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# Summary Of Global Health Education at Canadian Medical Schools

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School Contributors Listed Separately

Current as of the 2017-18 Academic Year

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## Introduction

With the help of faculty and student leaders across Canada in 2012, a set of consensus guidelines was drafted that outlined what major pillars future global health concentrations should incorporate in Canadian medical schools. The guidelines published a set of criteria that were created to provide flexibility for schools to design their own global health concentrations while at the same time promoting a set of common standards across Canada. To evaluate the criteria, a survey was sent out in 2015 to faculty leaders to solicit feedback on the barriers and challenges to implementing rigorous global health concentration programs. What researchers found was the majority of medical schools in Canada had programs that offered global health course work, extracurricular learning opportunities, local community service learning, low-resource setting clinical electives, pre-departure training, and post-return debriefing. However, only a few schools were successful in implementing language training for global health, student evaluation, global health mentorship, and knowledge translation projects.

The Canadian Federation of Medical Students (CFMS) has recently published a national social medicine certificate program whose pillars are similar to the ones published by the aforementioned guidelines. The purpose of the certificate is to equip students with the tools they need to become competent global health physicians trained in the principles of social medicine. Previous research has demonstrated that the medical curriculum and delivery of global health concepts is highly variable amongst medical schools and that key gaps in practices exist. The challenge of developing a certificate program that is easily implementable and standardized across the country comes from identifying such gaps in practices. Consequently, to best meet the current needs of students across the country, the current landscape of global health education at each Canadian medical school must first be examined.

An online survey was developed that was sent out to Local Officers of Global Health Education (LOGHEs) and Global Health Liaisons (GHLs) across the country. The survey was divided into nine sections based on the criteria published in the National Guidelines for Global Health Concentrations (Watterson, 2015).<sup>1</sup> The first five sections are considered major criteria i.e. they are absolutely necessary to include in a global health education program. Major criteria were: global health course work, local community engagement, student evaluation, low-resource setting elective, pre-departure training and post-return debriefing. The last four are considered minor criteria i.e. not necessary but recommended, these included: global health mentorship, language training, and extracurricular global health learning opportunities, knowledge translation project. In each section students were asked whether or not their faculty or study body offers such a program, either in existence or in development that could meet these criteria. If so students were asked to give a brief description of such a program as well as any barriers or challenges that their school may face in implementing each particular criteria. A draft report was then written by one of the principal authors and later reviewed via email with a global health student leader (GHL, LOGHE, etc.) from the respective school. The role of reviewing for accuracy and/or providing initial survey data is listed as school contributor and is denoted under the title of each school. All schools were given the opportunity to review their respective school's draft report before a finalized version incorporating student feedback was created. As with any survey, depth of individual survey responses

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<sup>1</sup> Watterson R, Matthews D, Bach P, Kherani I, Halpine M, Meili R. Building a framework for global health learning: an analysis of global health concentrations in Canadian medical schools. *Acad Med.* 2015 Apr;90(4):500-4.

and willingness of individual students to provide feedback on drafts was a limitation. Furthermore, as the primary method of data collection was through student survey, the results represent student perception of available programming. As such, this report is likely subject to recall bias, amongst other biases.

An overview of the survey results is demonstrated in figure 1 below. The first column shows the number of schools with faculty-led programming in the various areas, the second column shows student-led programming and the third column shows the number of schools with either faculty- or student-led programming. Ideally, each school would have either faculty- or student-led programming in all spheres listed below.

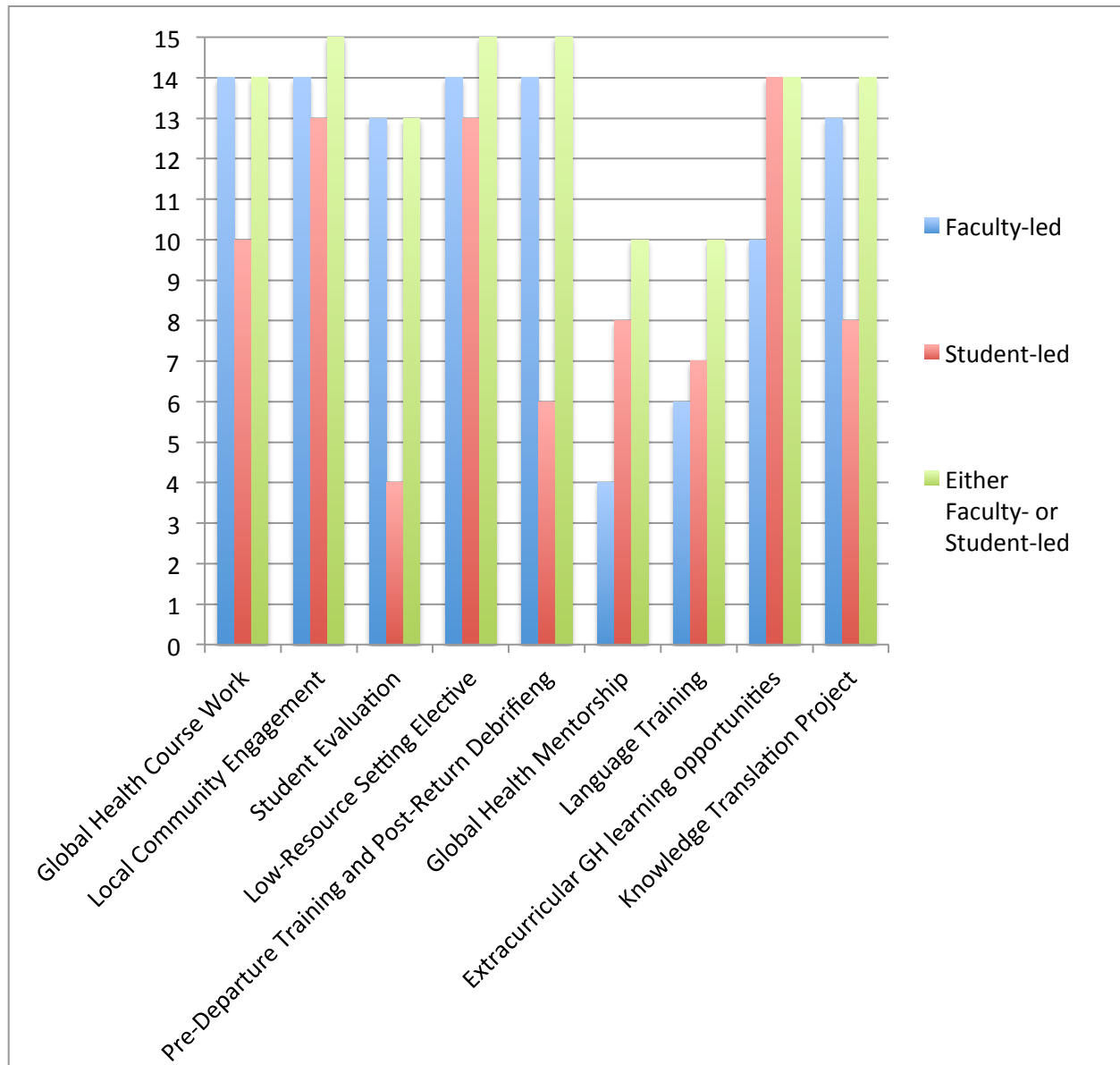


Figure 1: Summary of the Nine Spheres of Global Health Education at Canadian Medical Schools

As is visible in figure 1, the major areas for improvement are noted to be in the areas of global health mentorship and language training. While ideally each school would be able to address these gaps to train proficient global health physicians. The global health education portfolio is looking at methods by which these gaps can be addressed in the interim period. Prior to further programming being implemented, further consultation with students regarding what would be valuable should be performed. This is, however, beyond the scope of this initial report that aims to provide student perspective on global health education at Canadian Medical Schools. This report is organized geographically, beginning in western Canada. Of note, this report is current as of the 2017-18 academic year and will need to be revised periodically to ensure it remains representative of student experiences.

