic approach, not just physical
<ul style="list-style-type: none"> • Recognizing and dealing with denial, reluctance to talk about the past and current abuse
<ul style="list-style-type: none"> • Learning how to speak to people
<ul style="list-style-type: none"> • As learners – giving them time to know themselves – learn spirituality – feeding the spirit
<ul style="list-style-type: none"> • The question is: How much is NOSM going to invest in this? How far are they willing to go... will they act?
<ul style="list-style-type: none"> • Needs to evolve to address current realities of indigenous life
<ul style="list-style-type: none"> • Strategies to ensure Indigenous faculty
<ul style="list-style-type: none"> • Hire people to write the curriculum – outsource – consult
<ul style="list-style-type: none"> • Creation of an academic unit as per expert panel
<ul style="list-style-type: none"> • Dedicated space, Faculty, staff, learners together, Support staff needed for the unit
<ul style="list-style-type: none"> • Need regular reports to subcommittee of the board about programs
<ul style="list-style-type: none"> • Safe space for Indigenous students & faculty who experience racism & need a process to address
<ul style="list-style-type: none"> • Engaging other health spaces to support cultural safety
<ul style="list-style-type: none"> • Tribal councils hires liaisons to work in clinics and hospitals
<ul style="list-style-type: none"> • Make sure they are non-confront(ational)
<ul style="list-style-type: none"> • Have a clear message that is same for everyone
<ul style="list-style-type: none"> • Get everyone on same script
<ul style="list-style-type: none"> • Development of Indigenous health clinic
<ul style="list-style-type: none"> • Get Indigenous people involved
<ul style="list-style-type: none"> • Decolonize of health system
<ul style="list-style-type: none"> • Taught and written by Indigenous faculty
<ul style="list-style-type: none"> • Need to nurture dreams of young people

Other Comments
Budget/funding
<ul style="list-style-type: none"> • There needs to be an increase in Ministry funding to support the school's model • Institutions have not changed their funding practices from the European colonization time... even funding is inequitable.
Elders
<ul style="list-style-type: none"> • Elders need to be integrated on the Board
General observation
<ul style="list-style-type: none"> • It would be helpful to all parties, especially, at such community gatherings, to have an explanation of the NOSM governance structure. • General comments: • NOSM stands for Northern Ontario but it just focuses on the area below the 50th parallel. Half of the province is left out! We have limited contact with NOSM. Our only contact are the students. The original goal of NOSM was to increase physician services in the north but it isn't happening. More of a presence in the far north is needed. We got left behind. • NOSM should include land-based knowledge. You can learn a lot from knowledge holders. • Statement • NOSM commits to having Indigenous led curriculum written, developed, approved and delivered by Indigenous faculty – connected to the community
Research needs
<ul style="list-style-type: none"> • Process for conducting and asking permission • Community driven research requests -all processes OCAP • PHC is wiki published • Solutions need to belong to the community • NOSM should be supportive, encouraging, reinforcing community solutions and community owned and driven • Team based approaches • Everyone needs to take a Canadian history course



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