

CFMS Global Health Program End of Year Report

April, 2009



CFMS FEMC
Canadian Federation of Medical Students
Fédération des étudiants et des étudiantes en médecine du Canada

Table of Contents

1. VP Global Health Update.....	4
2. National Officer Updates	
i. National Exchange Officer (NEO) Sr.....	8
ii. National Exchange Officer (NEO) Jr.....	10
iii. National Officer of Global Health Education.....	12
iv. National Officer of Human Rights and Peace.....	16
v. National Officer of Partnership.....	19
vi. National Officer of Reproductive and Sexual Health.....	20
3. Global Health Mentorship Project Update.....	23
4. Working Group Updates	
i. Global Health Curriculum.....	25
ii. Pre-departure Training.....	26
iii. Pharmaceutical	27
iv. Environment.....	28
5. School Updates - Condensed Versions (GHLs & GHAs)	
i. Dalhousie University.....	30
ii. McMaster University.....	30
iii. McGill University.....	31
iv. Memorial University.....	31
v. Northern Ontario School of Medicine.....	32
vi. Queens University.....	32
vii. University of Alberta.....	33
viii. University of British Columbia.....	33
ix. University of Calgary.....	33
x. University of Manitoba.....	33
xi. University of Ottawa.....	33
xii. University of Saskatchewan.....	34
xiii. University of Toronto.....	34
xiv. University of Western Ontario.....	34
5. School Updates - Full Versions	
i. Dalhousie University - GHL.....	35
ii. Dalhousie University - GHA.....	37
iii. McMaster University - GHL.....	38
iv. McMaster University - GHA.....	40
v. McGill University - GHL.....	41
vi. McGill University - GHA.....	42
vii. Memorial University - GHL/GHA.....	43
viii. Northern Ontario School of Medicine - GHL.....	44
ix. Northern Ontario School of Medicine - GHA.....	47

x.	Queens University - GHL.....	48
xi.	Queens University - GHA.....	49
xii.	University of Alberta - GHL.....	50
xiii.	University of Alberta - GHA.....	51
xiv.	University of British Columbia - GHL.....	51
xv.	University of British Columbia - GHA.....	52
xvi.	University of Calgary - GHL.....	53
xvii.	University of Calgary - GHA.....	53
xviii.	University of Manitoba - GHL.....	54
xix.	University of Manitoba - GHL.....	54
xx.	University of Ottawa - GHL.....	54
xxi.	University of Ottawa - GHA.....	55
xxii.	University of Saskatchewan - GHL.....	55
xxiii.	University of Saskatchewan - GHA.....	57
xxiv.	University of Toronto - GHL.....	57
xxv.	University of Toronto - GHA.....	57
xxvi.	University of Western Ontario - GHL.....	57
xxvii.	University of Western Ontario - GHA.....	60

Abbreviations

AGM: Annual General Meeting

BAGM: Bi-annual General Meeting

CCIH: Canadian Conference on International Health

CCME: Canadian Conference on Medical Education

GHA: Global Health Advocate

GHEC: Global Health Education Consortium

GHL: Global Health Liaison

GHMP: Global Health Mentorship Program

IFMSA: International Federation of Medical Students Associations

NO: National Officer

NEO: National Exchange Officer

NOGHE: National Officer of Global Health Education

NORP: National Officer of Human Rights and Peace

VP-GH: Vice President Global Health

1. VP Global Health Update - Brianne Hudson

I. Description of Position

The Vice President Global Health (VP-GH) provides guidance, leadership, and support to the GHP. The VP-GH is responsible for assuring that GHP follows the principles and procedures outlined in its operating policy. She/He represents the GHP to the CFMS executive and with external organizations such as the International Federation of Medical Students' Association (IFMSA). She/He is also responsible for managing the GHP budget, organizing GHP meetings, and maintaining communication between GHP members.

II. Activities

1. Meetings Attended:

1. CFMS AGM, Halifax, NS, Sept 26-28, 2008
2. CFMS Exec Meeting, Ottawa, ON, Oct 17-19, 2008
3. CCIH, Ottawa, ON, Oct 26-28, 2008
4. CFMS Exec Meeting, Toronto, ON, Jan 16-18, 2009
5. IFMSA March Meeting, Hammamet, Tunisia, Mar 2-9, 2009
6. GHEC Conference, Seattle, WA, April 3-5, 2009
7. CFMS BAGM, Edmonton, AB, May 1-2, 2009
8. CCME 2009, Edmonton, AB, May 3-4, 2009

2. Portfolio Updates

There is an opportunity for the CFMS-GHP to join IFMSA-Quebec in bidding to host the IFMSA August Meeting 2010 in Montreal. We are still in the process of having local reps approve our participation. Should our motion to participate pass, the VP-GH 2008/2009 will be responsible for overseeing CFMS-GHP participation in preparing for the joint bid, which will occur this August in Macedonia.

3. Completed Projects

- Hiring new national officers: We hired the new NORSH, Sarah Fung (UofA) and the new NOP, Laura Chng (UBC) in January 2009. I have helped them to transition into their roles.
- Representation at IFMSA March Meeting in Tunisia: Organized a delegation of five CFMS members to attend this meeting, and represented Canadian medical students at the meeting. Supported students to fulfill their roles at the conference.

- Supported NORP in preparing for the MonWHO: Assisted Trisha in organizing the delegation of GHAs to the MonWHO in March 2009.

4. Current Activities

- Joint Bid for August Meeting 2010: Collaborating with IFMSA-Qc on their bid to host the IFMSA August Meeting in 2010. I have put forth a resolution to seek approval at BAGM from local reps for us to move forward with this. CFMS participation would include organizing the pre-GA, assisting in soliciting for sponsorship, providing leadership in “green” initiatives for the meeting, and providing up to \$15,000 in funding (this would be matched by FMEQ).
- BAGM Meeting Planning: Planning agenda, lining up presenters, planning GHP presentation to the general assembly, compiling reports, carrying out general admin duties for GHP members.
- Pre-departure Presentation: At CCME, I will be presenting to the Deans of Undergraduate Medical Education on ‘The Case for Pre-departure Training’, and review the work that has been done by CFMS GHP members up to this point.
- Ensuring CFMS and healthforall.ca websites are updated: I’m currently working with Laura (NOP) to ensure GHA poster presentations, etc are available for viewing on healthforall.
- CFMS-GHP Finances: Regulate spending according to the GHP budget, keep financial records.
- Supporting NOs, GHs and GHAs within their specific roles
- Participating on the CFMS Executive Committee

III. Future Goals

I would like to continue to build on initiatives that have gone very well this year. The push for pre-departure training at every CFMS school has been a great success for the CFMS-GHP this year. I would like the CFMS-GHP continue to support GHs in running pre-departure training, but also look for more ways to support them in advocating for their faculties to take on the responsibility for pre-departure training.

The Global Health Advocacy Program (GHAP) has also seen some major successes this year. This was the first year for the GHAP. At the BAGM, I’d like to review the program and talk about how it can be improved for next year. One recommendation has been for us to collaborate with the organizers of the MonWHO such that we choose a common theme every year for both the GHAP and the MonWHO, since a major part of the GHAP’s work at the national level involves participation at the MonWHO.

The GHAs have done some wonderful work which I would like to see showcased at the national and/or international levels. I plan to encourage GHAs to submit their posters to the CCIH and GHEC Conferences. Moreover, I plan to encourage interested GHAs to draft a policy statement to propose to the CFMS, and perhaps even the IFMSA, which would speak to the right to health of indigenous peoples.

The CFMS-GHP's role within the IFMSA has been somewhat limited of late. We have been presented with the opportunity to join IFMSA-Qc in bidding to host the IFMSA August Meeting 2010 in Montreal. I think this is a wonderful opportunity for the CFMS to take a leadership role within the IFMSA, and foster our relationship with IFMSA-Qc of the FMEQ. We are currently in the process of seeking approval for this joint collaboration from local reps of the CFMS.

A few things have been on the back burner so far during my term: (1) our website, www.healthforall.ca, and (2) our internal operating guidelines. There was a problem with handover of the website, but our recently hired National Officer of Partnership (NOP) is now on board and developing the site. I plan to support the NOP to make more progress with this in the coming months. I would recommend for the incoming VP-GH to encourage a promo campaign for healthforall.ca during 2009/2010 (distributing something with the website address on it to all med students, or asking people to sign up on the site for a chance to win a prize, ex. an iPod). Our internal operating guidelines are quite good, but require a few edits and some additions. There have been two cases where we've had misunderstandings with GHP members who have been funded to attend conferences. The first issue has been resolved, and I will work with the Exec on the second one after BAGM. I plan to propose some changes to the IOGs to prevent confusion in the future. I plan to work on this during the summer months for approval by GHs at the AGM in September.

This year, we faced a challenge with the GHP's working groups. It was mandatory for GHs to participate in a working group, however I worry this had a negative effect on working groups as people signed up out of obligation, without a committed interest. In the end, leaders of the six working groups were left with very little support. I hope to have a discussion at the BAGM with GHP members, but plan to recommend optional working groups for next year.

In closing, I will say that the VP-GH is a lot of work! I hope to use the summer to brainstorm ways to reduce the workload on the VP-GH to make the load more manageable for a medical student.

IV. Recommendations and Suggestions for Improvement

Within the GHP:

- make working groups optional to make them more efficient and reduce frustration
- collaborate with organizers of the MonWHO to come up with a theme common to both the GHAP and the MonWHO next year
- promo campaign for healthforall.ca in 2009/10

- encourage people interested in running for VP-GH to attend the IFMSA August Meeting; VP-GH should make an effort to recruit someone from within the GHP to run for VP-GH

For CFMS:

I think it would be nice to have the CFMS constitution, bylaws, policy statements available on our website for members. I've found some policy statements, but they're mixed up with position papers and it's not clear which is which until you open them.

I think we did a great job with the website, but I feel some of it still needs a bit of tweaking. For example, the font size on some of the pages is still quite small.

2. National Officer Updates

i. National Exchange Officer (NEO) Sr. - Fareen Karachiwalla, UWO

I. Description of Position

As the National Exchange Officer Sr., I am responsible for coordinating the research and clinical exchanges within the International Federation of Medical Students Association (IFMSA). This includes coordinating the local committees in setting up incoming student placements, selecting outgoing participants, liaising with the elective coordinators at each Canadian university and communicating with exchange officers around the globe to improve the quality of the IFMSA exchange program.