## University of British Columbia

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Within the core curriculum, University of British Columbia (UBC) has introduced a course entitled Flexible and Enhanced Learning (FLEX), which allows students a 6 week block at the end of first year to engage in a research project of their choice. Many students choose to pursue a project in the realm of global health, which can involve research, presentations, and reflections. FLEX is a student driven project, meaning that students can decide to create their own global health related project. UBC students can also apply for the UBC Global Health initiative (GHI). This is a group of 6 long standing international global health related projects in countries including Nepal, India, Taiwan, and Uganda. These one-month long projects were started by faculty and remain faculty-led. Each year a new cohort of students will travel to the aforementioned countries and engage in community service and/or a research project. Teams also partake in mandatory pre-departure workshops on health systems, reproductive health, and voluntourism. These sessions are also open to the general student populace. There is currently no mandatory language training required. GHI is not a requirement in the UBC curriculum; however, it remains a feasible option for international global health learning that a number of students partake in.

Students are also able to access an online platform with resources and learning modules related to global health that can be found at: <http://elearning.globalhealth.med.ubc.ca/>. Online modules available to students include global health priorities, health systems, maternal and child health, humanitarian response, infectious and communicable diseases, and more. There are also student-led programs that allow for local community engagement. These include the Refugee Health Initiative (which is grouped under GHI) that works with refugees to help them navigate the healthcare system and the Aboriginal Health initiative that works in partnership with First Nations communities through building relationships and offering health services. Students in third year are also required to participate in a one-month rural community rotation in British Columbia to fulfill training requirements in clerkship. There is a global health mentorship program within the GHI, with one faculty mentoring a group of students. In this mentorship program, students meet in a group with their mentor and are given the opportunity to ask questions about becoming involved in global health.

## University of Calgary

*Principal Author: Dylan Ginter*

*UofC Contributors: Angela Schneider and Nicole Thompson*

Students at the University of Calgary's Cumming School of Medicine (UofC) receive global health programming through a global health course and population health course as part of the core curriculum, a student-led Global Health Concentration (GHC) program, and multiple other global health focused community placements as well as student-run activities. There are also opportunities for students to participate in global health focused electives locally, nationally, and internationally as part of the global health course or the GHC.

The global health course, as part of the core curriculum, is held throughout first and second year. The overview of objectives for this course includes topics on advocacy, cultural awareness, health equity, globalization of health, community and cross sector partnerships, as well as health care in low-resource settings. The course is 6 hours of large group lecture, 3 hours of small group learning, and has a mandatory project required of the student. The options for the project include completing a global health elective, writing a research abstract for a theoretical global health research project, or completing a case study and literature review on ethics in global health. All of these projects are to be presented at a mandatory Global Health Project symposium that is subsequently evaluated by faculty. If students complete a global health elective, they explore one issue they have encountered to present.

Another component of UofC's core curriculum is the Population Health course. This course is 18.5 hours of lecture and 5.5 hours of small group learning and covers topics such as social determinants of health, distribution of disease, burden of disease, health promotion, disease prevention, and healthcare systems. There is also a community project involved, which includes interviewing a person in a vulnerable population group (disability, older adults, refugee, homeless, Indigenous) to identify an issue, and then come together with other students to develop a project on the identified issue. Students are expected to consult with community agencies during the development of their project idea.

The UofC is working to increase integration of global health content into the pre-clerkship 'organ system' curriculum. This includes, but is not limited to, lecture content on Indigenous health in rheumatology; obesity shaming and body image in endocrinology; and hormone replacement therapy for transgender health in endocrinology. Most recently, a project was approved to include a transgender and gender diverse physical exam module into the Well Man/Well Woman course, as well as gender diversity into small group case stems.

UofC also has a student-led Global Health Concentration (GHC) program. The GHC consists of 8-12 students who participate in a journal club, a longitudinal placement (8-12 hours per month), participate in a portfolio project, and a mandatory pre-clerkship elective in a low-resource setting either locally or internationally. Longitudinal placements may consist of shadowing in a low-resource setting in Calgary or a research project. Students are evaluated on their longitudinal placement and receive physician mentorship through this avenue. Challenges that have arisen include the limited capacity of

low-resource settings to support medical learners as well as the ethical considerations regarding international and low-resource electives, which also limit what placements students are able to participate in. To mitigate some of the ethical challenges associated with international electives, the GHC created the reciprocity project, which funds medical students from UofC's host site to come to UofC to complete an elective.

Pre-departure training is mandatory for students participating in international electives. The sessions feature topics on personal health and safety, infectious disease preparedness, cultural humility, ethical issues commonly occurring on international electives, and professionalism. Students are required to complete a reflective assignment during the elective. Post return debriefing consists of small group discussions that allow students to share personal reflections and experiences, challenges they have encountered, feelings of returning to Calgary, and any further recommendations to improve the global health electives program. There are no formal language classes offered for UofC students participating in electives in countries or communities where English is not the main language used. There is, however, a session teaching students about interpretive services available to help in clinical settings in Calgary.

There are multiple global health focused community placements that are medical student operated at the UofC. The student-run clinic consists of 27 student clinicians and 9 executive members, with Family physicians acting as preceptors for the students. The student-run clinic operates at three different sites and students must work one shift per month (5-6 hours). To be a clinic manager, students must work at least two shifts per month. The executive members are required to work at least one shift per month in addition to other executive duties. Students are given informal feedback from the preceptors during and/or after their shift. There are other community placement opportunities through the Student Health Innovation and Education (SHINE) student group. Students in SHINE volunteer at a variety of community programs including Indigenous youth groups and with incarcerated individuals, with varying time commitments. The student-run Community Outreach Mentorship Program is an initiative that was created to promote careers in healthcare to youth from traditionally underrepresented groups in medicine. Approximately 40 medical students are paired with high school students each year. The group runs 3 formal events per year with informal meetings scheduled as needed throughout the academic year.

There are many extra curricular global health related activities which the Cummings School of Medicine hosts. These include, but are not limited to the Global Health Skills Day (8 hours), Global Health Student Symposium (4 hours), Global Health Journal Club (1 hour every 4 weeks), Addictions Symposium (8 hours), Naloxone Kit Training (2 hours), Community Mental Health and Addictions Workshop (2 hours), and Sexual Health Forum (8 hours). There are also a number of Global Health related Interest groups, who deliver educational activities to students, including the Gender and Sexual Diversity Interest Group, Students for Health Innovation and Education (SHINE), Global and Public Health Interest Group, Addictions Medicine Interest Group, and more.



## University of Alberta

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*UofA Contributors: Victoria Elliot, Bernadine Jugdutt, and Nikita-Kiran Singh*

Global health education at the University of Alberta consists of both mandatory and elective components. Within the core curriculum, global health topics are included in the longitudinal Physicianship course that all students take in pre-clerkship. Further opportunities in global health education are provided by the Division of Community Engagement and take the form of optional lectures, workshops, and international electives. Finally, the student-run Community Engagement Team organizes a variety of learning opportunities including pre-clerkship electives under the guidance of the Associate Dean and Director of Community Engagement.

Within the Physicianship course, topics in global health are covered primarily through lectures interspersed throughout pre-clerkship. These lectures vary, but can address topics such as Indigenous health, LGBTQ plus health, the opioid crisis, human trafficking in Canada, complementary and alternative medicine, the social determinants of health, and more. As part of Physicianship, students are also required to complete 12 hours of Academic Service Learning at a local community organization. These organizations differ, but they typically work in areas such as childhood education, support for families of pediatric patients, inner city health, and elders care, among others.

The Division of Community Engagement holds monthly Global Health Rounds that all students are invited to attend. These Rounds, which can take the form of presentations or workshops, are often given by faculty or visiting scholars in a range of disciplines and provide students with an opportunity to hear from and meet people working within the field of global health. Additionally, the Division along with the support of two student representatives runs a Community Service Learning (CSL) program for which students can apply to participate in during pre-clerkship. The community organizations involved with CSL are those with which the Division has developed longitudinal relationships. Each community organization is paired with two medical students to develop a mutually beneficial project and objectives for the year. Students receive training in subjects such as power, privilege, equity, and how to work with communities in a socially accountable way as part of CSL.

The Division of Community Engagement also runs a global health education program through which it collaborates with medical schools and hospitals in other countries in order to provide medical and nursing students with the opportunity to participate in international electives. Year 1 medical and nursing students can apply to go on public health exchanges, while Year 2 medical students, who will be entering clerkship by the time they go on elective, are able to apply for clinical electives. The location of the electives varies depending on the capacity and needs of the partner institutions. If students have a pre-existing relationship with an international organization, they are encouraged to apply to the Division to create a formal international elective. Pre-departure training, in the form of a 12-hour elective, is run by the Local Officers of Global Health Education on the Community Engagement Team with the support and oversight of the Division of Community Engagement. This training includes sessions on topics such as ethics and sustainable development. Students also attend a pre-departure training session organized by

the University of Alberta. Upon their return, students present a poster about their international experience at the Division of Community Engagement's Global Health Fair.

