

NORTHERN PASSAGES

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The Art of
Medicine
Edition

WEARABLE ART

SPARKS HEALTH CONVERSATIONS

STORYTELLING

THROUGH FILM

THE ART OF TREATING

PATIENTS IN FRENCH



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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NORTHERN PASSAGES

Newsletter of the Northern
Ontario School of Medicine



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Regina Holliday was a keynote speaker at *Northern Constellations*, NOSM's faculty development conference.

WALL MURALS AND WEARABLE ART SPARK CRITICAL CONVERSATIONS

Regina Holliday is a patient rights activist and artist; watching her paint, it's hard to tell which should come first. Her works of art illustrate health care of a different narrative—that of the patient and caregiver.

Holliday was the keynote speaker at *Northern Constellations*, the Northern Ontario School of Medicine's (NOSM) faculty development conference, earlier this year. This annual gathering of NOSM's faculty members is normally bustling with activity, but Holliday's emotional talk had the delegates hanging on her every word.

With a mix of raw emotion, medical terminology, and humour, she shared the experiences of her husband, Frederick Allen Holliday II, dying of kidney cancer in 2009. She was denied access to his medical records and crucial information over the last weeks of his life. This mural, titled *73 Cents*, depicts the Holliday family's journey through the medical system during Fred's cancer care.

Seventy-three cents. That is the price that Holliday was asked to pay for each page of her husband's medical record after having

been denied access for what she describes as "too long." The mural tells the story of Holliday's heartbreaking experiences with the American health-care system.

The clocks have no hands to demonstrate that time is often suspended during a hospital stay. The black computer screen is indicative of records not being shared with patients and families. Parts of the health-care system don't communicate with the others, which is signified by the doctor with her hands tied.

Inspired by her husband's struggle to get appropriate care during eleven weeks of continuous hospitalization at five facilities, she decided to paint the mural at 5001 Connecticut Avenue in Washington, DC—a gas station wall in a residential neighbourhood near the U.S. Capitol and the White House.

As she shares her very personal experience with delegates at *Northern Constellations*, Holliday says she believes that if her husband had better access to his medical records, he would have received better care.



Dr. James Goertzen (left), Assistant Dean, Continuing Education & Professional Development and Professor with Regina Holliday.

"I had gone down to medical records," Holliday says. "They said, 'That'll be 73 cents a page and a 21-day wait.' I said, 'My husband is upstairs with Stage IV kidney cancer in your hospital and you're telling me I have to wait 21 days? Everything's on the computer. All you need to do is print it out and you're going to make me wait 21 days?' I just couldn't believe it."



'73 Cents' by Regina Holliday.
Reproduced with permission from the artist.

Six days after her husband died, Holliday picked up her paint brushes and started the mural on the wall of the gas station. She knew that health care policy makers would drive by it daily. "After Fred's passing, I had a lot of time to research because I couldn't sleep. I was staying up late at night, so I was able to learn a lot very quickly about health care," Holliday explains. "And because I was able to dive in and learn as much as I could, I realized I could advocate for better health care."

In 2011, Holliday created The Walking Gallery, an advocacy movement consisting of artists, physicians, health care professionals, and advocates who wear paintings on the backs of their business suits. These paintings tell the story of the patient experience and the importance of the patient's voice in health-care discussions. Because the artwork is always moving through communities and places, the idea is that the artwork sparks conversations about health – it's engaging, wearable art.

She has painted the health-care stories of nearly 500 other people on jackets. Holliday is also making the rounds as a speaker at medical conferences around the world and to advocacy groups, policy makers, and physicians, whenever and wherever she can.

Holliday also painted the back of a blazer for Dr. James Goertzen, Assistant Dean, Continuing Education & Professional Development and NOSM Professor. He told her the story of one of his patients and he agreed to wear the jacket when he attends medical conferences.



Regina Holliday painted on-site during the *Northern Constellations* conference, interpreting important themes and narratives.