II. Activities

1. Meetings attended

From March 2nd to March 9th, 2009, I attended the IFMSA General Meeting in Tunisia. In this meeting, myself and the NEO Jr (Ken Mendoza) attended the Standing Committee on Research Exchanges (SCORE) and Standing Committee On Professional Exchanges (SCOPE) sessions. As such, we were able to meet and plan the logistics of the exchange program with national exchange officers from around the world. We also participated in trans national small working groups focused on improving the credibility and sustainability of the IFMSA exchange program as a whole. Finally, this meeting gave us the opportunity to trade student documents with the exchange officers Canada has contracts with this exchange season.

2. Portfolio Changes

There have been no major updates or alterations to this portfolio.

3. Completed Projects

The outgoing exchange participants for the 2009-2010 exchange season have been selected. There are 62 students participating in professional exchanges in 25 countries around the world and 39 students participating in research electives in 18 countries across the globe. In addition, almost ninety percent of the incoming students for this year have been placed at the thirteen universities across Canada and will be commencing their exchanges starting in June of this year. We have also secured forty-five research projects in different clinical and basic sciences domains for incoming research exchange students. Finally, we have found a new local exchange officer for the University of Toronto who myself and the regional exchange officer have met with and trained recently.

4. Current Activities

This year we have implemented a pre departure training strategy that is completely new to the IFMSA exchange program. We are currently working in collaboration with the global health officers at each university to include students participating in the exchange program in their pre-departure training modules they develop. To date, one third of IFMSA outgoing students have participated in such training and even more are scheduled to soon. For those individuals who are not able to participate in a pre departure training session at their university, we will be encouraging them to complete an online module called depart smart which informs students about issues related to travel safety, cultural sensitivity, and ethical implications of doing an elective in a resource poor area. We plan on tracking the success of such programs and using student feedback to gauge how useful these sessions are to an IFMSA exchange participant in case a separate module needs to be developed specific to IFMSA exchanges.

We are also currently in the process of participating in an IFMSA wide initiative called the “wiki pages”, where each member organization of the IFMSA that participated in the exchange program provides information about their country – cultural norms, weather, medical education, health care system etc. to better prepare incoming students for their elective experiences. Should every country participate, this would not only help students coming to Canada learn more about the specific city they are venturing to, but will also help mitigate some concerns that outgoing students often have regarding the country they are going to. With the help of each local exchange officer, Canada should be completed its profile by the beginning of July. This is a form of pre departure training that will not only help student preparedness but allow national exchange officers to direct students to one centralized place where they can obtain information about all of our local committees.

III. Future Goals

In the coming summer months, I hope to evaluate the success of the pre departure training and perhaps work on a module that may be more specific to students participating in IFMSA exchanges. In addition, I would like to implement a new initiative for September that was proposed at the SCORE sessions this past meeting in Tunisia. This initiative is known as the Academic Quality Kit and is a way to ensure that all students going on exchange are gaining a valuable learning opportunity. As part of this initiative, the dean of every medical school in Canada will indicate what they would like their students to gain from an IFMSA exchange in the form of a checklist (for example, focused history taking skills, perform a physical exam under supervision). Our students will then take this documentation with them on their elective and have their supervisor sign off when they have completed these tasks. We will also ask the student to keep a log book of what they do each week on their elective so we ensure that a sufficient learning experience has taken place. This will be a good way for faculty to understand the exchanges better and have their input into what students should be taking out of the

experience, which will aid in faculty participation in this program. This will be occurring in each IFMSA country and as such, the entire program will gain credibility and academic standards are still dictated at the university level as standards vary drastically across medical schools around the world. Lastly, I want to put together some training documents for the NEO Jr in order to equip him to adequately take over the exchange program in August of this year.

IV. Recommendations and Suggestions for Improvement

I believe some strategies should be taken this summer and next year to ensure the continued investment of both local officers and faculty members in this program. Elective spaces are becoming increasingly difficult to come by and as such, we need to make it clear when renewing contracts to each dean and elective coordinators in Canada the benefits of this program to their students and to all students in Canada. This may be in a form of a report highlighting the successes of the program or individual student statements that we send out to the schools. I am in the process of compiling information regarding liability issues, etc that schools are often worried about so that we can put together a comprehensive package for faculty regarding this program and some of the more recent advances that have taken place which add to the program's sustainability and credibility. Finally, I believe next exchange season, we need to ensure we are constantly keeping in touch with the local exchange officers and making personal meetings and phone calls as much as we can, and continue to have the REOs meet at the AGMs in September to be trained. We have found this year, that personal contact and delegating responsibilities to the LEOs make them more motivated and invested in this program. Perhaps next year, regularly scheduled calls should be made to local exchange officers upon being hired and once more during their term.

It would also be useful for the GHP national officers to meet more frequently and discuss over the phone or in person our portfolios. I would love to have a chance to get feedback from the NOs regarding how to best implement pre departure training within the IFMSA exchange program.

ii. National Exchange Officer (NEO) Jr. - Ken Mendoza, UofM

I. Description of Position

As the National Exchange Officer Jr., I coordinate research and clinical exchanges within the International Federation of Medical Students Association (IFMSA) with the assistance of the Regional and Local Exchange Officers. I was recently appointed to this position on Oct 2008. I am responsible for outgoing students.

II. Activities

1. Meetings attended

IFMSA March Meeting 2009 – Tunis, Tunisia

2. Portfolio Changes - N/A

3. Completed Projects

The outgoing exchange participants for the 2009-2010 exchange season have been selected. There are 62 students participating in professional exchanges in 25 countries around the world and 39 students participating in research electives in 18 countries across the globe.

4. Current Activities

The “Cards of Acceptance” for outgoing students are now in the ongoing process of being received and accepted.

III. Future Goals

- Send out the electronic application forms earlier next year
- Compiling a database for feedback from as many exchange students as possible
- A website detailing the various cities in Canada
- Generate more interest in exchanges in some schools with a low number of applicants such as McMaster
- Create documents to facilitate changeover of LEO/REO/NEOs

IV. Recommendations and Suggestions for Improvement

- Look into the possibility of having 4 NEOs instead of the current 2 NEO/NORE system. Currently, we have the NEO Jr. responsible for outgoing students and the NEO Sr. responsible for incoming students. My proposal is to have a NEO incoming Jr., NEO incoming Sr., NEO Outgoing Jr., NEO Outgoing Sr. Sending 4 NEOs to all the IFMSA meetings will be expensive, so in order to offset costs, my idea was that the outgoing NEOs would attend the March Meeting (outgoing student document exchange) while the incoming NEOs would attend the August Meeting (signing student contracts). With the current system, the NEO Jr. spends an entire year learning how to do outgoing, but in the following year will takeover incoming from the NEO Sr. In other words, next year, I will be responsible for incoming students and the experience I’ve gained from dealing with outgoing students this year will not be fully utilized.
- I will be surveying students before the August Meeting to see what destinations students would be most interested in going and attempt to sign contracts with those countries. There were several countries this year that did not attract interest as opposed to others.

- Another “official” e-mail address for the NEO Jr. The only current official address is exchanges@cfms.org which forwards to neo.nore.canada@gmail.com.

iii. National Officer of Global Health Education (NOGHE) - Mike Slatnik, UWO (incoming) and Kelly Anderson, UWO (outgoing)

*Please note this report compiles activities of both the incoming and outgoing NOGHE Michael Slatnik (NOGHE) and Kelly Anderson (outgoing as of BAGM 2009)

I. Description of Position

As incoming and outgoing National Officers of Global Health Education, our goals are to promote the incorporation and continual improvement of global health education and pre-departure training at all Canadian medical schools. We work closely with the Chairs of the Pre-departure Training and Global Health Curriculum working groups, as well as relevant external organizations such as the AFMC Global Health Resource Group, the Global Health Education Consortium and the Canadian Society for International Health.

II. Activities

1. Meetings attended:

- Family Medicine Forum, CFPC (November 2008) in Toronto (Mike)
- Bellagio Rockefeller Conference, "Expanding Frontiers in Medical Education" (Sept 2008) in Italy (Kelly)
- GHEC biannual Board Meeting (November 2008) in Chicago (Kelly)
- GET Ready! Predeparture Training Conference at UWO (Mike and Kelly)
- GHEC biannual Board Meeting (April 2009) in Seattle (Kelly)
- GHEC Annual Conference (April 2009) in Seattle (Mike and Kelly)

2. Portfolio update (list any changes to the nature of your portfolio, etc)

- No changes

3. Completed projects (over the last quarter, ie since AGM)

Transition of NOGHE role is essentially complete. Kelly has introduced Mike to all of the relevant organizations and partners, and Mike is developing relationships with these groups. Predeparture Training successfully implemented at 14 / 14 CFMS medical schools this school year!

4. Current activities

Pre-departure training

- Mike has worked closely with GHGs from every CFMS school, as well as Dax Biondi, predeparture training working group chair, to advocate for predeparture training at all CFMS schools. As of April 2009 this is a reality, with pre-departure training happening in some capacity this school, at 14/14 CFMS schools! This is a tremendous accomplishment, building on the success of the predeparture training document created last year by the CFMS GHP & AFMC Global Health Resource Group.
- Mike has been in discussions with Stephanie Forte, representative of IFMSA-Quebec, to advocate pre-departure training at a truly national level, including the 3 medical schools in Quebec. We are also working with Brianne Hudson and the CFMS executive to bring an IFMSA-Quebec representative to the BAGM in Edmonton, to work towards establishing a long-lasting and beneficial relationship between the CFMS GHP and IFMSA-Quebec.
- Mike and Kelly, in conjunction with Natalie Bocking (McMaster) and Dr. Timothy Brewer wrote an article on pre-departure currently in submission to the CMAJ.
- Kelly and Natalie presented Canadian pre-departure training at the GHEC Conference in Seattle.