The student-run Community Engagement Team is composed of Local Officers and Representatives and is chaired by the Global Health Liaison. This team has a large portfolio of electives and initiatives in Reproductive & Sexual Health, Indigenous Health, Inner City Health, Global Health Advocacy, Global Health Education, and Exchanges. The electives, which are developed and run by the Local Officers under the supervision and guidance of the Associate Dean and Director of Community Engagement, are eligible for 12 hours of pre-clerkship elective credit. The electives tend to be composed of guest lectures, interactive workshops, and opportunities for community engagement. For instance, in 2017-18, the Sexual & Reproductive Health elective included a workshop on inclusive history taking, shadowing with a community organization running a prenatal community support group for women facing adversity, and the Inclusive Health Conference. Local Exchange Officers on the team also work with the CFMS to support students going on the IFMSA exchanges, which includes both University of Alberta students going abroad and international students coming to Edmonton.

There are no formal language classes available to medical students at the University of Alberta, nor is there an official mentorship program to connect students with physicians involved in global health. However, the Local Officers of Global Health Education host a "speed dating" session attended by students and physicians involved in global health as part of their pre-departure training/elective. Students also have the opportunity to apply to the Health Advocacy and Leadership program (HAL), which pairs students with faculty for the purpose of completing an advocacy project over the two-year period of pre-clerkship. However, as HAL is a small program, a limited number of students are able to take advantage of it.

## University of Saskatchewan

*Principal Author: Dylan Ginter*

*UofS Contributor: Emily-Lauren Simms*

The University of Saskatchewan (UofS) College of Medicine's flagship global health program is called *Making the Links* (MTL). MTL consists of two broad components, academic work and practicums. The academic course work consists of two additional courses from the core medical curriculum. These classes are for-credit classes titled *Global Health 1* and *Global Health 2*, offered through the department of Community Health and Epidemiology. Students are required to register and pay tuition for these classes. These courses are spread over two semesters, occurring once per week in the evening. The first global health course is described as follows:

"This survey course provides an introduction to ways of critically understanding and acting on key issues affecting the health of disadvantaged peoples locally and globally. Using critical analyses of health and development concepts and theories, this course helps students understand links between global and local health issues, and foster their active involvement in communities as informed global citizens. Through active and participatory learning, students enrolled in *Global Health 1* explore issues affecting personal, community and global health development both overseas and locally. Concepts such as determinants of health, globalization and health, and participatory strategies and actions for enhancing well-being are introduced along with related aspects of gender, power, ecology, education, indigenous health, social movements, and foreign aid."

<https://paws5.usask.ca/#ssb-registration>

The second course builds on the foundations taught in the first Global health course. The course is described as follows:

"This course aims to critically engage students in global health care challenges and issues facing under-served and low-resourced populations. Using active and participatory learning strategies including case studies and discussion, students will critically examine health care in low-resource settings. Topics include health care challenges and issues, innovative approaches, organizations providing health care, and the management of emergencies in relation to low-resource settings."

These courses are taught by physicians who are experts in the field, whether by training in public health or by experience in the field. The material in the second course is presented through student presentations with supervision and guidance from faculty experts. There are multiple assignments and a written final exam as core components of evaluating students. Faculty marks assessments and students are awarded either a pass or fail on their university transcript. There are many opportunities for discussion and verbal feedback during these courses, which offers another opportunity for student evaluation.

The second component of MTL is the practicums. The first of three service learning components is an inner city practicum in a student-run health clinic called *Student Wellness Initiative Towards Community Health* (SWITCH). SWITCH is a multidisciplinary health clinic that serves a low-resource neighbourhood in the core of Saskatoon. The services offered at SWITCH include access to a physician or nurse practitioner, speech and language pathology, social work, dieticians, physiotherapy, chiropractor, as well as homework help, child care, special programming, and clients are served a meal. Students in their first year of the program work in a non-clinical setting by helping with programming, cooking the meal, childcare or homework assistance. After students pass their first year OSCE they are able to join the clinic team where they assess patients independently from the health care provider, develop an assessment and plan, then present back to the physician or nurse practitioner that will ultimately provide care to the patient. There is no assessment attached to this component of the program, just the minimum time requirement of 60 hours cumulative between the clinical and non-clinical settings. As the College of Medicine in Saskatchewan has two campuses, both Saskatoon and Regina, the students in Regina have an equivalent student-run health clinic called *Student Energy in Action for Regina Community Health* (SEARCH). More information about SWITCH and SEARCH can be found at their websites: <http://switchclinic.com/> <http://searchhealthclinic.com/>.

The second service learning component is a Northern Saskatchewan practicum. This practicum takes place in one of four remote Indigenous locations in Saskatchewan where partnerships have been established, and is intended to introduce the students to Indigenous health issues. The main role of this practicum is based around community engagement rather than clinic work. Students are encouraged to meet with community leaders and elders to learn from them and determine how they may be involved in the community for the six weeks. Some of the activities students are involved in include helping out in elementary and high school activities and classes, local track and field days, hosting educational events, volunteering at various local organizations that serve the community, participating in local Indigenous events and ceremonies, and hosting games for youth. Students often spend one day a week in the health clinic or hospital. Students are also required to create a poster presentation on their experience and present it at the University of Saskatchewan's Annual Global Health Conference as a means of reflection.

The final service learning component is the international practicum. The University of Saskatchewan has developed partnerships in Mozambique, Vietnam, Tanzania, and Australia. Other students have long standing partnerships with other countries, which allowed them to continue that partnership for their international practicum. The emphasis on this practicum is on observing and participating in clinical medicine in a low-resource country under the supervision of a preceptor. There is mandatory pre-departure training for the international practicum, which consists of four hours of lectures centred on ethics, international travel, and expectations of the practicum. Students who are traveling abroad through another University sponsored event, such as the IFMSA exchange program, are also required to participate in this pre-departure training. There is a post-departure debriefing as well, which includes active reflection by the student with faculty helping facilitate discussion (this is specific to MTL). These sessions are mandatory to receive the certificate in Global Health from the University.

Mandatory language training is provided to students who are travelling to countries where English is not an official language. This consists of weekly hour and a half sessions with a tutor. Students

are encouraged to practice on their own time as well using electronic and printed resources. The student is not required to obtain a certain level of fluency in the non-English language before departure; therefore, students have varying levels of fluency with the non-English language before arrival in their host country. This can be a detriment as students may not have realized the importance of language training as a means of effective communication with physicians and patients in their host country, leading them to be poorly prepared to work in a foreign setting.

Making the Links does not offer any formalized global health mentorship program. There are various other student-physician mentorship programs that exist at the UofS where students could indicate their interest in global health and potentially get paired with a physician with the similar interest. However, this is less likely to occur as these mentorship programs exist more so for the general academic curriculum within the College of Medicine. There is opportunity for students within MTL to develop informal mentor-mentee relationships, which often do occur while on the international practicum, but cease to exist upon return. It would be challenging for non-MTL students to develop this informal mentor-mentee relationship with a faculty member, as they do not have a direct connection to faculty involved in global health.

Making the Links is the only formalized global health program offered at the U of S College of Medicine. Apart from this program, there are other student-led global health education opportunities to participate in. The main vehicle for student-led global health education is the global health focused student group, Health Everywhere. This group is led by the local Global Health Liaisons (GHLs) and functions to educate fellow students on current global health issues through lunchtime talks, events, workshops, advocacy campaigns, and documentaries, amongst other initiatives. Anyone in the College is welcome to attend these events. Other student groups may also have global health related events or talks apart from health everywhere, but do not have a mandate to provide global health specific education to the students. There is also a student-led global health conference hosted yearly in which over one hundred students, faculty, community members, and stakeholders gather to engage in fruitful discussions and seminars on current global health issues, in both a local and global context. The conference planning committee is chaired by the GHL Sr. and Local Exchange Officer (LEO) Sr. The members of the planning committee include members of the Division of Social Accountability (DSA), which is the division in the College of Medicine who operates MTL, the GHL Jr., LEO Jr., and other local global health experts involved in the College of Medicine. Students are also able to volunteer at SWITCH, even if they are not a part of MTL. Finally, the DSA will host other events that are similar to events Health Everywhere hosts.