"Regina painted a story about Garry, one of my patients for 15 years who had a lot of mental health history. He would hurt himself and swallow objects and, unfortunately, many of them had to be removed surgically. He taught me a lot, and she painted those objects on the back of my blazer in a surgical tray," says Dr. Goertzen.

So far, Dr. Goertzen has worn the blazer twice locally at key NOSM events that have sparked conversations around its meaning and significance of being part of *The Walking Gallery*.

"It is a reminder to myself that, in the work we do at NOSM, we sometimes get very focused around training better physicians for Northern Ontario. We're not only here for that. What we're here to do is to ensure we have better patient care in Northern

Ontario, and I think in our work as educators, staff and faculty we sometimes forget that ultimately it's the patients that we're here for."

Dr. Rob Anderson, NOSM Associate Professor and Anesthesiologist, was the original NOSM member of *The Walking Gallery*. He reached out to Regina and invited her to speak and paint at *Northern Constellations*. He commented that wearing the jacket Holliday painted is sometimes difficult because sharing the story behind it can be so hard.

But that's the point, after all. Holliday wants us to have the difficult conversations and share the hard truths, all with the goal of better patient care.



ART PROVOKES AND INSPIRES NEW WAYS OF TEACHING MEDICAL STUDENTS

When Jenny Thomas, a third-year medical student at the Northern Ontario School of Medicine, was asked to put pencil to paper and draw something about her placement experience, she felt a niggle of surprise.

"I hadn't thought about drawing. A lot of times you may not have time to talk or reflect. Even if you just put down a symbol, it creates a bridge to speaking about something," says Thomas.

The 'art of medicine' is an age-old proverb. Other schools of thought flip that idea on its head 'art as medicine'—a tool for healing—therefore, is my medicine. Whichever way you dice it, both medicine and art have always converged.

What's unique and emergent to NOSM is the concept of incorporating art into the practical curriculum for medical students.

Noojamadaa Art Exhibit

When words fail us, the visual arts step up. Encouraging patients to share their stories through photography, multimedia and video arts, then incorporating those voices into practical curriculum is gaining momentum at the School. These methods are also being highlighted as cultural best practices in some communities.

"It really is a cultural mechanism for sharing information. Sharing historical trauma, loss of language, difficult issues, can feel safer through visual expression," says Mariette Sutherland, strategist and advisor from Whitefish River First Nation. Sutherland is former Manager of Indigenous Engagement for the Sudbury District Health Unit and former Executive Director of Noojmowin Teg Health Centre.

"It's something the people themselves feel is accessible. It's a really informed avenue for trauma-related approaches," says Sutherland.

Dr. Marion Maar is exploring the use of art, photography and video storytelling testimonials to inform practices in Indigenous care. Maar is a medical anthropologist and Associate Professor at the NOSM. As founding faculty, she's been involved in the development of the medical School's curriculum as well as ongoing professional development curriculum for health-care professionals in Northern Ontario since 2005.

When she collaborated with First Nations on addressing intimate partner violence, she asked Indigenous women how they want to communicate, the response was varied but entirely visual-arts based. Three groups of women dedicated to strengthening relationships came together to share personal photos, others created visual works to share.

"They drove the design process for this study," says Maar. "We really changed our methodology and it was determined by them."



Dr. Marion Maar is exploring the use of art, photography and video storytelling testimonials to inform practices in Indigenous care.

The outcome was the *Noojamadaa Exhibit*, a photovoice collection and travelling exhibit that was launched in 2017. Now, in 2019 the exhibit includes men's perspectives as well and is evolving into digital art versions of video and audio storytelling with the goal to become a web-based educational tool.

"The exhibit's true purpose is to understand Indigenous perspectives on healthy relationships, and contribute to truth and reconciliation," says Maar. "That purpose is evolving into a learning tool, with the goal of building culturally safe spaces and approaches to care for patients."