Global health curriculum

- As a member of the Global Health Curriculum working group, Mike has worked closely with Olivier Drouin, the chair of this group. The working group will be focusing on accumulating the evidence for the benefits of global health education in the medical school curriculum, as well as developing tools for advocacy so that medical students can push for global health in their curricula.
- Mike and Kelly are active members of the US-Canadian Joint Committee on Global Health Education standards. We are working in this group in order to develop guidelines for global health in medical school curriculum. At the GHEC meeting in Seattle, this group presented a set of core competencies for Global Health Education, which will go towards creation of global health curricula in medical schools.
- Kelly continues to assist the GHMP in their networking, mentor recruitment, matching and monitoring of mentorship pairs. I organized a formal research process for the GHMP this year, to determine the benefit of mentorship in global health education.
- Kelly began collecting examples of how medical students across Canada are teaching each other global health. Currently I have information from six medical schools. I will collect

more information at BAGM, and will compile this into an advocacy commentary and document for distribution and publication.

- Kelly and Mike will co-present with Dax Biondi at the Ethics Workshop at the Canadian Conference on Medical Education, Edmonton, May 4 at 10am.
- Mike and Kelly are both actively working with Tim Brewer, chair of the AFMC Global Health Resource Group, to plan the global health ethics workshop at the CCME on May 4. Mike and Kelly will both be participating in and speaking in the workshop, relating to pre-departure training and global health ethics. You are all invited to attend!

Global health website & communications

- Mike and other members of the CFMS GHP are working on building www.healthforall.ca even further, as a resource for global health and global health education.
- Kelly worked briefly with new NO Trisha Rys to ensure adequate orientation and program development. She has also been involved in the recruitment process for new NOs.
- Mike is working to set up a National Global Health listserv for CFMS students interested in global health. This will greatly facilitate communication amongst passionate global health leaders, from coast to coast, as well as provide global health education resources directly to interested students.

Liaison with the CFPC

- Mike has had discussions with the Global Health Committee of the Canadian Family Physician's College. It has been proposed to the CFPC to expand the current 5-member GHC to a 7-member committee, including one medical student and one resident. The CFPC GHC is currently deciding whether to definitely move ahead with this, and how selection of the students / residents will take place. This is a very exciting opportunity, which would allow for global health advocacy collaboration, from medical school through to family practice, and could make great strides in increasing communication between global health at the medical student, residency, and faculty level. A part of this collaboration could include CFMS students presenting along with the GHC at the Family Medicine Forum in Calgary in October 2009.

Canadian Conference on International Health

- Dr Kevin Pottie, a family physician in Ottawa dedicated to work in the area of refugee health, has organized an all-day workshop for the CCIH in Ottawa, in Oct 2009. The workshop will feature speakers from the areas of immigrant, refugee and global health, will

have representation of CFMS activities by Michael Slatnik (NOGHE), as well as a keynote opening address by Dr Jeff Turnbull, President-elect of the CMA. The workshop is currently titled: "Pathways to Global Health Competence: developing knowledge, skills, and a commitment to social justice." This symposium will provide an overview of experiential or service learning and explore its role in developing global health justice. In an effort to improve global health education for health professionals it will focus on concrete examples of service learning programs in Canada, Panama and Benin as well as emerging National student initiatives aimed at improving the quality of global health education (from Dr Kevin Pottie).

- Kelly officially sits on the CCIH 2009 Planning Committee although is essentially a silent member, as there are over 40 major faculty members and global health leaders on this committee.

Liaison with GHEC

- Kelly continues to sit on the Board of GHEC until November 2009 as per their internal bylaws. As this was the first time a CFMS representative sat on the GHEC board, there continue to be obstacles to understanding how the CFMS will be represented in continuity with our own internal operating guidelines. Mike will be invited to the board meeting in November 2009 to further investigate this.
- Kelly continues to support GHEC in terms of building student involvement in all of their projects.
- Kelly will give presentations on 'global health ethics' on behalf of the CFMS and GHEC at Yale and Boston University in September 2009.

III. Future goals

- Continued support for pre-departure training at every CFMS school, liaising with IFMSA-Quebec to coordinate pre-departure training at every Canadian medical school, and working on improving quality and structure of pre-departure training at all schools.
- Continued work on global health curriculum via committees and institutional partnerships.
- Building healthforall.ca as a global health learning resource, as well as an institutional memory tool for the CFMS.

IV. Recommendations and suggestions for improvement

As the handover is now complete, Kelly will step down from this role and Mike will continue to support and build this portfolio. Kelly will be available as needed to ensure maximal handover and institutional memory building.

In terms of suggestions, we hope that all of the national officers will continue to build closer connections to improve the overall productivity and integration of the GHP.

iv. National Officer of Human Rights and Peace (NORP) - Trisha Rys, NOSM

I. Description of Position (briefly describe what you do in 2-3 sentences!)

The role of the NORP is to create opportunities for Canadian medical students to learn more about issues related to Human Rights and Peace, and to act as advocates in this regard. The role of the NORP involves working with the GHP's Advocacy Working Group and Global Health Advocates (GHAs) to develop local and national advocacy initiatives. As well as supporting Global Health Liaisons (GHLs) to organize campaigns related to human rights and peace.

II. Activities

1. Meetings attended:

- CFMS teleconference
- Individual GHA teleconferences
- Montreal World Health Organization Simulation (MonWHO)

2. Portfolio update (list any changes to the nature of your portfolio, etc)

- Not currently

3. Completed projects (over the last quarter, ie since AGM)

- University of Calgary has started an Aboriginal Health Association student group. The Focus of this group includes
 - o Speaker series
 - o Outreach initiatives
 - o Promoting medical electives in aboriginal health
 - o Promoting medicine as a career choice to aboriginal students
- University of Toronto has initiated a partnership with the Aboriginal Street Youth Program. This vision includes initiating a learning exchange partnership whereby Aboriginal youth interested in pursuing medicine as a career might be supported through mentorship arrangements with students and faculty.

- University of Toronto has partnered with the First Nations House, which is an organization that provides culturally supportive student services and programs to Aboriginal students and the general community at the University of Toronto.
- University of Toronto has been working to improve policies for aboriginal students applying to U of T.
- University of Toronto is looking into partnering with the International Health Program (UTIHP) in promoting their existing programs around Aboriginal health education. This would involve working with UTIHP executives whose mandate is to organize and plan educational events relating to Aboriginal health.
- McGill has developed and is conducting the CKUT radio program Health on Earth. This program discusses aboriginal health issues on the radio for half an hour each week.
- McGill: Has been working to organize a cultural sensitivity training workshop that can be conducted for students traveling abroad.
- The GHA has completed and presented a workshop for the MonWHO focusing on Aboriginal and Environmental health, using the Oil Sands and contamination of Fort Chipewyan's water source as a case study
- Working on the development of a speakers series featuring physicians in Montreal that have spend time working up north and are open to sharing their experiences
- Dalhousie University: Has been working on developing an Aboriginal Health Association Student Group.
- Arranged for a meeting with the Undergraduate Medical Curriculum Committee to discuss the core competencies developed by IPAC-AFMC and how Dalhousie can best act on those recommendations.
- Working to connect with local Aboriginal communities to develop elective opportunities for interested medical students.
- Speaker Series:
 - First Nations History with Dr. Daniel Paul November 27th
 - Suicide Rates among Inuit Youth with Jack Hicks January 6th
 - Cultural Competency Training with Dr. Wayne Warry (McMaster) February 19th
 - Careers in Aboriginal Health with Atlantic Regional Director of FNIB Date: April 2nd
- NOSM has been working collaboratively with the GHL to develop pre-departure training which will address cross-cultural issues.
- Organized for a film night for NOSM students to increase awareness Re: Aboriginal health issues - in particular the impact of Residential Schools on health a film called "Muffins for Granny" by Nadia McLaren.
- The GHA has assisted in the development of the cultural sensitivity training workshop for MonWHO
- Plans to present about medical school, admissions, etc. at the Aboriginal Cultural Centre at Lakehead University
- Queens University- Has been working on developing an observership opportunities for First Nations youth in Moose Factory (an island in James Bay) where Queen's has a

strong connection, sending physicians, clerks and residents there for placements to work in the local medical clinic; the intent is to expose youth to health care professions and to open doors for mentorship opportunities

- Investigation of the admissions process for Aboriginal applicants at Queen's, discussion with faculty of potential areas for improvement/change, potentially developing a forum for Queen's medical students to raise awareness of the policy and the issues surrounding it.
- Advocating for curriculum re-development talks to encourage an increase in focus on Aboriginal health.
- U of Alberta: Has been working towards developing a collaborative relationship With the Aboriginal Health Group already set up at U of A. Goals included developing an Aboriginal Speakers Series, mentorship program for Aboriginal youth, tobacco education program for aboriginal youth and arranging a round dance.
- GHA participation and presentation at the MonWHO
 - 3 Poster Presentations
 - 1 Workshop- Cultural Sensitivity Training Workshop

4. Current activities

- Trying to organize a group of GHAs to collaborate with Stephanie, one of the organizers of the MonWHO, in policy development. This would involve utilizing the research done for the MonWHO to develop a policy statement that could be implemented by the CFMS and possibly the IFMSA related to Aboriginal Health.
- Submitting claims for the GHAs travel expenses
- Preparing for the CFMS Bi-general Annual Meeting (BAGM) that will be taking place in Edmonton May 1st-3rd.
- I have recently invited 4 GHAs to attend the BAGM. I will work with these GHAs to coordinating travel arrangements/ accommodations.
- Working with GHAs to write two articles of the CFMS Review: One article will explore the Global Health Advocate Program (exploring the GHA experience) and the second will discuss a particular GHAs experience at the MonWHO conference.
- Reflecting on the GHA program and development of strategies to improve the program for next year.

III. Future goals

- Summer project: To create a GHA Manual
- To improve communication/ collaboration with the Advocacy working group
- Increase collaboration between GHAs and GHLs
- To use poll results from the GHA to contribute to discussions regarding the theme for next year.
- To attend/ present at BAGM
- Attend/ present at the conference in Macedonia in August

IV. Recommendations and suggestions for improvement

- I feel revising the Advocacy working groups will increase the participation of group members.
- I feel attending BAGM will provide me with a broad understanding of the Global Health Program. I'm hoping this will assist me in guiding GHAs in the upcoming year. I also hope it allows increased participation/ collaboration between the various sections of the Global Health Program.
- I feel selecting GHAs earlier in the school year will allow the team more time to collaborate, prepare, implement and evaluate local as well as national initiatives.

v. **National Officer of Partnership (NOP) - Laura Chng, UBC**

Description of Position

- The NOP is responsible for creating new and sustaining existing appropriate partnerships with external global health-related organizations, such as federal bodies, multilateral organizations and NGOs. This includes seeking out new and existing national global health projects that should be liaising with the CFMS GHP.
- The NOP is also responsible for developing the healthforall.ca website, and maintaining and updating the site on a regular basis, synthesizing input from NOs and GHs as needed. Ensure continuous website input from all other NOs.