There is a mandatory poster presentation that participants of MTL need to complete after both their provincial and international experiences. This acts as a knowledge translation project. Participants present their posters at the annual student-run Global health conference. There are other assignments and presentations required of the students as part of the academic course. Students are also encouraged to attempt community focused health projects in partnership with the local communities as a part of their northern Saskatchewan experience. There are other opportunities for students to pursue projects they may have an interest in apart from the program should an individual have the initiative.

The college of medicine has a public health course as part of its core curriculum, entitled Medicine in Society. This is course runs through pre-clerkship and includes some aspects of service learning along with academic work. Details of this course are beyond the scope of this report.

## University of Manitoba

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The Population Health and Indigenous Health courses contain the majority of curricular teaching on health equity. Students are exposed to the social determinants of health through lecture, small group sessions, and assignments. Curricular content tends to focus on health equity locally and few sessions encompass international global health. The student-run Global Health Concentrations Program (GHCP) serves as a further modality for students to be present and discuss relevant issues in global health. GHCP is an optional program that can accommodate roughly one-half of pre-clerkship students and covers core global health competencies such as human rights and healthcare, global burden of disease, and the social determinants of health. Successful participation in GHCP during pre-clerkship is denoted on the student's MSPR.

Local community engagement is achieved both through service learning and partnerships with local organizations. Students are required to complete 4 hours of service learning per month during pre-clerkship in the Population Health course. There are also student initiatives such as CanU Reach, an after school program teaching inner city kids about science; WISH clinic, an inter-professional student-run and physician supervised clinic in the inner-city, and Jacob Penner Park, an after school program geared more towards mentorship. These opportunities are available through the service learning requirement or as a stand alone volunteer option.

Student evaluation of health equity coursework consists of assignments evaluated by faculty in the department of Community Health Sciences. These assignments are mostly in the form of reflections and students are given feedback on their work. Service Learning evaluations are self-assessments that are then reviewed with the community organization the student is placed in. This mode of evaluation allows the student to thoughtfully reflect on their performance, while minimizing the time requirements of evaluating students on often strained community organizations.

University of Manitoba (UManitoba) students have the option of completing a low-resource setting elective every year they are in program. Throughout the summer of years 1 and 2, students can complete an IFMSA exchange in a low-resource setting or complete a 10-week clinical rotation with the Northern Medical Unit. The latter usually involves being placed in remote and/or Indigenous communities with variably sized health centres. Students are immersed in the community and learn both clinical skills and further their understanding of health equity. During core clerkship in year 3, the vast majority of students are placed in rural communities on the 6-week family medicine rotation. While not all students choose to be placed in a low-resource rural setting, the option is available upon request. Lastly, in year 4, there are various opportunities to work with faculty members in low-resource settings as a selective after the Canadian Resident Matching Service (CaRMS) interviews (pre-match day and post-match day). Students may choose from projects established by faculty members e.g. Haiti - infectious disease focus, Kenya - outreach to sex workers, or create an elective of their own. There is some discussion at the faculty level of restriction of this selective to projects solely with UManitoba

affiliated instructors in the coming years. The major weakness is that it is largely optional to do a low-resource setting elective and students may choose to complete their medical school studies without it.

The mandated pre-departure training for medical students has changed significantly in the last year. Students are required to watch a faculty created video focusing mainly on student safety (personal health and travel safety), cultural awareness (cultural and language competency), and ethical considerations. Students are also given a handbook further reinforcing these points. Formal post-departure debriefing is available upon student request through the Student Affairs Office.

Currently, the primary mentorship program for students is through the Doctors Manitoba Mentorship Program. This program mostly revolves around career mentorship and acts as an avenue to ask questions surrounding career planning. A major barrier to implementing global health specific mentorship is time constraints of physicians working in health equity locally and the amount of time spent abroad for those working internationally. During the 2017-18 academic year, the Global Health Interest Group (GHIG) presented a “Careers in Global Health” night, featuring faculty members who have worked in the field of global health, including those that have worked abroad. There are also other panels held by the Public Health Interest Group (PHIG) on careers in disaster management, infectious disease control, and other relevant realms. In addition, information sessions with the Canadian Armed Forces aimed at potential student recruitment exist on campus and may be another avenue for students to pursue their career in global health.

Formal language training is available in French through the bilingual stream and affords students with adequate fluency in French to attend faculty sponsored language training. The goal of the program is not to create purely French speaking physicians, but rather create physicians capable of providing services in both official languages. In pre-clerkship years, students in the bilingual stream attend monthly evening classes geared towards building a professional medical French vocabulary both in lecture format and through standardized patient interactions. Additionally, the core-clerkship family medicine rotation is completed in a francophone community where students are able to practice bilingually. Students with no fluency in French have the opportunity to attend interest group events teaching basic terminology and are given access to clinical French apps as well as reading materials free of charge. Recently, interest group sessions teaching basic conversational terminology in Ojibwe have been made available to students as well.

In addition to GHCP listed above, the local Global Health Interest Group (GHIG) organizes extracurricular global health learning opportunities. Specific topics vary from year to year, however, programming surrounding World HIV/AIDS day and learning surrounding disparities at the Rich Man Poor Man fundraising dinner remain staples of the portfolio. A new event held in 2017-18 was the Hack-a-Thon, which brought together any student interested in working on global health projects or those with ideas for future projects as a means of brainstorming. As a result of this event, several ideas were brought forward into the global health portfolio including a project surrounding what global health means to you and a global health podcast. Other interest groups have provided more programming specific to Indigenous health.



Currently, the only mandatory knowledge translation projects for students stem around reflections and the advocacy project in the population health course. In year 3, students are tasked to identify a disparity they have encountered during clerkship and create an advocacy project geared to rectify this disparity. Students are encouraged to act further and contact their provincial or federal representatives as well. Outside of these opportunities, the responsibility falls on the student to approach faculty members working in the areas of public health to complete a knowledge translation project.

As of the 2018-19 academic year, significant changes will be implemented regarding GHCP. Students will continue to have to present a seminar-style presentation on a global health topic, and will have to complete the required service learning component. In addition, students will be tasked with writing a journal review on a global health paper and will have to contribute to the planning and production of a global health based event. Ideally, the addition of these requirements will enrich the GHCP students' exposure to global health, and will make the program more impactful. In addition, there will be the implementation of a new position, the 'Local Officer for the Environment and Sustainability', which will be tasked to undertake aspects of the HEART portfolio, as presented by the CFMS. There is also some discussion surrounding replacing the Rich Man Poor Man Fundraiser with a different event highlighting disparities. Finally, the global health portfolio at UManitoba will attempt to foster partnerships among interest groups and other members to host better, more comprehensive events, and to induce collaborative efforts to enhance the global health education on campus.

## Northern Ontario School of Medicine

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Northern Ontario School of Medicine's (NOSM) global health curriculum includes extensive small group sessions, some lecture-based formats and essay writing of knowledge pertaining to the social determinants of health, health inequity, and population health. The gap, however, is that students are almost exclusively restricted to the social accountability mandate pertaining to the health of Northern Ontario and its Indigenous and Francophone minorities. Nonetheless, there is some training regarding LGBTQ+ and immigrant health in small group sessions and clinical skill sessions. There is exposure throughout all four years, with an emphasis on Years 1 and 2. The main challenge remains the focus on local communities and the lack of international contexts.

In 2017, NOSM Student Council implemented a student-run Global Health Certificate pilot program. It is to be completed over the course of 2 years with a minimum of 12 completed activities over at least 30 hours. Activities must be in the context of lectures, courses, conferences, workshops, practical experiences, and advocacy work. The Global Health Executive developed a framework of global health topics that must be addressed to ensure competency throughout activity participation and each one contains objectives as a guideline. Currently, the Global Health Executive is working towards formal recognition for students that complete this program. The NOSM Global Health Committee is run by an elected student executive team and chaired by the Global Health Liaisons (GHLs). Throughout the year, the committee plans various extracurricular events, including educational campaigns, a speaker series, and it coordinates the Pilot Global Health Certificate program.