At NOSM, *Noojamadaa* is viewed by community learning sites, postgraduate sessions, continued medical education, and will be accessible to other health-care professionals.

Noojamadaa, meaning "let's heal", provides a culturally appropriate space for Indigenous and non-Indigenous peoples to reflect on our shared journey towards wellness, through contemplation of relationships with one another and our surroundings.

The wider community of medical educators and faculties of medicine are taking notice. Recently, *Noojamadaa* was invited to the University of Toronto Indigenous Health Conference, and the Ministry of Health and Long-term Care sponsored a three-day animated exhibit at Queen's Park.

Sutherland says she thinks the exhibit is capturing the academic community's interest because it is a unique, even provocative, culture-driven approach to patient care.

Art: The great disruptor

"I think many medical students think they have to present themselves like they have authority, but they should be open-minded and uncomfortable on some level," says Sutherland.

"The thing about art, is that it's disruptive. If you're coming into medicine you probably have academics down, but art is a different way of making connections. It's disruptive and it should be. It's not checklists and a boxy framework, it has a deep, multi-level complexity."

Maar echoes that message, "the reason for cultural safety and competency is because true history was never taught in school."

"I think if you're confronted with something that challenges your personal views, there is a physical discomfort that comes with it. In a lot of our exercises with medical students, we're always saying 'only as long as you're comfortable', but what art is saying is 'no, get comfortable with being uncomfortable and get used to dealing with discomfort,'" says Maar.



The Noojamadaa Exhibit, a photovoice collection and travelling exhibit, launched in 2017.

As for Jenny Thomas, she says she's up to the challenge if learning to live with discomfort adds value to patient care—if the approach leads to better care for patients. She says the whole concept of incorporating art into patient assessment has sparked new ideas for her personal approach

"I think art is another way of assessing how someone is feeling. For example, with mental health, you're given a form with check boxes, but what if it was an image of a body and you can draw something about how you're feeling. Something that's not always verbal," says Thomas.

"It's important to find ways that will help you communicate with patients or help them express something in a different way. I think medical students are open to the idea that art is a social link."



Jenny Thomas is a third-year medical student at the Northern Ontario School of Medicine.



D^{re} Crystal Boulianne, ancienne de l'École de médecine du Nord de l'Ontario, s'engage à offrir des soins de santé de qualité aux francophones.

L'ART DE TRAITER DES PATIENTS EN FRANÇAIS

« Quand j'ai mal, j'ai mal en français. »

Il est difficile d'imaginer de recevoir des soins médicaux dans une langue étrangère. D^{re} Crystal Boulianne, une ancienne de l'École de médecine du Nord de l'Ontario, qui espère établir sa pratique médicale après l'été, s'engage à éliminer les barrières linguistiques qui nuisent aux soins des francophones à Kapuskasing. Ses efforts sont si formidables, qu'elle vient de remporter le prix "résidente de médecine de famille 2019 pour son étude des communautés qui souffrent d'inégalités de santé", remis par le Collège de médecin de famille du Canada (CMFC) via la Fondation pour l'avancement de la médecine familiale. Elle va recevoir le prix en novembre, lors du forum de médecine familiale 2019, à Vancouver.

Originaire de Kapuskasing, la D^{re} Boulianne a été élevée dans une famille anglophone et a suivi le programme d'immersion française à l'école élémentaire et secondaire. Très jeune, elle a compris l'importance du bilinguisme dans sa communauté, et c'est en travaillant et en vivant dans la région qu'elle a eu envie d'apprendre le français. Déterminée à saisir le vocabulaire, elle a vite maîtrisé la langue.

Pour elle, le français est un autre moyen de s'exprimer, dans l'art de la communication. Pour elle, la langue est à la fois personnelle et professionnelle.

En fait, la D^{re} Boulianne a tellement maîtrisé la langue qu'au cours de sa troisième année à l'EMNO, elle a choisi de faire tout son externat communautaire polyvalent (ECP) de huit mois à Hearst, une communauté principalement francophone. Là, elle a entrepris une étude sur les services de soins de santé pour les francophones qui sont orientés vers des centres plus grands, à prédominance anglophone, pour un traitement spécialisé. Les résultats ont mis en évidence un obstacle important.