Activities

1. Attended GHEC in April 2009
2. Portfolio changes
 - The NOP position now has a stronger role in the development and utilization of the healthforall.ca. I am currently the chair for the web working group and will help lead new initiatives that seek to either utilize, share resources with, strengthen or promote this CFMS –GHP website.
3. Completed Projects
4. Current Activities
 - Transition from Fadi, the previous NOP
 - Briefing on past, current and future partnership goals
 - Review of NOP documents and objectives
 - Healthforall.ca assessment and development
 - Overview of administrative functions and technical aspects of the site
 - Discussion over goals, rationale and promotion of the site
 - Acquaintance and introduction to current partners
 - Liaising with Fadi and current alliances with CCIH, CMAJ
 - Accessing networks and listservs to research and explore possible partnership opportunities

Future Goals

- Re-engage discussions for partnership with Lancet and BMJ student
- In collaboration develop a set of guidelines and model to research and establishing meaningful partnerships between CFMS-GHP and external organizations
 - Outline and clarify the needs of Canadian medical students and the global health opportunities they feel are relevant and useful for their learning and career advancement
- Establish healthforall.ca as the primary source for sharing information and resources within the CFMS-GHP, develop different domains for travel reports, conference reviews, 'CFMS member area' for working groups to share updates
- Investigate potential for creating a GHP-specific list-serv to disseminate information and opportunities, functioning in parallel to the site and to serve primary role of the NOP in establishing partnerships and networking opportunities for Canadian medical students
- Many more ☺

vi. National Officer of Reproductive and Sexual Health (NORSH) - Sarah Fung, UofA (incoming) and Lana Saciragic, UofO (outgoing)

I. Description of Position

The goal of NORSH is to create educational and practical opportunities in the vast domain of sexual and reproductive health for Canadian medical students. In particular, NORSH is responsible for overseeing major international awareness days on a national level; World AIDS Day and International Women's Day. In addition, NORSH organizes and implements workshops and conferences related to sexual and reproductive health. The above is achieved by close collaboration with other GHP members, national and international organizations and NGOs.

II. Activities

1. Meetings attended

Outgoing NORSH:

- MonWHO 2009
- Telephone conferences with incoming NORSH

Incoming NORSH:

- IFMSA March Meeting General Assembly (Hammamet, Tunisia, March 2 to 9, 2009)
- Medical Students for Choice Canadian National Conference (Montreal, QC, April 17 to 19, 2009)
- Telephone conferences with outgoing NORSH

2. Portfolio changes

- none

3. Completed Projects

Outgoing NORSH:

- Selection of incoming NORSH, Sarah Fung
- Collaboration with University of Ottawa GHs on poster presenting University of Ottawa pre-departure training curriculum

4. Current Activities

Outgoing NORSH:

- Ensure handover with incoming NORSH
- Planning and strategizing with members of GHP on BAGM agenda content
- Continued communications with Give A Day campaign

Incoming NORSH:

- Work with outgoing NORSH to ensure a smooth handover
- Organizing sexual and reproductive health workshops at regional medical student conferences:
 - I am initiating contact with the organizers of the main regional medical student conferences across Canada for 2009-2010 (AMSCAR (Alberta Medical Students' Conference and Retreat), OMSW (Ontario Medical Student Weekend), MUN-Dal)
- I am initiating contact with a member of the American Medical Students' Association (AMSA) to explore exchange or other collaborative opportunities with their organization.
- Recently, I joined an IFMSA small working group for "Greater Involvement of People Living with HIV/AIDS", which will write a policy statement encouraging all countries to consider this principle in their projects relating to HIV/AIDS.

III. Future Goals

Outgoing NORSH:

- Continue providing support and guidance to incoming NORSH
- Continue involvement with organizing sexual and reproductive health workshop at OMSW 2009
- Maintain and continue building relationships with members of GHP

Incoming NORSH:

- Achieve effective handover with outgoing NORSH.
- Implement sexual and reproductive health workshops at medical student conferences.
- Build relationships with external organizations that have related goals, such as Medical Students for Choice.
- Explore collaboration, partnership, educational, or elective/exchange opportunities with AMSA.

- Build relationships with fellow GHP members.

IV. Recommendations / Suggestions for Improvement:

1. Suggestions for increasing the profile of healthforall.ca

- Appeal of the website:
 - Information which is necessary and relevant to all health professionals, not just those interested in global health – i.e. providing opportunities for electives
 - e.g. NOs/ GHGs update the section as they receive information on relevant opportunities via various list-servs
 - NO campaigns/projects clearly posted, marketed and highlighted on the home page. The campaign/project should be worded such that the students sees an opportunity for him/herself
 - e.g. pre-dep training – link to interesting modules, audio recording of an interesting lecture, link to a reading
 - Utilizing the website as the starting point for obtaining information pre-conference/event
 - E.g. students attending pre-dep training at certain schools must log in to sign up/obtain the necessary information ahead of the event/to do an evaluation after the event
 - Note: have to check the technical aspect of this (i.e. is it possible that only students from certain schools can see certain information)
- Promotion of the website:
 - investing some GHP budget into creation of promo material of Health for All
 - GHGs to hand this promo material at the beginning of the year to classes (e.g. at orientations for MS1, at first class for MS2/3, via email for MS4)
 - A more visible link on the CFMS website
 - Promotion of Health for All along with CFMS website at various CFMS-endorsed events
- Maintaining the website:
 - Reevaluate the time commitment by NO
 - ? Vote on a necessary mandatory time commitment by GHGs (could be part of the GHG description, much like GHG reports)
- Implementing use of website:
 - All communication documents between members of GHP (VP-GHP, NOs, working groups) posted on the website (under secure log-in), especially pre-AGM/BAGM
 - * again, check technical aspects of this – can there be a forum accessible only to certain members?

3. Global Health Mentorship Project Update - Nitasha Puri

I. Description of Position

The Global Health Mentorship Project Organizational Team works to manage the Global Health Mentorship Project (GHMP). Created in 2006 by then National Officer of Public Health Kelly Anderson, the GHMP works to match medical students with mentors in various sectors of global health in order to fill in the global health educational gaps within the Canadian medical curriculum. For a more detailed overview, please visit the website at <http://ghmp.cfms.org>.

II. Activities

The GHMP Organizational Team has completed phase two of the 2008-2009 mentorship cycle, and is currently heading into the third and final phase. After mentors and students had been recruited, Phase Two consisted of mentor-mentee pairs engaging in introductory conversations about topics within specific interest sectors. The organizational team supplemented these discussions with a resource blog and online forum, found at <http://ghmp.blogspot.com>. The site includes links to articles, websites, videos, and stories specific to the various interest sectors, as well as discussion areas. In addition, the site also contains working modules that take students through thought experiments on ethics, politics, economics, and self-reflection. Unfortunately, this particular resource has been severely underused in this mentorship cycle, and is a point for improvement.

The GHMP was also recently represented at the annual Global Health Education Consortium (GHEC) Conference in Seattle, Washington. During the poster presentation, members of the organizational team were able to engage in conversation about the inherent advantages and disadvantages of mentorship, as well as network with potential mentors.

The currently ongoing Phase Three, Organizational Team administrators are tying up mentorships and mentors and mentees have been asked to complete the post-mentorship survey. After data has been collected and analyzed, our final task will be to complete our annual report and begin preparing for the next mentorship cycle.

III. Future Goals

The GHMP Organizational team aims to finish up the mentorship cycle and move into transitioning the project to the new coordinator and team. In addition, the GHMP is in the process of collaborating with IFMSA-Quebec in order to move the project and the mentorships into the medical schools in Canada that are not part of the CFMS GHP. This process will involve translating documents into French, recruiting French-speaking mentors, and distributing applications to students attending the non-CFMS schools.

IV. Recommendations/Suggestions for Improvement

For the upcoming mentorship cycle, the GHMP Organizational Team has a few recommendations and suggestions for improvement. This list may grow once the data from the post-mentorship surveys has been collected. First and foremost, we recognize the need to improve selection and training of volunteer mentors, and the need to create a resource for mentors to refer to in order maximize relationships and effectively guide a medical student in their own personal global health education. In addition, we would like to improve usage and efficacy of the resource blog, and find a way to effectively stimulate mentor-mentee pairs in their discussions. Finally, we would like to continue our detailed research and present new findings and conclusions at conferences.

4. Working Group Updates

i. Global Health Curriculum Working Group - Submitted by Olivier Drouin, McGill

1. Working Group (WG) Activities:
 - a. I continued to participate in the AFMC Global Health Working Group conference calls this term in order to be part of setting objectives for their Canadian Conference on Medical Education (CCME) session and update them on GHP predeparture training activities
 - b. I offered input into the discussion on revisions to the Health for All.ca website in order to make predeparture training resources more accessible to GHGs by working with the VP GHP and National Officer of Global Health Education
 - c. I presented Canada's approach to predeparture training at the IFMSA March Meeting in Tunisia
 - d. I am collaborating with GHGs from the University of Ottawa, the Northern Ontario School of Medicine, the University of Alberta, and Queens to develop poster presentations of predeparture training activities happening at their schools to showcase them at the BAGM and CCME
2. Implementation of WG Initiatives - How are CFMS member schools using your work? being affected by your work?
 - o I've created a template poster presentation, which GHGs may adapt to make their own poster presentation for the BAGM/CCME.
3. Future plans:
 - o Beyond CFMS schools, medical school representatives worldwide will be encouraged to participate in a web based appraisal of the Canadian predeparture training guidelines. The objective of this collaboration is to seek feedback on the guidelines such that they may be adapted to suit student's needs worldwide in order to make predeparture training a priority for all IFMSA member nations. Mike Slatnik plans to attend the IFMSA August meeting at which he will be able to present the results of the collaboration and perhaps begin writing a policy that may be presented to the general assembly.
4. My main challenges:
 - o I feel that my position has given me the authority to accomplish the working group activities mentioned above but time and communication deficits made it difficult to collaborate with those students registered with the working group
 - o I was impressed with the amount of interest students initially expressed in being involved with the predeparture training working group. But, I found it hard to coordinate students as the year rolled on and I attribute this to busy schedules and conflicting personal objectives.