Students complete weekly Community Learning Sessions during Years 1 and 2 with a wide variety of community social services and healthcare disciplines. These sessions serve as a method for students to become familiar with community and social service resources in Sudbury and Thunder Bay. Some examples of placements include: Cardiopulmonary rehabilitation, Children's Aid Society, and the Alzheimer's Society.

NOSM has extensive community partnerships with Indigenous communities across Northern Ontario. At the end of Year 1, students must complete a mandatory four-week placement in an Indigenous reserve community in Northern Ontario. Most of the reserves are rural and remote, with many only accessible by plane during much of the year. The emphasis of this placement is on cultural immersion in the community. As such, the community sets learning activities for students that allow students to gain first-hand experience with Indigenous culture and way of life. Prior to departure, all students must attend mandatory cultural competency training, which covers aspects of Indigenous history including colonization and its resultant intergenerational impacts. After students return from this placement, they must attend a debriefing session in the form of a sharing circle where they discuss their experiences, what they learned from their time away, and how this will impact their future practice as physicians.

Two other mandatory and clinically focused placements take place in Year 2. These occur in rural and remote communities across Northern Ontario, many of which are majority French-speaking communities. In all placements, students live in the community and immerse themselves in community life. NOSM also supports and encourages all students to participate in IFMSA exchanges as well as other international opportunities. NOSM also has an ongoing partnership with an organization in Nicaragua, allowing fourth year students to complete a Family Medicine elective providing health care services in a low-resource setting. Any students completing an international elective are required to participate in a

2-hour interactive session with a trained physician. There is more emphasis on the pre-departure training as compared to post-return debriefing. All mandatory placements mentioned above for Year 1 and 2 also include pre-departure training and post-return debriefing facilitated by the Learner Affairs department and active community members when applicable.

Small group sessions that cover pertinent global health topics are evaluated by facilitators via in-person and online means, students also evaluate their experiences. NOSM incorporates a combination of online, oral, and reflection in the form of report-based evaluations. For the Pilot Global Health Certificate, students have drafted pre- and post-evaluations for the Certificate program as well as utilized a validated assessment tool. Critical reflection sessions occur for two hours twice per year and involve proper reflective processes related to situations encountered in Community Learning Sessions (i.e. community, social service or health care settings). Year 3 involves a research project based on the community in which the student was placed in for NOSM's 8-month longitudinal clerkship

Global health mentorship is a key area that is lacking at NOSM. The distributed learning model and geography of the school presents barriers for face-to-face mentorship. Additionally, there is a lack of global health faculty involvement and availability.

The NOSM Francophone Affairs Office leads French as a Second Language (FSL), French Terminology, and French Clinical Scenarios for Francophone, Francophile, and learner students. FSL sessions are weekly, terminology sessions are every six weeks and clinical scenarios are four times per year. Students are involved and work alongside the Francophone Affairs Office in delivering the aforementioned programming. At the Thunder Bay Campus, there are student-led Ojibwe/Oji-Cree language sessions, however, this training does not run every academic year.

While the global health programming available at NOSM has several strengths, as a small and newer medical school, resources and time taken to implement curricular change is difficult. NOSM is a distributed medical school with geography creating accessibility barriers. Furthermore, NOSM is also spread across two academic institutions, Lakehead and Laurentian, which can create bureaucratic and administrative barriers.

## University of Western Ontario

*Principal Author: Dylan Ginter*

*UWO Contributors: Kriti Kumar, Michelle Quaye, and John White*

University of Western Ontario (UWO) has a formalized social medicine component built into their core curriculum and a student-led global health certificate program. The student-led global health certificate program was created with the help of the Office of Global Health; however, this office was subsequently dismantled in 2016. This section will touch on both the formal social medicine program within the core curriculum as well as the additional student-led certificate program.

The social medicine course, which is part of the core curriculum in first year, involves lectures and small group sessions on Indigenous health, cultural competency, social determinants of health, and other topics related to global health and social medicine. It is run for the entire year, with 2-3 hours of class per week. This course also includes a service learning component consisting of 14 hours of community service in a group, as well as a project on a vulnerable population. Students must create a presentation and a project proposal for the community organization that they are volunteering with as a part of the service learning component. The professors of the course evaluate these presentations. Reflective assignments are also part of the course. Challenges listed by UWO students include poor attendance at global health related lectures, lack of expert faculty available to support, and generalized apathy resulting in writing reflections to reach a word count as they are not critically analyzed. The service learning component, however, has been garnering great feedback from the students participating.

The student-led Global Health Certificate Program consists of four components: 10 Formal learning sessions, 5 informal learning sessions, 2 written reflections, CMA advocacy training, and an experiential advocacy component. In total, students would complete about 25-30 hours of global health related work throughout the school year as a part of this curriculum. The previously mandatory 14 hours of social medicine volunteer work were removed, as students must now complete service learning through the faculty. This student-led certificate program has helped shape the CFMS Social Medicine Certificate Program. For full details of the CFMS Social Medicine Certificate Program, please see the related document titled “**CFMS Social Medicine Certificate Program Implementation Toolkit**”. The faculty members are hesitant to support the student-led program without rigorous evidence showing that it is beneficial to student learning and that the materials covered can be standardized and evidence based. This is an especially large barrier when students who are themselves, not experts in the field, propose the program.

UWO students had the opportunity to participate in several interesting events in the 2017-18 academic year, two of which will be discussed. First, students held a debriefing session after Day of Action 2018 where the topic was Indigenous Health. Students invited an elder in a local Indigenous community and a psychiatrist to allow students a further opportunity to learn. Second, students held a community health night, which included both didactic and interactive workshops. In an effort to be

sustainable, students cooked the meal that was served and were responsible for bringing their own Tupperware as well as cutlery.

There are low-resource electives available to UWO students apart from the social medicine course and student-led global health program, called International and Health Equity Electives. These electives are a part of the Office of Internationalization, which has partnerships with sites in China, Peru and various African countries. The electives are 4 weeks in length and offered to pre-clerkship students as summer placements. Fourth year medical students are able to organize electives at these international sites as well. Furthermore, the Distributed Education Network (DEN) at UWO offers local electives in rural areas in southwestern Ontario. There are some research and clinical opportunities with these rural electives as well.

With the loss of the Global Health Office at UWO, the international electives have moved to a different administration resulting in changes and ultimately challenges for students. One such challenge is the abrupt decrease in partner sites resulting in increased difficulty in organizing international electives. Another challenge is the lack of faculty support for IFMSA exchanges, making obtaining insurance for clinical duties difficult. While pre-departure training remains mandatory for students attending an international elective, the process has become scattered and is now being run by the Office of Internationalization. Additionally, the school does not formally offer pre-departure training to students participating in IFMSA electives. Furthermore, there is no global health mentorship or language training for UWO students. Lastly, students comment on the dilemma of the lack formal recognition for global health related certificates. Instead of denotation on a student's MSPR, UWO gives students a formally signed certificate.

## McMaster University

*Principal Author: Lawrence Yau*

*McMaster Contributors: Palki Bhatt and Teagan King*

At McMaster University the vast majority of Global Health programming is student-led and often faculty-supported. The faculty has been approached about sanctioning a student-led Global Health Program, however, the faculty had concerns regarding the participation of faculty and feasibility to add programs to an already condensed curriculum. In terms of community engagement opportunities available directly to students through faculty or student channels, there are student-run refugee health clinics available as longitudinal immersive experiences, as well as faculty-led opportunities at the Shelter Health Network. As there is no formal global health curriculum or student certificate, students are not evaluated in this area. In terms of low-resource setting electives, McMaster has affiliated Universities in Peru and Kenya where students can complete electives for up to roughly 4 weeks. There are also other opportunities to work with faculty in India and Nepal. Student-led low-resource setting electives are available through the IFMSA exchange program where students may opt to travel to a low-resource area.

In terms of pre-departure training, McMaster offers a 2.5 hour mandatory session completed by all students undertaking an international elective, regardless of location. The challenges remain a lack of cultural context for the community the student may be going to, time constraints, and personnel required. There is currently no formal avenue for global health mentorship and individual students would have to seek out these opportunities on their own. McMaster also does not have faculty-led language training, however, students were attempting to provide French language training. As such, the students set up a French Language Interest Group that was proposed to provide a French Language Certificate that would be recognized. Initially, the faculty was very supportive, however, later students ran into difficulty with wavering support from faculty.