« J'ai entendu des histoires d'horreur de personnes âgées, qui ont été envoyées dans des villes comme Sudbury pour se faire soigner, qui y arrivent par ambulance et ne peuvent pas communiquer dans leur propre langue. Ils reviennent à Kapuskasing sans avoir compris les instructions qu'ils ont reçues. Les services considérés disponibles sont-ils vraiment disponibles? » demande la D^{re} Boulianne. Elle fait remarquer que lorsque des rendez-vous de suivi sont nécessaires et que le patient est dirigé vers un plus grand centre urbain comme Sudbury, Timmins ou Thunder Bay, il n'y a aucune garantie que le service qu'il recevra sera vraiment disponible en français.

La D^{re} Boulianne, qui espère établir son cabinet médical après l'été 2019, continue de se passionner pour la prestation de services médicaux égaux à tous ses patients. Son but ultime est que les médecins des petites communautés francophones changent la façon d'orienter leurs patients vers les grands centres médicaux. Elle espère qu'un jour, les patients auront le droit demander l'accès à des spécialistes francophones.

Selon le Commissariat aux services en français, (qui fait maintenant partie du Bureau de l'ombudsman de l'Ontario), l'offre active est la garantie de la qualité des services gouvernementaux offerts au public. Pour les patients qui naviguent dans le système de santé, l'offre active est synonyme de sécurité. Pour la D^{re} Boulianne, l'« offre active » signifie que les services en français sont évidents, disponibles et facilement accessibles pour tous les patients.

« Mon mari et moi, et même mes superviseurs trouvons drôle que ce soit moi, qui est anglophone, qui se bat pour assurer des droits aux francophones ».

La D^{re} Boulianne pense que les soins médicaux pour les francophones ne diffèrent pas tellement de ceux des anglophones. Ce qui diffère c'est la planification des soins. En fournissant aux francophones l'accès à des professionnels de la santé francophones, on élimine la barrière linguistique.

Elle ajoute que bien qu'il soit difficile de trouver une solution concrète pour assurer l'égalité d'accès aux soins de santé, la première étape consiste à normaliser le concept de l'offre active pour les médecins. Afin d'assurer des services médicaux égaux et sécuritaires, elle croit que les francophones devraient être informés de leur droit de recevoir des soins de santé en français et se sentir en mesure de demander des soins dans la langue de leur choix.

En attendant, la D^{re} Boulianne se fait un devoir d'ouvrir la voie.

Question: *Are you thinking this article was accidentally placed here in French?*

Answer: *The English article can be found in the French section on page 8. This exercise demonstrates the barriers to language that Francophones encounter every day in seeking information.*



Debajehmujig Storytellers with NOSM staff and faculty in Sudbury.

FIRST NATION THEATRE TROUPE BRINGS LIVED EXPERIENCE TO PATIENT SIMULATION

"De-ba-jeh-mu-jig" translates as 'storytellers' from the Cree and Ojibwe languages. They are the only professional theatre company on reserve in Canada. The animators of Debaj are contributing to medical students' learning at the Northern Ontario School of Medicine through the creation of patient simulation scenarios and interpretation.

Dr. Marion Maar, Medical Anthropologist and Associate Professor at NOSM and course chair for Northern and rural health, and Nicole Bessette, Curriculum Designer, are researching the learning outcomes of cultural safety training based on these authentic cultural communication scenarios delivered by the Indigenous animators. Early evidence shows that there may be significant pedagogical benefits to this new teaching approach at NOSM. "There is an overall impact on student learning that is evidence-based," says Maar.