5. Recommendations / Suggestions for improvement:
 - In order to facilitate collaboration, I suggest that the AGM time for small working groups might be used not so much to work on the priorities of the group but more, to work on the "rules of engagement" for working together. Perhaps a working group training could be facilitated at the AGM, which could speak to a number of objectives including 1) setting working group objectives for the year, 2) discussing how often the group will communicate (emails, teleconferences, etc.), and 3) getting to know one another so that strengths can be exploited. Also, since working group chairs assume their positions with little warning or preparation, some sort of package might be handy for chairs speaking to the responsibilities and how to facilitate a working group over a great distance. For example, chairs might be told how to go about booking a teleconference session.

ii. Pre-departure Training Working Group - Submitted by Dax Biondi, UWO

Working Group (WG) Activities

The GH curriculum working group didn't meet formally during the winter semester. After good work during the fall semester (three meetings), responses to e-mail became increasingly difficult to obtain for group members. Offer of help came from Brianne to contact keen working group members, as well as from Jessica Liauw in order to put something together, but this fell during a bad time for me.

Implementation of WG Initiatives - How are CFMS member schools using your work? being affected by your work?

Since the working group was unable to produce any of the two documents that we had planned to develop (one on "the case for Global Health" aimed at faculties, to explain the rationale for our request to integrate more Global health in curricula and the other more "hands on", a "how to" guide for people wanting a guide to implement changes in their school), I don't think any school directly benefited from the group's work.

Challenges

As mentioned above, great challenges were encountered during this semester, relating mainly to the difficulty in eliciting responses to e-mail (for tasks and meeting times), commitments to one of the two projects we had developed, lack of time from the coordinator of the group to do individual follow-up on everyone and later, to take advantage of the help that was offered from Jessica. Fatigue and other commitments also seemed to have struck most working group members after the holiday break.

Future plans

In light of my absence to the BAGM in Edmonton and the beginning of clerkship in a few weeks and my incapacity to mobilize the group after the holidays, I suggest that another member of the CFMS working group, preferably a junior GHJ take over the lead in this dossier. I will be present for both the transition and for any questions that might arise during the next few months. The group had good work done in the fall and I think that starting on those foundations can lead a very good work if a few individuals are committed to see it happening.

Recommendations / Suggestions for improvement

See above

iii. Pharmaceutical Working Group - Submitted by Alyson Horne-Douma, Dal

1. Working Group Activities

Development of a background document and draft policy statement on pharmaceutical sponsorship of medical student activities.

2. Implementation of WG Initiatives - How are CFMS member schools using your work? being affected by your work?

The document and policy statement will be ready for presentation to the GHP at the BAGM (May 2009). At this time, we will welcome any suggestions and revisions. The document can be used by students to advocate for responsible policies regarding industry sponsorship at their schools, both within medical education and medical student society events.

At Dalhousie, the early research compiled for this report by the WG Chair was presented to the Dean of Medicine in response to student concerns about a session for second year students that was sponsored by Pfizer. We were able to ensure that the issue of conflict of interest through industry funding, and the need for a comprehensive policy, were brought to the attention of the Dalhousie Faculty of Medicine administration. They are aware that students are paying attention to this issue, and that this WG will continue to work on developing a student policy statement.

3. Challenges

The biggest challenge for this working group was maintaining participation. After initial excitement at the AGM in Halifax (September 2008), enthusiasm dropped off. Two conference calls were organized, without attendance from any members at either. An email was sent out in January, asking for members to declare their level of interest in the WG. Of 12 initial members (excluding the Chair and VP-GHP), 7 replied they were interested in continuing to be members of the WG. Of those 7, only one (Jessie Breton) was able to contribute to the writing of the document. Jessie and I will have compiled the document by the time of the BAGM. As the Chair, with the responsibility of compiling much of the research document and statement, I underestimated the scope of the work necessary and have missed deadlines I set for myself.

Nevertheless, I feel this project is extremely important, and hope to see it continue in the future.

4. Future plans

- feedback from the GHP at the BAGM
- survey of medical student societies from CFMS member schools on the existence and content of a) their existing society policies regarding industry sponsorship, and b) their faculties' academic policies regarding industry funding
- preparation of the policy statement for presentation and voting at the AGM in September 2009

5. Recommendations / Suggestions for improvement

Given the low participation, I would recommend that WG membership not be mandatory; rather, those who are passionate about a particular project should be involved, on a voluntary basis. GHs have a range of responsibilities, and should not be obligated to participate in a WG they feel is not relevant to their student constituents, or not a priority for their school.

The drop in participation in January this year meant that work, which had initially been divided up among several people, was unexpectedly left to two people, making completion of the project difficult.

I am not sure why there was a lack of participation in conference calls; it may have simply been the difficulty of finding a convenient time for most people, a lack of commitment to this WG, or perhaps the fact that I tried to use Skype and this was unfamiliar to most people. Any suggestions would be much appreciated!

As the Chair, I feel considerable responsibility lies on me for not sending emails more regularly, following the decrease in membership in January. I did not want to send out an incomplete document, but perhaps regular emails with whatever I had completed would have sparked more participation. I would recommend, in the future, that a Chair of this WG email the group on a monthly basis, at least, regardless of enthusiasm from the group or how much work has been completed.

iv. Environment Working Group - Submitted by Cait Champion, UofT

I. Working Group (WG) Activities

- Full review of environmental initiatives going on within Medical Societies at member schools
- Drafted CFMS Green Charter for approval at BAGM 2009

II. Implementation of WG Initiatives - How are CFMS member schools using your work? being affected by your work?

- If adopted, CFMS Green Charter will affect all member schools in their activities within the CFMS

III. Challenges

- Coordinating activities via email
- Fully utilizing skills of all working group members
- Keeping on top of long term plans

III. Future plans

- Adopt and implement Green Charter
- Develop action package for member schools wanting to adopt green practices and initiatives
- Consider future expansion of Green Charter to a broader sustainability policy

IV. Recommendations / Suggestions for improvement

- More clearly assign/follow-up with tasks (perhaps officially appointing a chair?)
- Better utilizing google group

5.30 School Updates - Condensed Versions (GHLs & GHAs)

i. Dalhousie University - Alyson Horne-Douma & Rosie Ashton (GHLs), Leisha Hawker (GHA)

GHL Highlights:

The Dalhousie GHI hosted a number of successful projects this winter. From the Photo Auction, to a World TB Day event, to the new MERCI project, we have involved students from other faculties and raised almost \$1000 for various organizations. We have collaborated with the International Health Office, and other student groups, including the Aboriginal Health Interest Group, Med Students for Choice, and the Obs/Gyn Interest Group, on educational and awareness-raising events. We have tried to emphasize that “global” means both local and international, by raising funds for Halifax organizations (eg. Stepping Stone) as well as international NGOs (eg. Mikinduri Children of Hope Foundation). The Global Health Advocacy program has developed at Dalhousie, with the GHA being a member of the Political Advocacy Committee. The GHLs have been active nationally, with the GHL Sr. presenting at the Global Health Education Consortium Conference in early April, and the GHL Jr. attending the IDEA and UAEM Conference on April 20-21.

GHA Highlights:

- 1) Increasing awareness among medical students regarding Aboriginal health, and
- 2) Establishing genuine interest among Dalhousie faculty members to address the recommendations made by the Indigenous Physicians Association of Canada and the Association of Faculties of Medicine of Canada regarding Aboriginal health curriculum and Aboriginal representation in Medicine.

ii. McMaster University - Chris Keefer & Molly Forrester (GHLs), Natalie Chan (GHA)

GHL Highlights:

- Speaker + Movie Nights – Forums for discussion on a variety of global health topics including refugee health and healthcare in resource-poor settings
- Involvement with Local Initiatives – Active student participation in needle-exchange programs, as well as refugee and new immigrant healthcare
- Pre-Departure Training – Focus on Ethics and Cultural Competencies; sessions now mandatory for all students travelling on overseas electives.
- Pharmaceutical Initiative (new) – Vision: to advocate for greater availability of essential medicines, and the adoption of socially responsible licensing through the McMaster technology transfer office.

GHA Highlights:

- Encouraged students to participate in events relating to Aboriginal health both at McMaster and in the community

- Established rapport with local Aboriginal health support network and began to explore ways medical students can engage in the Aboriginal community and learn more about its needs

iii. McGill - Olivier Drouin & Jennifer Hulme (GHLs), Alexander Nataros (GHA)

GHL Highlights:

- a. McGill, with the everlasting collaboration of McGill International and Global Health Initiative, has expanded the number of projects offered to McGill Students, covering now real opportunities for Med-1s to Med-4s.
- b. Discussion are under way for collaboration with the McGill Global Health Programs (electives database, literature reviews, scholarship) as well as with the McGill Department of Family Medicine (Montréal-based Global Health rotation, permanent site in Tanzania for McGill med students participation)
- c. There is great enthusiasm from the Med-1s class which we hope will continue next year and will allow even greater involvement in McGill Global Health projects.

iv. Memorial University of Newfoundland - Kate Hadley (GHL/GHA)

GHL/GHA Highlights:

- Pre-Departure Training sessions –3 “lunch and learn” sessions with various guest speakers covering the 5 recommendations
- International Health Action Group (IHAG)
- Regular International Health Updates emailed to Memorial Medical Students
- monWHO conference 2009- attendance by 3 MUNMED II students
- 18th Annual GHEC Conference- Seattle, Washington - attended by MUNMEDI student
- Movie Night- showing documentary Montana de Luz
- International electives- ongoing meetings, discussions regarding method of creating online database
- Recommendation to the Memorial MSS for the creation of a Junior GHL position in addition to the Senior GHL to aid with continuity year-to-year

v. Northern Ontario School of Medicine (NOSM) - Julie Zalan & Amanda Moore (GHLs), Celia Sprague (GHA)

GHL Highlights:

- pre-departure training started this year
- Global Health Action Group to promote student engagement in GH issues
- student participation in Network Towards Unity For Health Conference, Jordan, October 2009
- GHA presentation on cultural sensitivity and health care at MonWHO

vi. Queen's University - Jessica Liauw & Jesleen Rana (GHLs), Jennifer Baxter (GHA)

GHL Highlights:

- development of Global Health Certificate Program
- Food for Thought Conference
- pre-departure training - 3hr evening session
- student-run global health forum
- Global Health Gala

GHA Highlights:

- Established a group of interested/motivated students to work on local advocacy/initiatives
- Began developing local contacts, researching local issues, developing local initiatives to be continued next year
- Developed and delivered a Cultural Safety, Aboriginal Health and Environmental Health presentation (both locally and at MonWHO)

vii. University of Alberta - Brianne Hudson & Catherine Arkell (GHLs), Scott McLeod (GHA)

- Pre-departure Training
 - second year running, sessions are four hours in length
 - based on AFMC-CFMS Pre-Departure Training Guidelines
 - 3 separate training opportunities: 2 afternoon sessions, 1 lunch hour series
 - now co-sponsored by Faculty and mandatory for students going on approved international electives
- International Photo Contest and Silent Auction
 - four-one photos displayed, \$650 raised for Keiskamma Trust
- Global Health Website
 - we advocated for re-vamping of the Faculty's global health website, and are currently participating in site development
- Rich Man Poor Man Dinner
 - Over \$400 raised for MedSoc global health initiatives; another \$500 for Keiskamma Trust

viii. University of British Columbia - Andrea Lo & Tonia Timperley (GHLs), Neda Amiri (GHA)

GHL Highlights: No report at this time.

GHA Highlights:

- Global Health Video Session
- World AIDS Day
- bakesale and bookmarks for International Women's Day
- workshop on myths and misconceptions surrounding First Nations people
- GHA contributed to poster on climate change for MonWHO

ix. University of Calgary - Michelle Tubman (GHL), Marie Claire Bourque (GHA)

GHL Highlights: No report at this time.

GHA Highlights:

- created Aboriginal Health Association
- Aboriginal speaker series
- Aboriginal Healing Lodge Tour
- involved with PAC on issue of increasing enrollment of Aboriginal medical students
- presented poster at MonWHO on the need of safe drinking water in First Nations communities

x. University of Manitoba - Kristen Creek & Aleesha Gillette (GHLs)

No reports at this time.

xi. University of Ottawa - Samantha Green & Becky Wallace (GHLs)

GHL Highlights:

- winter food & toiletry drive to support the local refugee reception house
- collaborated with the Student Federation to offer free coffee for students who bring a reusable mug
- screened the films ¡Salud! and Triage
- Dr. Robert Huish spoke about the Latin American School of Medicine
- presented at the MonWHO conference on Climate Change and Health
- Global Health Pre-Departure Training Conference
- survey to assess the effects of the U of O Faculty decision to prohibit bilateral IFMSA exchanges

xii. University of Saskatchewan - Zia Poonja & Bev Wudel (GHLs)

- Twenty students participated in pre-departure training
- Internationalization committee awarded 11 travel bursaries to students and faculty pursuing global opportunities.
- Fair Trade coffee sale
- Anti-Nuclear presentation and support for the Coalition for a Clean Green Saskatchewan
- Raised over \$15,000 for a local organization dedicated to addressing food insecurity
- Global Health Series – three speakers were brought in to discuss incorporation of international training into residency, providing international medical care, and the epidemiological impact of economies of scale

xiii. University of Toronto - Rob Ciccarelli & Amitha Kalaichandran (GHLs), Calvin Ke and Nancy Xi (GHAs)

No reports at this time.

xiv. University of Western Ontario - Mike Slatnik & Dax Biondi (GHLs), Kristen Jewell (GHA)

GHL Highlights:

- The Global and Ecosystem Health Lecture Series hosts Raj Patel (author of *Stuffed and Starved*) and Samantha Nutt (founder of War Child)
- The GET Ready! Predeparture Training Conference provides predeparture training to 36 Western students
- The Hungry for Change Gala 2009 raises \$5400.00 for bursaries for medical students participating in global health oriented work; in addition, \$2800.00 is raised for Huruma Children's Home in Ngong, Kenya
- The Global Health Funding Committee distributes 15,400.00 in bursaries for medical students participating in global health electives
- Dax attends the International Federation of Medical Students March Meeting in Tunisia and presents on Canada's predeparture training efforts
- Western Students attend the MonWHO and learn about water as a right and determinant of health from Maude Barlow
- A delegation of Western students attended the Global Health Education Consortium Conference in Seattle

GHA Highlights:

- administering a survey of the 2012 medical class assessing attitudes towards Aboriginal health and the effectiveness of current curriculum including areas in which more education seems necessary
- paving the way for future advocacy initiatives to be established in the fall

4. School Updates - Full Versions

i. Dalhousie University - Alyson Horne-Douma & Rosie Ashton (GHLs)

1. Local activities

The GHLs at Dalhousie chair the Global Health Initiative (GHI), an interprofessional student society with a mandate to raise awareness and provide opportunities for students to take leadership roles in global health projects and campaigns.

January/February

DSU Societies Fair, International Opportunities Fair – These fairs were held on the main Dalhousie campus. The Dalhousie GHI had a booth at each, in order to extend our membership beyond the health professions. As a result, we have over 30 new members on our mailing list, from undergraduate and graduate programs.

March

International Women's Day - A champagne & cheese with a movie screening was co-sponsored by the GHI, Obs/Gyn Interest Group, and Med Students For Choice. Despite a small attendance, we had a good discussion following the film, "Trading Women." Donations were collected and given to Stepping Stone, a charitable not for profit organization that offers supportive programs and outreach to women, men and transgender sex workers and former sex workers.

World TB Day – A lecture was hosted in partnership between the GHI and the Aboriginal Health Interest Group. The presentation was delivered by TB expert Dr. Peter Daley, and highlighted issues related to TB globally, with some focus on TB in Canadian ABORIGINAL and immigrant populations, and Canada's role in the global effort to eliminate TB.

Pre-Departure Training – A 3-hour session was held for all students traveling internationally for electives this summer. Sixteen students attended, including those participating in IFMSA exchanges. The session covered personal safety, culture shock, cultural humility, and diseases of poverty. It was organized by the Dalhousie International Health Office, in partnership with the GHI.

April

Photo Auction & Open Mic – This event was held at a local bar, and attracted over 100 people! Students donated framed photos they had taken, and a silent was held. Money raised was donated to the Mikinduri Children of Hope Foundation.

May

Global Health Conference – Each spring, the GHI hosts a Global Health Conference. The one-day event, comprised of a keynote speech and workshops, is free, and open to the public. This

year, the theme is “Access to Essential Medicines.”

Code Red - This year, we will be hosting the 2nd Annual Code Red. The purpose of this event is two-fold: to raise money for the two organizations previously mentioned, and to raise awareness across Nova Scotia about HIV/AIDS. The event entails three groups of medical students, cycling and running across Nova Scotia, beginning from three different towns (Antigonish, Wolfville, and Sackville in New Brunswick) and ending up in Halifax. This year, the event is being held over May 22 and May 23.

Ongoing

MERcI – The Medical Equipment Recovery Initiative (akin to REMEDY) has been moving forward successfully! Storage space has been obtained at the Victoria General hospital and a formal meeting with bio-ethicist Dr. Nuala Kenny was held to discuss issues surrounding the project and a pilot program is now running, with three bins in place. The first load of equipment has been picked up, and volunteers are being recruited to do inventory.

Distributed Medical Education – The Dalhousie Faculty of Medicine will be expanding to Saint John, New Brunswick in September 2010, with an initial student intake of 30. We have been working on developing a framework for the election of GHLs and the structure of the GHI, as part of the larger context of student governance on the two campuses. This framework will evolve over the first few years, but currently, we anticipate that GHLs will be elected from across both campuses, and activities will be conducted as much as possible with the assistance of video-conferencing.

Global Health Advocacy – At Dalhousie, we have integrated the GHA role into the PAC. The Dalhousie GHA, Leisha Hawker, attended Lobby Day in February with the PAC, as well as MonWHO. She also co-chairs the Aboriginal Health Interest Group, and in this role, she has organized a number of talks and events for students, including one entitled “Aboriginal Culture and Communication in Patient Care” by Dr. Wayne Warry of McMaster.

2. Involvement in CFMS-GHP working groups and/or national global health initiatives

Global Health Advocacy – Please see above.

Pharmaceutical Sponsorship Working Group – This group was chaired by the GHL Sr., and the GHL Jr. was a member. For details, please see the Working Group report. At Dalhousie, this initiative has been particularly relevant, as the second year medical class had a lecture sponsored by Pfizer. The Faculty administration is aware of the work of this group, and our concerns with a lack of coherent policy regarding industry funding of medical education at Dalhousie.

3. Plans for next year

We had a large and vibrant group at the beginning of this year, with lots of great ideas for

projects and events. Those included in this report and the January report were the most successful, and we hope to focus on these next year, to ensure their continued success. We had set a goal at the beginning of the year to increase participation from other faculties, and we're happy to say this was accomplished! Next year, we should participate in the fall Societies Fair to continue to inform the wider student body about the GHI. We also have early tentative plans for a larger community fundraising event for Dignitas, involving a fashion show featuring local designers.

4. Recommendations / suggestions for improvement

- reduce the number of events to focus energy and enthusiasm
- more advanced planning of all events to allow for better publicity
- increased collaboration with the International Health Office, particularly on the Office's speaker series
- continue to encourage participation from students outside the Faculty of Medicine, perhaps working with the Health Science Student Association to make participation in GHI events worth Interprofessional Learning credits (a CME-credit-style approach to IPL has been discussed)
- increased coordination and cooperation between the GHA and the PAC rep (perhaps merging these roles into one)

ii. Dalhousie University - Leisha Hawker (GHA)

Local Advocacy Initiatives:

Aboriginal Health Interest Group (AHIG)

Worked to expand the AHIG to include students from other health professional schools at Dalhousie and have submitted an application to the Dalhousie Student Union to be ratified to ensure annual funding for the group to continue its work.

Speaker Series

Topics included local First Nations History, Suicide among Inuit Youth, TB in Canadian Aboriginals, Cultural Safety, and Experiences of Healthcare Providers Working with Aboriginal patients.