Extracurricular global health learning opportunities at McMaster include speakers, movie events, conferences, journal clubs, career nights, and organization specific-events that students may choose to attend. These events are organized by student interest groups including the Global Health Committee, the Health Advocacy for Refugees Program (HARP), along with the Social Justice, Indigenous Health, LGBTQ+ Health and Community Health Interest Groups. In 2018, the Inaugural Global Health Conference was run as a collaborative initiative between the various interest groups in the MD program, along with the MSc in Global Health Program. This event was designated as an Interprofessional Education Credit (IPE), which is a mandatory component of the UGME program, and involved keynote speakers, workshops and a Global Health Simulation for attendees from the MD, MSc, Nursing, Social Work, OT, PT, and Speech Language Pathology programs. While there are no global health research projects directly advertised to students, students may choose to complete a research project in a global health area and present it at the McMaster Student Research Day.

## University of Toronto

*Principal Author: Lawrence Yau*

*UofT Contributors: Michael Elfassy, Muskaan Gurnani, and Tommy Hana*

The University of Toronto (UofT) offers a faculty-led Health in Community (HC) course that runs throughout first and second year. The course includes lectures on global health themes, small-group tutorials, and placements with community organizations that care for vulnerable populations. Students complete roughly three hours per week throughout first year and three hours every two weeks throughout second year. This course also includes a poster presentation on experiences at a community organization, as well as regular small group presentations on experiences. UofT also offers a student-led voluntary Global Health Longitudinal Elective. To achieve a certificate for participating in the program, students must complete ten hours over ten weeks in the area of global health where sessions mainly take the form of discussions as well as panels.

In terms of local community engagement, there is a minimum requirement of 40-50 hours for the Community Based Service Learning (CBSL) component for the HC course. Voluntary student-led opportunities include tutoring vulnerable populations, assisting in a low-income neighbourhood health clinic, refugee health clinics and reading programs. The variability in opportunities is a strength, but may also be a challenge as the level of engagement may vary greatly between opportunities. There are various low-resource setting electives available to UofT students. Opportunities organized by faculty include rural placements for the family medicine clerkship rotation, availability of international and/or rural selectives, and some inner-city rotations. Student organized opportunities include the multiculturalism in medicine electives and shadowing in therapeutic abortion or HIV clinics.

IFMSA exchanges are generally not well received by many UofT students and are also not supported by UofT faculty i.e. students are not eligible to receive liability insurance. Many students within the UofT medical society do not support IFMSA exchanges, especially those that are unilateral. UofT students attending an international elective must attend the Safety Abroad Office training as well as the training through the faculty's Global Health Office. Training takes place over a few hours and topics including personal health, travel safety, and cultural competency. Upon returning from their experience abroad, students must complete a reflection or participate in a group debrief session. While this represents a robust system, students setting up opportunities outside of the aforementioned scope i.e. independently organized opportunity may not be made aware of the training requirements. In essence, this training is only available to students engaging in UofT sanctioned international research projects (CREMS projects) or international selective projects (post-CaRMS electives). UofT does not have a specific faculty-led global health mentorship program, however, students are able to network with global health faculty through the global health longitudinal elective.

UofT students have access to French language training through student-led tutorials and interactions. There are also multiple extracurricular global health learning opportunities. These include multiculturalism in the aforementioned medicine elective, reproductive & sexual health in global health

elective, Indigenous health elective, movie nights, IMAGINE conference, UofT International Health Program initiatives, model WHO conferences, and lobby day participation.



## Queen's University

*Principal Author: Ruth Habte*

*Queen's Contributors: Daniel Korpai, Aalok Shah and Susan Thanabalasingam*

Queen's University offers strong faculty-run programs to students in the area of global health course work. The faculty-led, student self-directed program is organized by the Office of Global Health and acts as an optional academic enrichment program. Through this program, students complete service learning for a minimum of two semesters, a placement in a low-resource setting, online modules, a minimum of 8 educational sessions including one presentation by the student, and receive individual mentorship in global health. There are 7 online modules for self-directed learning on the following topics: international development, infectious diseases, non-communicable diseases, hunger, sexuality and gender, maternal health, as well as infant and child health. Upon completion of the online modules, students can register for one of six mentors in the area of global health. Alternatively, students have the added option of seeking out their own mentor that is not one of six mentors recommended by the Office of Global Health.

Students are able to engage with their local community through the service learning component that mandates students commit to work with organizations helping underserved populations. Students are also able to engage with their community through various student-run programs, ranging from participation in a student-run clinic to volunteering in a swimming program for children with disabilities. The main barrier to community engagement as seen by students is sustainability and getting students involved in programs outside of the downtown core. Student evaluation on global health activities primarily takes the form of self-reflection, rather than structured evaluations. For example, upon completion of service learning students must complete a 500-word self-reflection.

Students are able to complete low-resource setting electives both through faculty avenues and student-run avenues. In the past, students had the opportunity to complete a 6-week elective at Moose Factory, a health care centre serving Cree Peoples in five First Nations communities on Moose Factory Island. While this program garnered great feedback and students genuinely appreciated this opportunity, students have not been able to participate for some time. Student-run low-resource electives may be completed through the IFMSA exchanges during the pre-clerkship years. Students in the Office of Global Health program must complete a global health placement in a low-resource setting in Canada or abroad. There is some discussion of the Office of Global Health not accepting IFMSA exchanges as a valid method to fulfill the certificate requirement for a placement in a low-resource setting. These changes may take effect as soon as the 2018-19 academic year. Pre-clerkship students complete a 4-week global health observership and clerkship students complete a 3-week global health elective. In order for students to participate in international experiences, students must complete online modules, followed by sessions (lectures, group discussions, cases) in topics such as personal health, travel safety, language competencies, cultural humility, medical and personal ethical considerations as well as medical tourism. Post-return debriefing consists of submitting a written reflection and attending a post-return debrief session.

There is currently no language training at Queen's, secondary to the small community on campus. However, Queen's has an especially strong extracurricular global health presence through the judicious work of their global health committee. Events include an annual conference, multiple talks and workshops, all resulting in 40+ hours of dedicated global health content per year. More recently, the annual Health and Human Rights Conference has gained funding to allow more students to attend. The main barrier to reaching all students is apathy and some students feeling overwhelmed with events leading to poorer attendance. While there is no faculty-led program where students can create a knowledge translation project, the student-run clinic and a quality improvement interest group afford the opportunity for students to do so. The main barrier to establishing more of these projects is small school size and geographic barriers.

## University of Ottawa

*Principal Author: Lawrence Yau*

*UOttawa Contributors: Ashley Cerqueira, Yipeng Ge, Syeda Shanza Hashmi, Jack Mouhanna, and Ioana Stochitoiu*

The University of Ottawa (uOttawa) Faculty of Medicine offers a Global Health Stream, which is a student initiated program that is aligned with AFMC's Global Health objectives and uOttawa's 2020 strategic plan of developing leaders through internationalization. This program partially stems from uOttawa students identifying their desire to learn more about health policy, maternal and child health, the role of physicians in humanitarian aid, and the role of medical students in global health advocacy and research. The Global Health Stream is in its infancy, with the first cohort of students being in the class of 2019. The aim of this stream is to provide a platform for students to come together to reflect and share their learning on global health concepts and to receive formal recognition by the Faculty of Medicine through awarding a Global Health Certificate and acknowledgement on the MSPR Dean's Letter used for CaRMS applications.

In the Global Health Stream students are asked to complete activities and/or reflections that address over 40 objectives spanning six different themes: 1) global burden of disease, 2) health implications of travel, migration and displacement, 3a) social and economic determinants of health, 3b) population, resources, & environment, 4) globalization of health and healthcare, 5) healthcare in low-resource settings, 6) human rights in global health. Students complete a clinical or research elective in a setting affected by the social determinants of health and later complete a scholarly project. Some objectives are covered within the undergraduate medical curriculum, while other objectives can be met through various other means. This includes attending Global Health Stream reflection sessions, doing readings, online training modules, attending guest lecturers, attending interest group talks, as well as attending international health and development course offered through uOttawa. An example of this was our new inclusion of global health lecture series that covered specific objectives (i.e. 3a) and hosted 2-3 speakers who came in and ran active and collaborative discussions. There has been some confusion, however, regarding how best to meet these objectives at times.