Ashley Manitowabi's recent character draws upon his lived experience on reserve. Manitowabi is a Debajehmujig actor who developed a 50-year-old patient character. "My character wanted to move into the spirit world," he says. "I played an Elder

with a long history of diabetes who had a very traditional Anishinabek worldview, who wanted to let the medical people know that he was ready to pass."

"I think my character surprised the medical students, they were wondering why I wanted to stop dialysis and go of my own volition. I gave them a background on my character that was very reflective. One medical student offered medical assistance in dying," says Manitowabi with a chuckle. "What the character was requesting was to stop all treatment and die at home."

This was a scenario that Dr. Frances Kilbertus, NOSM Associate Professor, helped co-create with Debajehmujig colleagues. She is a long-time clinician and educator who moved her practice to NOSM and the Manitoulin Central Family Health Centre in Mindemoya five years ago. The focus for this scenario was to create a safe space with a realistic character that would help students explore ideas, language and then understanding of death and dying from an Indigenous perspective.

Dr. Joseph LeBlanc is the Director of Indigenous Affairs at NOSM. He says it's important that realistic, culturally relevant voices and characters are included. "Debajehmujig patient simulation is promising and the next step is to engage a representative theatre group in the Northwest to expand on this culturally appropriate training for medical students," he explains.

The concept of inviting Indigenous actors to deliver authentic patient simulation with an element of improv to NOSM students originated with two Manitoulin Island physicians.



Dr. Maurianne Reade, a physician with the Manitoulin Central Family Health team, and Dr. Shelagh McRae, a physician at the Gore Bay Medical Clinic. Both are clinical faculty at the Northern Ontario School of Medicine.

The conversations with the theatre group were built upon an earlier working relationship to create interprofessional wilderness medicine scenarios at WildER Med, which began in 2010. Since 2013, second- and third-year medical students learning on Manitoulin Island have been participants at the “Day at Debaj” to understand how arts organizations engage in the health of their communities, while exploring themes of mental illness and social disadvantage through actor-authored scenarios.

A new project for 2019 was the development of scenarios suitable for the entire first-year class and focused upon cross-cultural communication. The basis for this project was the same co-creation process whereby actors create the narratives within parameters designed by the medical educators.

“Now the Day at Debaj is a regular event and there is a new opportunity for our professional artists in training, to create characters and backstories, within the first year of the [NOSM] program,” says Joahanna Berti, Director of Outreach and Education at Debajehmujig.

“WildER Med was a series of wilderness medicine workshops for inter-professionals, focusing on survival skills and wilderness. We’d do the patient simulation work. The preparation for our

group was geared toward learning about the ailments and afflictions people can have,” explains Berti.

“The Docs would come meet with us and explain what the conditions were that the actors needed to depict. Our artists would then create a character that seemed authentic and give them background story based on life experiences that could actually be symptoms leading up to that point, contributing to their affliction,” explains Berti.

“The actors spend a lot of time coming up with these patient stories and backgrounds, and we are able use our authentic impulses as well as using improv. There’s more of an opportunity for learners to practice communication, and I hope we help them develop a more compassionate communication style,” says Berti. “That’s the strength of the work we’re offering; the medical students learn the reality of the lived experience on reserve, what some of the differences are, and they learn some of what we observe.”

For actor Manitowabi, who played the part of the Elder preparing for death, the experience of playing a patient was very insightful. “The scenarios are based on actual people and rather than standardized patients, we get away from the idea of just reading off a script, we give them history and character dimension.”

He says that “playing the Elder was kind of a shocker for the students. I think it educated them on a different way of living. It was a different way of having a conversation and I let them



Dr. Maurianne Reade (right), Nicole Bessette (centre), and Debaj animator prepare scenarios to train NOSM medical students.

know that I was going to be taken care of by the Elders and by my daughter,” says Maniowabi. “I was focused on leaving with the next phase of the moon. They didn’t really know what I meant, and I think it educated them on a few things.”

Sheila Trudeau, another actor in the troupe, played a tribal police officer. She says her character highlighted some of the barriers to care.