Aboriginal Awareness Week

We are putting up posters around the medical school to raise awareness of the health inequities that exist and are showing a documentary on the residential school system.

Eskasoni Youth Project

Received funding from the CFMS to have a career day at Eskasoni (largest reserve in Nova Scotia) to encourage Aboriginal Youth to pursue a career in health.

Undergraduate Curriculum

Met with many faculty members to discuss ways to improve the curriculum and are working to 1) alter a Med I case to involve an Aboriginal patient and to focus on cultural safety, 2) recruit the Mi'kmaq Friendship Centre to participate as a placement for the volunteer component of the Med II Population Health course, and 3) develop pre-clerkship elective opportunities in Eskasoni.

Admissions

We have meetings set up with Faculty members to discuss ways to improve the Aboriginal representation at Dalhousie Medical School and are working on setting up a Mentorship program for Aboriginal applicants.

Participation at MonWHO:

Presented Poster on “The Effect of Environmental Contamination on the Health of the Aboriginal Population”

Challenges:

Because the AHIG was not a well established group (in its second year) and most members were non-Aboriginals and not from the local area, it was difficult at first to identify key persons from the university and Aboriginal communities.

Future Plans:

See above local advocacy initiatives which the AHIG will continue to work on.

Recommendations:

I would recommend that the theme continue for one more year as many GHAs took this year to set up an Aboriginal Interest Group and I feel it would be beneficial to take one more year to solidify those groups to ensure that they will continue on with their initiatives. The following year, I think it would be beneficial to try to match up the theme of MonWHO with the GHAP theme for that year.

Global Health Advocacy Program:

For its first year I feel the GHAP has been very successful and should definitely be continued.

iii. McMaster University - Chris Keefer & Molly Forrester (GHLs)

1. Local activities

- Refugee Health & Speaker Night – An interactive talk, documentary viewing, and discussion on refugee health. Speakers: Dr. Diane Ahmed, a Hamilton physician who works with refugee and new immigrant populations, and Roya Mostamandi, fled with her family from Afghanistan and lived in Pakistan as a refugee. Documentary: God Grew Tired of Us (about the Lost Boys of Sudan).

- International Health Keynote Speaker & World AIDS Day 2009 – Working groups have been established and are currently planning both events
- Pre-Departure Training – Two mandatory 3-hour sessions will be held in May for all students travelling on overseas electives this coming summer. Students and faculty are currently collaborating to plan these sessions, with an emphasis on Ethical issues and Cross-Cultural Competencies.
- International Surgery Awareness Week
- Public Health Harm Reduction Elective (VAN program) – IHC students and students from the general class body are actively involved with this municipal needle exchange program, which happens out the back of a public health van.
- HARP – IHC students are collaborating with a Hamilton immigration organization and will be involved in helping refugee and new immigrant families in better accessing the Canadian healthcare system. Thus far, students have started meeting with their assigned families.
- Student Journal – IHC members regularly contribute global health based articles to the McMaster meds student journal.
- GHA Presentation at MonWHO
- Universal Access to Essential Medicines (UAEM) – This is a North American wide initiative that advocates for the inclusion of "licensing terms in exclusive technology transfer agreements that ensure low-cost access to health-related innovations in the developing world," among other things. UAEM seeks to see essential medicines more globally accessible. A UAEM sub-committee within the IHC has been established and has begun a great deal of background work. Our next steps will be to liaise with pharmaceutical companies and local pharmacies to advocate for the donation of near-expiry products for international distribution. We will also be approaching the McMaster Technology Transfer Office to begin discussions surrounding the implementation of socially responsible guidelines. *Note: We would encourage other schools to also take on this initiative and learn more about UAEM. We would be interested in collaborating with other schools!

2. Involvement in CFMS-GHP working groups and/or national global health initiatives

- Unfortunately there has not been much involvement with any CFMS-GHP working groups, though there is interest in the GHP Pharma Group
- UAEM – See above.

3. Plans for next year

- Continuation of:
 - HARP (Refugee/New Immigrant Health) Project
 - VAN (Harm Reduction/Needle Exchange) Program
 - International Health Keynote Speaker (Autumn 2009)
 - World AIDS Day 2009

- Speaker + Movie Nights
- Neglected Infectious Diseases Speakers Series
- UAEM – We'd like to see this initiative really take off, and will be seeking to involve students from other faculties here at McMaster.

4. Recommendations / suggestions for improvement

- Perhaps a skype/conference call with all new GHGs in the fall, to bring everyone up to speed early on

iv. McMaster University - Natalie Chan (GHA)

I. Local advocacy activities

In order to better advocate for Aboriginal health:

- Assisted with promotion of and attended events relating to Aboriginal health both at McMaster University and in the community:
 - 5th Annual Aboriginal Health Conference organized by the Student International Health Initiative, a McMaster University undergraduate student association
 - Aboriginal Health Conference: Exploring Innovative Approaches to Improving Indigenous Peoples Health: Harmonizing Indigenous Knowledge and Western Biomedicine, organized by the Indigenous Studies Program and the Aboriginal Students Health Sciences Office (ASHS)
 - Inter-professional Day in Aboriginal Health, an event hosted at the Six Nations of the Grand River, co-organized by the ASHS, the Six Nations Family Health Team and the Program for Inter-Professional Practice Education and Research
 - Aboriginal Health Movie Night
- Liaising with De Dwa Da Dehs Nye's Aboriginal Health Centre and connecting with local Elder, Walter Cooke (Ojibwe/Cree of the Bear Clan) and participation in the Healing Journey to learn more about traditional medicine and Aboriginal health practices

II. Participation at the MonWHO and/or other national initiatives

- Prepared and presented a workshop at MonWHO entitled: The Importance of Cultural Safety in Understanding Aboriginal Health and Environmental Health
 - Met with local Aboriginal Elders, community members and scholars to learn more about their culture and pertinent health issues
 - Touched based with the National Aboriginal Health Organization to gather resources for the presentation
- Attended Aboriginal health seminar at the Family Medicine Forum 2008

III. Challenges

- In order to begin active advocacy work, I spent the majority of my time establishing rapport and building trust with the local Aboriginal community and various Aboriginal support organizations. I took time to learn about the current initiatives and partnerships already in place.
- In addition, I took time to consider how to overcome obstacles that arose from previous advocacy efforts in order to ensure that new initiatives would be more positive, less fragmented, and more community-based.

IV. Future plans

- Continue to maintain a good relationship between medical students and the Aboriginal community by ensuring consistent communication
- In collaboration with the Aboriginal community, begin to develop new initiatives that will enhance medical student knowledge and understanding of Aboriginal health matters

V. Recommendations / suggestions for improvement (remember advocacy theme will change next year)

- More frequent and consistent communication between all GHAs to increase sharing of ideas and resources, and provision of support for local and national advocacy initiatives
- Increase opportunity for coordinated efforts across schools to broaden the scope of advocacy

VI. Should we continue the GHAP (global health advocacy program) next year?

- The GHAP should continue the advocacy theme of Aboriginal health next year because effective and long-lasting positive impact can only be achieved if there is continuity in our efforts. With a matter as sensitive as that of Aboriginal health and given the long-standing history of good intentions and poor outcomes with interventions from the past, there is a great need to ensure that the efforts of all GHAs this year will be continued and expanded.

v. McGill University - Olivier Drouin and Jennifer Hulme (GHLs)

1. Local activities

At McGill most of our local activities are conducted in conjunction with our Global Health Interest Group, the McGill International and Global Health Initiative (MIGHI). Here is what has been happening since January:

- Attribution of two 1000\$ scholarships to Medical students going to do a clinical rotation abroad
- Fundraiser for next year series of scholarships
- Discussion with the Dept of Family Medicine about the possibility of creating a Montreal-based Global Health Electives rotation for clerkship students
- Discussion with the Dept of Family Medicine about establishing a permanent agreement with a site in Tanzania for Med-1s and Med-2s to go do volunteer work over the summer and for Med-3s, Med-4s to go do electives

- Work with the McGill Global Health Programs in continuing to develop a global health electives database
- Organization of the Montreal WHO simulation with Université de Montréal
- Literature reviews about Global Health curricula and pre-departure training for use at the GHEC, in collaboration with Dr Tim Brewer, at the McGill Global Health Programs
- Preparation of a pre-departure training for Med-1s and Med-2s, to be held on May 12th and 13th.
- Work the Dept of Family Medicine to complement the pre-departure training they are offering to Med-3s and Med-4s.
- Creation of a weekly Global Health newsletter covering the events related to Global Health happening on campus and outside.
- Continuation of our weekly Global Health radio show.

2. Involvement in CFMS-GHP working groups and/or national global health initiatives

Olivier was chairing the CFMS Global Health Curriculum Working group (see other report). Jennifer has yet to join of the groups. Also, working our Global Health Advocate Alex Nataros, with other students and the faculty work to increase enrollment of First Nations students in medical and nursing school at McGill and exploring longer term programs for mentorship and high school outreach.

3. Plans for next year

Next year, we plan on continuing running the numerous activities found in This includes a better organization of the presentation night for the scholarship winners and to continue our close collaboration with the McGill Department of Family Medicine and the McGill Global Health Programs. We will also elect our new Junior GHL in the next month.