Local community engagement is achieved through a mandatory 30-hour Community Service Learning (CSL) project. Students complete these hours at their own pace from January to late-April of their first year of medical school. In addition to CSL, uOttawa has several interest groups including the Refugee Health Initiative and the Inner-City Interest Group that also encourages student involvement in their community. Student evaluation for the Global Health Stream is tracked through documented attendance, designated compulsory presentations, self-reported attendance at lectures, and how students address each objective. Further evaluations are performed through presentations at global health journal club, pre-departure training, and presentation of their scholarly project at a global or refugee health meeting. Final decisions regarding pass or fail status are made by a committee during the first week of fourth year to ensure ample time to document completion on the student's Dean's letter.

Low-resource setting electives are available to students through a variety of modalities. At the end of year one, students complete a mandatory one-week community week elective at a rural site that may also be a low-resource setting. In addition, students can organize international or global health electives through the Global Health Office, where they can choose to visit low-resource settings. Lastly, through the Ottawa Shanghai Joint School of Medicine, students can apply for electives in China, areas of focus include: clinical-based, research based, and traditional Chinese medicine

uOttawa Faculty of Medicine offers pre-departure training through the Global Health Office for all international electives multiple times a year. It occurs over the course of one day and includes health safety training, information about supports and contacts, information regarding how to book electives, and includes 2-3 student presentations about previous electives. There are currently no student-led or faculty-led options for global health mentorship. uOttawa offers many opportunities for French language training owing largely to the city being bilingual. Student can access free French language classes at various difficulty levels through The Ottawa Hospital. uOttawa Faculty of Medicine also has a French conversation interest group where students can practice their French skills in a relaxed group setting.

In terms of extracurricular global health learning opportunities, the Global Health Stream holds talks and other session for students to attend. The Global Health Interest Group also hosts lunchtime talks exploring different areas of global health as well as fundraisers. The student-led Action Global Health Network Conference is also held every fall and students are invited to the Global Health Journal Club run by the Family Medicine Global Health residency stream.

## McGill University

*Principal Author: Ruth Habte*

*McGill Contributors: Julie de Meulemeester, Koray Demir and Léanne Roncière*

McGill University offers both faculty and student formally organized programming in global health. Students' first month of medical school is a course entitled "From Molecules to Global Health" that outlines core concepts and foundational resources in global health including introducing the social determinants of health, the Ottawa Charter, and the AFMC population health primer. Topics surrounding marginalized populations form the emphasis of these global health sessions and sessions are formatted as daily small group learning and/or lectures. The remainder of Indigenous health and population health coursework is delivered longitudinally with the majority focused during pre-clerkship. Fourth year medical students are also afforded the opportunity to participate in six 3 hour sessions consisting of a humanities elective where students cover topics including gender and medicine, sexuality and medicine, global health governance, Indigenous health, etc. Fourth year students also have a one-week block of public health and preventive medicine where core global health concepts are reviewed and consolidated. Students also must complete a graded final essay. An inter-professional global health course initially started by students is now co-ordinated by students and faculty. Through this program, students can complete roughly 10 sessions in various global health topics. The main barrier identified by students at McGill is the large focus on theoretical rather than experiential global health learning. Faculty with experience in global and public health are responsible for evaluating student.

All McGill medical students are mandated to participate in the faculty organized Community Health Alliance Program (CHAP) in their second year. This course engages students in >20 hours of healthcare related community service and requires students to complete essays as well as presentations. Student concerns surrounding CHAP mainly stem from the lack of sustainable partnerships with the community and are actively being addressed by both faculty and students. McGill medical students are also afforded the opportunity to participate in the student organized Community Health and Social Medicine (CHASM) incubator. This program connects projects to mentors, funding and social entrepreneurship to have meaningful and lasting effects on health outcomes in local marginalized populations. While the CHASM incubator meaningfully aids in establishing programs, the ultimate goal is to have communities take over and to create sustainable programs. For example, a program entitled Supporting Young Black Students (SYBS) is a CHASM-supported initiative that aims to increase representation of underrepresented groups, specifically black students in medicine. The group has held a clinical skills workshop and has a mentorship group where students in grades 7 to 11 are paired with a student enrolled at a health professional school. Other student groups also engage with the community, including outreach to underrepresented groups in medicine where students hold an annual summer camp to encourage students to pursue a career in healthcare.

Third year medical students must complete a 4-week rural family medicine elective. Until recently, students were able to complete this elective in communities around the world; however, this is no longer the case. Many of the sites currently available to students are First Nations or Inuit communities including Kuujuaq, Puvirnituk, Great Whale, and Chisasibi. Students are also eligible to

participate in IFMSA exchanges. Additionally, governmental programs facilitate the completion of remunerated internships in rural and remote communities for Quebec health care students; some students choose to become involved during their pre-clerkship years. Students are also able to attend IFMSA exchanges, should they choose to do so.

The McGill Global Health Office provides an online course for pre-departure training and it is mandatory for students completing any elective abroad. The course covers topics such as ethics and cultural competency and includes various resources and examples. Students who are awarded funding to attend their global health experience are required to submit a report detailing their experience as a form of post-return debriefing. Students participating in the IFMSA exchanges participate in the IFMSA Quebec's standardized pre-departure training in addition to the online course provided by the McGill Global Health Office. Historically, there have been challenges with students completing solely the IFMSA program and not the McGill mandated program. Student leaders have worked diligently to resolve this issue and have reported that all students moving forward will complete both requirements.

Global health mentorship at McGill has both administrative and student organized avenues. The McGill Global Health Office organizes a limited number of research and travel awards that pair students with expert mentors in global health. While these programs are not directly affiliated with McGill Medicine, these are highly sought after by medical students and often demand far outweighs the number of opportunities. McGill medical students have identified this barrier and subsequently developed a framework to launch in 2018-19 to connect keen students with faculty mentors in their field of specific interest. Students have also hosted events to connect students with residents and upper year medical students that have had global health experiences to help newer medical students get connected to research projects. The main barrier to global health mentorship is the busy schedules of the mentors; the new standardized mentorship program will hopefully address this barrier.

There is no formal language teaching for McGill medical students, there are, however, resources available for students as students are expected to be functionally bilingual to interact with patients. Extracurricular courses are available in French for a cost if students choose to complete them. Additionally, certain global health travel and research awards give preference to applicants who speak a certain language or have interest in a language.

McGill medical students have a large number of faculty and student organized global health learning opportunities. At the faculty level the Global Health Programs Office organizes events open to faculty and students, including a Global Health Night, a speaker series, the Global Health Film Festival and the launch of the student global health journal for all McGill students entitled *The Prognosis*. Several stakeholders including university administration, faculty, students and project funders attend the Global Health Night. The night features student research and provides updates on Global Health Programs. While the speaker series occurs throughout the year, the event in May is most notable as it features a high-profile speaker. In May 2018, the selected speaker was Paul Farmer.

The McGill Medical Student's Society Global Health Portfolio hosts a variety of events throughout the school year. The Global Health Careers Night allows students to network directly with

local global health alumni regarding their careers and experiences. The Global Health Mentorship Evening fosters junior medical students networking with senior medical students who have had experience in global health during their time in medical school. Through partnership with CFMS and IFMSA Quebec, McGill's Global Health Portfolio is also hosting the IFMSA Quebec's Global Health Symposium in May 2018, community naloxone training, HIV/AIDS awareness events at popular drag clubs in Montreal, and other events working with Indigenous communities. Additionally, McGill helped IFMSA Quebec in hosting the IFMSA August 2018 meeting. A major limitation noted by student leaders is global health fatigue due to the number of events held yearly.

All components of the UGME global health curriculum facilitate knowledge translation projects, as their goal is to solidify information learned through curricular content. During the first month of medical school where core global health concepts are taught, students must make a group presentation. Additionally, both the CHAP program and the fourth year public health and preventative medicine course mandate an essay and group presentation as a form of reflection. Lastly, students who have completed an elective through the Global Health Programs Office must also complete a report outlining their time abroad, what they have learned and how their funds were used as a form of accountability. While there are no mandatory global health research projects, students who choose to work with marginalized populations are eligible to receive research and/or travel bursaries through the McGill Global Health Office.