“It’s always a big thing with trust and the feeling of being misled, there’s still this big giant barrier that’s hard to get over because a lot of people are desperate and very mistrusting,” Trudeau says. “They want to be diagnosed properly, but they hesitate to go to the doctor until they have to, and there’s all kinds of things that come up.”

“I know that these could be my children’s future doctors, so I wanted to do the best job I could,” says Trudeau. “I learned a lot prepping the character, as I talked to a retired police officer. And because my character had a hard time, the students had a hard time, but they were able to get to the bottom of it with me.”

Trudeau says the most valuable lesson is making a small but meaningful connection: “It’s important to take that little time to

find some kind of ice breaker to make it easier to regain some of that mutual respect so you can find help. You want to be well.”

Actor Daniel Mejaki says he noticed that the medical students were hesitant about asking questions about culture.

“Many also didn’t ask enough questions. It seems that people are scared to ask a lot of things. I told them it’s okay, and if the person they are asking doesn’t seem to like it, just don’t pursue it,” he advised.

“My character drinks cedar tea which is a medicine and a lot of them [medical students] felt like they were walking on eggshells when I mentioned that. In one of my interviews, I talked about the sweat lodge, and there was a long pause and he [medical student] seemed like he didn’t want to offend me by asking about it, and I told him it was ok if you want to ask me a lot of questions.”

“In the debrief, I suggested they ask more questions and to keep in mind that some people are more traditional, and some people aren’t—they’ll let you know. It’s okay to ask a lot of these questions if you really want to know.”

Berti says the actors work very hard to make it feel real. “All of the actors are Indigenous and reserve-based. They can bring a wealth of detail about what reserve life is like and can provide real insight about the lived experience of people on reserve.”

Mejaki says it’s all about being included in their education: “For me, it’s the fine moments of rapport, and building that rapport just a little bit. A lot of people have many conversations, and as a character it felt inclusive to build rapport just a little bit. It’s those little times like that, I’m glad when they happen—I really enjoyed that.”



Debajemujig animators with NOSM staff and faculty in Thunder Bay.



STORYTELLING THROUGH FILM: CINEMATIC ART EDUCATION FOR MEDICAL STUDENTS

All that we are is story... It is what we arrive with. It is what we leave behind.

Richard Wagamese, author of *Indian Horse*.

The plot-twisting, personal storytelling and raw cinematic beauty captured in the films *We Were Children* and *Indian Horse* are without question, works of art. Offering culturally appropriate and supported viewings of the films, even integrating one into core curriculum, speaks to the modern shift in curriculum design at Northern Ontario School of Medicine.

Sharing arts-based films in safe learning spaces is an example of how that dynamic shift offers medical students uniquely intimate perspectives.

The National Film Board's *We Were Children* is currently the only feature-length, art-based film that has become part of the common curriculum for all first-year medical students at NOSM. It is one element of a four-part Indigenous health curriculum focused on foundational knowledge, including: patient safety, Indigenous health, wellness, and residents as teachers.

"This film has been shown to first-year students for the past three years and it was initiated by NOSM alumna Dr. Doris Mitchell who teaches one of the sessions," says Ghislaine

Attema, Curriculum Designer at NOSM. *We Were Children* shares the heroic, traumatic stories of two residential school survivors of St. Anne's school in Fort Albany, in Northeastern Ontario.

"The film fits well with traditional ways of teaching through storytelling, and it is profound. Our social accountability mandate has radically changed the landscape of curriculum, changed the way we teach, as well as including different ways of learning," says Attema. "The essence of what it is to be a good doctor is always about connection and people don't always connect with facts, but they connect with story, which the arts do very well."

"We told the story for the survivors, we told the story for folks who are intergenerationally impacted," said Indigenous producer Lisa Meeches in a CBC interview in 2012 when the film was screened at ImaginNATIVE Film Festival. "It's a crime of knowledge that we don't know what happened to us. If Canadians knew what was making us sick, I think they would all cheer for our speedy recovery, because Canadians have a lot of compassion... this is part of my healing journey, this film," says Meeches.

In January 2019, NOSM offered a screening of *Indian Horse*, the second feature-length, arts-based film offered by the medical school. The screening was organized in partnership with Reach Accès Zhibbi interprofessional student-led clinic, Indigenous Student Affairs at Laurentian University, and NOSM's Indigenous Affairs Unit.

Sally Monague, an Indigenous Support Worker at NOSM, planned the screening. She says it was key that traditional supports, even traditional teachings, complimented the film. She ensured that Nookomis and Mishoomis (grandmothers and grandfathers) were present and able to participate for the entire event.

"Nookomis and Mishoomis—Julie and Frank Ozawagosh—of Atikameksheng Anishnawbek smudged before the film to set the context. They brought their sacred bundles and were present for the whole viewing. We had a gentle discussion after and had support workers available to check-in to make sure everyone was okay before we broke for the evening," Monague explains. "I brought fresh cedar tea, we had strawberries, veggies, water and a whole lot of tissues."

Following the screening of *Indian Horse* at Laurentian University, Monague says the Ozawagosh's did a teaching about the strawberry moon month and the strawberry teaching "to remind us to be compassionate, the teachings identify with the stories that resonate."

"I try to share and model knowledge in a good way," says Monague. "I'm happy we showed the film to the students, and the feedback I've heard is that it has helped in their personal growth."

For curriculum designers, it is interesting to consider how arts-based films not only enhance education but build empathy and communication skills for medical students. Also, if delivered with appropriate support in place, ripple into other cultural and spiritual lessons that are relevant to formulating understanding, stronger basis of knowledge in relation to patients' experiences.

"The art of medical education is about a teaching program that is designed to serve the community of the near future... The art of medical education is about the change of traditional ideas of how to cope with these health systems... The art of medical education is a great challenge. The health care of your future deserves it."

Scheele (2012)

Cueva (2011) argues that expressive arts expands perspectives, inspires creativity, and supports holistic ways of knowing. Similarly, Rogers (1999) sums it up as, expressive arts are a creative connection to the "soul."

In postgraduate medical education at NOSM, Attema says the curriculum designers are looking at arts and advocacy-based ways of delivering more dynamic teaching opportunities.

"I've seen some interesting changes in the last two years. Viewpoints on curriculum are changing and the arts fit well within the CanMEDS framework. I do think we need to teach qualitative themes and finding meaning in story, and I do see it as benefiting medical residents." The Royal College of Physicians and Surgeons of Canada's CanMEDS is a framework "that identifies and describes the abilities physicians require to effectively meet the health-care needs of the people they serve."

Monague wants to offer film screenings in safe spaces to medical students, however, she says she is not bound by the mandate of curriculum in her purpose for screening the film or other art-based films like it. In a traditional sense, she says she believes people should and will arrive at the film when the time is right for them, and when they are ready to come to know it.

"I feel that it is important, and folks should see it, however, they should receive it from the right people, in an appropriate sense. It should not just be a tick box in mandatory curriculum. People should come of their own will, and they should come when they're ready to do the work it takes to honour the stories."

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TO PRINT OR NOT TO PRINT? THAT IS THE QUESTION.

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Thank you, merci, miigwetch for supporting NOSM, the communities of Northern Ontario and the people who share their stories.

Orange Shirt Day

This September, join NOSM in recognizing Orange Shirt Day—a day that encourages Canadians to work together toward reconciliation and to hear the truths that come from survivors sharing their stories. September 30 is a symbolic date that signifies when Indigenous children were historically sent to residential school. It is also the start of a new school year; a good time to set the stage for anti-racism/anti-bullying in our communities.



Visit nosm.ca/orangeshirtday to purchase a limited edition NOSM orange shirt for \$20.00. Funds generated from the sale of the shirts will be donated to NOSM's Indigenous Student Bursary.