## Université de Sherbrooke (Moncton)

*Principal Author: Ruth Habte*

*Moncton Contributor: Aimée-Angelique Bouka*

The formal global health course work at Moncton consists of 15 hours of small group teaching sessions and assigned readings in the social determinants of health. There is currently a lack of a student-run programming due to Moncton being a relatively new medical school and lacking mentors in global health areas. Student evaluation on global health curricula is currently non-existent.

Students at Moncton are able to engage with their local community through both faculty channels and student-run programs. The faculty program was recently changed and currently consists of 30 hours of longitudinal community involvement within 12 months of the spring of first year. The new curriculum requires students to take a more active role in community NGOs and necessitates more hours than the previous curriculum had. The student-run program also recently changed and currently falls under the student community outreach group GÉMAC. The restructuring allows for a more collaborative approach with community groups and the ability to offer more opportunities for short-term volunteering via a community involvement database with electronic sign-up and scheduling. Some examples of projects include, men's mental health in November and inclusive safe spaces for members of the LGBTQ+ community. The family medicine interest group organizes teddy bear clinics in daycares and IFMSA Quebec has peer-teaching programs aimed at topics such as mental health in high schools as well as environmental health in elementary schools. While students remain interested in participating, the main deterrent is less flexibility in the new curriculum leading to students potentially feeling overwhelmed.

While there is no formal faculty sponsored low-resource setting electives, students who are interested and financially able to do so may apply for an IFMSA Quebec exchange. These exchanges are completed for the most part in pre-clerkship, but there are some clerkship elective rotations as well. There are a total of four clerkship electives, each lasting 4 weeks that can be completed in any field and anywhere around the world. The main challenges for participation cited by students is that these low-resource setting electives are not mandatory and the lack of financial resources for low-income students.

Pre-departure training is mandated for students through the IFMSA Quebec pre-departure training program and also includes post-return debriefing. The goals of pre-departure training are for students to understand their limitations and effect their presence has on the community as well as provide communication tools for students. There are currently no faculty offered or student-run global health mentorship programs secondary to a lack of mentors with expertise in global health. Université de Sherbrooke is a francophone school and as such all curricula are completed in French. Furthermore, due to a lack of expertise available in global health there are no extracurricular global health learning opportunities and due to a lack of initiatives there are no widely available knowledge translation projects.



## Dalhousie University

*Principal Author: Lawrence Yau*

*Dalhousie Contributors: Liora Naroditsky, Ilana Walters, and Julia Wright*

Students at Dalhousie University receive global health programming through both faculty and student-led channels. Currently, Dalhousie has a course entitled Professional Competencies that runs longitudinally throughout the first and second year of medical school and is being adjusted so that it will run throughout all four years. Topics covered include the social determinants of health as well as health law, ethics, and advocacy. Students are assigned readings as preparation for the weekly one-hour lectures and two-hour small group tutorial. Dalhousie's Global Health Office previously developed a global health certificate program with online modules and workshops that has not been run for the past few years. However, the Global Health Office does offer opportunities to complete observerships abroad during the summers following first and second years.

Student-led programming is offered through the student groups at Dalhousie and range from small group events to performing research for provincial lobby day. For example, the Health and Social Justice group recently opened a student-run clinic entitled "HOPES" for people experiencing homelessness that operates every Sunday. The Refugee Health Interest Group has completed a research package of resources to send to family doctors as a means of encouraging them to take on refugee patients. Furthermore, this group has also organized students volunteering in clinics specifically for refugees in which they perform eye exams. In the past, there was a global health conference, however, due to low turnout the event was cancelled. Students also tried to implement a Global Health Week, but this has also had low turnout and is being re-evaluated. The main barriers cited by students remain the level of difficulty in implementing any formal curricular content.

In 2017, Dalhousie Faculty of Medicine piloted a new service learning program to promote local community engagement. Currently this program is optional and there are a variety of community locations offered to students. Students are asked to complete a minimum of 20 hours to receive course credit on their transcript. Initially there was backlash from students regarding the service learning curriculum, as students were concerned there was no protected time to complete it. There are also multiple student-led opportunities including volunteering in student-run clinics, refugee health clinics, provincial and national lobby day, amongst multiple interest group events and initiatives.

In terms of student evaluation, the Professional Competencies course offers feedback for the weekly tutorial groups and further feedback at the midway point and at the end of the semester. The service learning participants also receive feedback as they complete their requirements. Students are generally receptive to feedback from their preceptors, but experience survey burnout from the feedback they provide to faculty.

There are many opportunities to set up low-resource-setting electives at Dalhousie. In pre-clerkship, students can choose to do a local global health elective in family medicine or social pediatrics at a clinic that serves low socioeconomic status populations through community health centres and are

given a half day once a week to do so. At the end of the elective, students are encouraged to complete a project that will create change within the community through education and/or advocacy. In clerkship, students can choose to do certain rotations in low-resource communities. In third year, this exposure is expanded to communities in Nova Scotia, New Brunswick, and PEI; however, in fourth year these electives can occur anywhere. Students note difficulty in setting up electives in low-resource settings where students have not previously had experience, as the physicians involved must be affiliated with Dalhousie for students to receive credit for completion of objectives. International electives are offered in fourth year and pre-departure training is run through the Global Health Office. Students must complete two 6-hour sessions focused on safety, logistics, ethics, cultural competency and advice from an expert.

There is currently no avenue for formal global health mentorship, the main challenge being the difficulty in finding mentors that have the time to mentor students. The onus is ultimately on the student to find a mentor in the area of global health. Formal language training through the faculty is not available, however, there is a student-run French in Medicine Interest Group that affords students the opportunity to practice their French and learn medical terminology. Research projects in global health are not a requirement of Dalhousie's curriculum, however, the school does have a mandatory research project to complete and interested students can complete it in a relevant area if they wish.

## Memorial University of Newfoundland

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Faculty-led curricula in global health at Memorial University of Newfoundland (MUN) are focused in the pre-clerkship years and are encompassed in a course called community engagement. Within the community engagement course, students are taught about the social determinants of health, Indigenous health, colonialism, and health equity. Students are evaluated through tests as well as reflection assignments and are provided feedback on their work. Student-led programming in global health is largely unavailable at MUN, owing to their small class sizes and limited resources to develop a formal student-led curriculum.

While there is no formal community outreach through the Faculty of Medicine, students at MUN have the option to volunteer in one of two physician-run, student-led health clinics. Gateway Clinic provides an intake program for refugees and Access Clinic provides care to patients who are homeless or at risk of becoming homeless. These opportunities are available for roughly four hours and six hours per school year respectively. However, due to the time constraints of the curriculum most students choose to shadow rather than volunteer.

Students are afforded the opportunity to complete electives in low-resource settings such as in Nunavut and Labrador during their fourth year of medical school. Additionally, pre-clerkship students have the option of completing an IFMSA exchange in a low-resource setting or an elective in Nepal offered through InSIGHT. The Faculty of Medicine offers an eight-hour course as pre-departure training; topics include cultural competency, ethical considerations, as well as personal health and travel safety. Students participating in the InSIGHT program in Nepal are offered both pre-departure language training and post-return debriefing. Otherwise, language training or post-return debriefing is not a requirement. Global health mentorship is available for students interested in having a mentor that works with vulnerable populations. The onus is on the student to seek out these mentors after completing their rural placements during their pre-clerkship training. Students in the InSIGHT program are offered language training

There are significant opportunities for students to participate in extracurricular global health learning opportunities. The Global Health Interest Group (GHIG) offers sessions with guest speakers, and an annual one-day conference with different themes. In organizing the conference, each global health portfolio is responsible for bringing in a speaker related to their portfolio. Last year the MUN LOGHE portfolio organized a naloxone training session that afforded every attendee the opportunity to become certified in administering naloxone. Furthermore, an inter-professional opioid awareness committee was recently formed to continue these endeavours.

Completion of a research project in pre-clerkship is mandatory for all students, thus students interested in global health can choose to complete their research project in this area. Students participating in the student-run clinics are also offered the opportunity to reflect on their experiences

through debriefing exercises. Another avenue for reflection is in the form of a student writing group that publishes a blog allowing students to reflect on their medical school experiences.