4. Recommendations / suggestions for improvement

The information overload and the difficulty of getting people involved in the second half of the academic year are on-going challenges, faced both at the local level as well as at the national level (see Olivier's report on the working group). We would also need a bigger group of committed individual to keep on top of everything happening, given the rapidly expanding number of projects.

vi. McGill University - Alexander Nataros (GHA)

- o McGill Aboriginal health Portal: <http://www.health.library.mcgill.ca/MAHP/index.htm> and the First People's House on campus (<http://www.mcgill.ca/fph/>)
- o McGill's med program doesn't look at aboriginal health in any detail except 4th year where there's a 5 week elective on Aboriginal Health offered

- many McGill/Quebec med students work up north (Nunavuk, Baie James) through the summer through the SARROS program <http://www.equipesarros.ca/sarros.html> and a cultural sensitivity training would be very well received
- many doctors in Montreal spend time working up north and are open to sharing their experiences

Action

- Currently active at the Montreal Native Friendship Centre, out on weekly street patrols to distribute warm food, drink, clothes, needle-exchange to at-risk Aboriginal peoples living on the streets
- In consultation with the Native Friendship Centre in starting a Diabetes Sharing Circle
- Work on the CKUT radio program Health on Earth (www.healthonearth.blogspot.com), currently working on a series Aboriginal Approaches to Healing, and other on the current state of Aboriginal Health in Canada
- Completed poster presentation at MonWHO focussed on aboriginal and environmental health, using the Oil Sands and contamination of Fort Chipewyan's water source as a case study-- as part of this, collected 31 signatures from MonWHO participants on a petition directed to the Albertan Premier and Federal Ministers of Health and the Environment, demanding that there be a moratorium on Oil Sands development until these health effects are addressed
- Have started a working group involving the McGill senate representative for medicine, a first year aboriginal medical student and a doctor with experience up north, with the intention to increase the supply and demand of aboriginal students in McGill's faculty of Medicine

vii. Memorial University of Newfoundland - Kate Hadley (GHL/GHA)

- Focus this semester was organization of Pre-Departure Training program. In conjunction with the Local Exchange Officers (Heather O'Reilly and Angela Wareham) review of the National Template Guidelines and creation of a plan.
- Due to the smaller class size at Memorial it was decided to use a 'lunch and learn' format with 3 sessions each ~1.5 hours with 1-4 guest speakers to cover the various recommendations. Participants also received additional information packages for independent learning.
- Will be compiling feedback and suggestions from participants regarding this format, what can be improved etc... for next year!
- Planned documentary showing on Montana de Luz – March 19th, 2009
- MonWHO 2009 attending students were able to share their experiences with classmates, excellent learning of the inner-workings of the WHO, policy making and international health concerns

- Angela Wareham attended the 18th Annual GHEC Conference in Seattle and was completely inspired, and able to share her experience with fellow students- especially regarding ethics of international health/travel
- Books with Wings- 100s of books ready to go to an alternative charity, as the contract is not available through the Canadian Forces/Books with Wings.
- Ongoing meetings and discussions as to best possible format for online ‘database’ of international electives past, present and future inclusive.
- Future plans/recommendations:
 - International electives- determine best possible solution (hopefully to be discussed during BAGM?)
 - Find a home for the 100s of Medical Textbooks we have collected
 - Ensure that at the open MSS meeting within next few weeks that there is the creation of one 2-year position for GHs at Memorial University to better facilitate continuity between years. This would allow more students to be involved at the national level with regards to Global Health- there is definitely the interest here at Memorial
 - Suggested that the Global Health Advocate be an elected member of the MSS as well. Decided during the Medical Student Society meeting April 9th, 2009 to have a trial of this position independent of the MSS but elected during the first few weeks of September or later in June 2009.
 - Healthforall.ca working group

viii. Northern Ontario School of Medicine (NOSM) - Julie Zalan & Amanda Moore (GHs)

INTRODUCTION

The student body at NOSM developed and established two positions to represent global health at NOSM: the GH senior and GH junior. Both representatives worked together to implement programming at the community and academic level.

NOSM is situated on two campuses: Laurentian University and Lakehead University. With the help of teleconferencing and videoconferencing technology, joint initiatives were created and implemented. In addition, students on each campus supported individual GH programs and projects.

PROJECTS – JAN – APRIL 2009

1. Predeparture Training

Together with the Local Exchange Officers, both GHGs developed and organized predeparture training for students traveling abroad this summer with IFMSA. The training was developed with reference to guidelines suggested by the IFMSA, including: personal health, travel safety, cultural awareness, language competencies and ethical considerations.

2. Global Health Action Group

A global health action group was established to promote student engagement in global health issues. Some of their activities included:

- Valentine's Day fair trade chocolate awareness campaign
- Provision of fair trade coffee in student kitchen
- Attending community volunteer events
- Determining whether school clothing can be provided by a sweatshop-free supplier

3. NOSM and the Network Towards Unity For Health

Two students will be representing NOSM at the Achieving Quality in Health Care: Challenges for Education, Research and Service Delivery Conference in Amman, Jordan, October 2009. Students will prepare and deliver a poster presentation at a thematic poster session in front of an international audience. NOSM is an institutional member of the Network: TUFH and we believe this would be a great opportunity for our students to share our school's model for distributed learning and our social accountability mandate. We envision a presentation that examines these areas from a student perspective and discusses the adaptability of such a learning model to other rural, remote and resource-constrained settings.

4. Global Health Advocacy

This is the first year that NOSM has been represented by a global health advocate (GHA). The GHA was involved in advocating for aboriginal students on the national level, and made a presentation on cultural sensitivity and health care. GHA from across Canada came together in March in Montreal to attend the Model World Health Organization Conference. Delegates represented countries from across the world. The main participation came from undergraduate medical students.

5. Voting Capacity

NOSM student society has voted and given the GHL Sr. voting rights at executive meetings. The GHL Sr. position has been adopted as an executive position and will be elected during the spring elections with other executive positions. The NOSM GHL Sr. will now be able to sit on our medical society and will have one vote to best represent student concerns at both the national and local levels.

PLANS for 2009–10

1. NOSM Student Exchange Program

The Global Health Liaisons hope to continue to enhance and expand its international exchange program in the coming year. Specifically, we hope to secure an increased number of both incoming and outgoing CFMS exchange placements, as well as build our capacity to provide education and support to exchange participants.

2. World AIDS Day

This was the second year that NOSM participated in the Give a Day to World AIDS campaign in support of Dignitas International and the Stephen Lewis Foundation. The GHs hope to be involved in this campaign for World AIDS Day 2009, and have several aims to improve the reach of our message and the amount of funds raised. We hope to improve collaboration with the health sciences centres in Thunder Bay and Sudbury to engage more health professionals in the campaign, as well as develop ways for more students to play an active role in the event.

3. Student Action Groups

Two ongoing challenges of the Global Health Program at NOSM are how best to encourage student engagement in global health, and how to overcome the barriers presented by having a dual campus between Thunder Bay and Sudbury. One way in which the GHs have attempted to address these challenges has been to facilitate the creation of two student-driven action groups – these groups have given relatively more autonomy to each of the respective campuses, as well as provided more opportunity for initiative and ownership over global health activities. The GHs in the coming year will continue to cultivate and support these groups as an avenue for interested students to take a more hands-on role in global health advocacy and activism.

4. Global Health Website

This year the GHs worked in collaboration with the VP Executive to develop resources and materials relevant to global health to make available to our students via the Student Society website. We will continue to improve and expand these resources, using regular collaboration with our students to ensure that the materials provided are relevant to their learning and their needs.

5. Institution of Ethical Purchasing Policy

The GHs have begun preliminary discussions with the Communications department at NOSM to evaluate the labour practices of the suppliers from which our school clothing is currently sourced, and consider alternative sources to ensure our clothing is ethically produced. Further to this, the GHs have considered drafting and proposing an ethical purchasing policy for NOSM to endorse and adhere to in the purchasing of apparel and other goods.

ix. Northern Ontario School of Medicine (NOSM) - Celia Sprague (GHA)

Local advocacy activities

- Encouraged and facilitated NOSM students' participation in Lakehead University's Culture and Support Services events (teachings, feasts, sweat ceremonies, etc.) as well as NOSM's Aboriginal Affairs events (smudge ceremonies, teachings, elder circles, etc.)
- Contacted Lakehead University's Culture and Support Services and proposed a workshop between NOSM medical students and Aboriginal students attending Lakehead University interested in attending medical school

Participation at MonWHO

- Conducted research and contributed in the development of a interactive workshop regarding the concept of cultural safety as it pertains to Aboriginal peoples' encounters in the biomedical health care system

Challenges

- Not being fully clear on what my role as NOSM's GHA pertained in the context of local and/or national initiatives when appointed the position
- Not having contact with other GHAs until Jan/Feb of the academic year

Future Plans

- Continue to work with Lakehead University's Culture and Support Services to establish a working relationship and to plan and facilitate information sessions and/or workshops with Aboriginal students at Lakehead interested in pursuing medical and allied health-related careers

Recommendations & Suggestions for Improvement

- Focus more on local initiatives as each school has various needs, pre-existing or lacking programming.
- To this end, collaborating on a national-wide project to present at the MonWHO conference was personally challenging and rewarding, however, I did not feel that this avenue was the best way to approach advocating for increased Aboriginal representation in medical schools. Presentations were prepared without serious consultation with Aboriginal stakeholders and were presented at a conference attended largely by non-Aboriginal undergraduate university students. I felt that this project risked misrepresentation of Aboriginal agencies and populations and did not succeed in advocating for Aboriginal students. Much time and energy was devoted to this initiative with not substantial consideration of the GHA program's mandate. Perhaps in the future, local university's GHAs might find more effective initiatives to devote their time, funding and efforts to.

- I believe the GHA program is a valuable one, however, I would not recommend GHAs' participation in MonWHO, rather, utilize the national representatives to develop and carry-out smaller, more cost-effective initiatives at the local level.
- In terms of GHA Program theme, I believe that it would be useful and more effective to extend the theme for a two-year timeframe which would allow for more substantial and sustainable initiatives.

x. Queen's University - Jessica Liauw & Jesleen Rana (GHLs)

1. Local activities

- development of Aboriginal Health active learning elective in conjunction with our Global Health Advocate
- Liaising with our faculty advisors to develop the Global Health Certificate Program (a 2 year program which will commence next year)
- Liaising with the QHSSA (Queen's Health Sciences Student Association) to collaborate on projects for next year (i.e. the Queen's Health and Human Rights Conference).
- Food for Thought: The Environmental and Health Impacts of Our Food Choices
 - This was a conference over one week
 - Students were encouraged to collaborate and think about where our food comes from and how it affects our health beyond its nutritional content.

Pre-departure Training

- On March 2nd, 2009, we held a 3hr evening session for students who intend participate in any activities outside of Canada as a "Queen's medical student".
- This was a collaboration with the Queen's International Center (presented risk management info) and our Faculty Advisors (presented CFMS competencies).

Student-Run Forum

- Weekly lunchtime sessions during which students presented a topic of choice that related to global health. Students were encouraged to use published research to inform their presentations.
- Some topics included: Global health and the media, global mental health, partners in health model, models of public health care, volunteerism in India and Aboriginal health and cultural safety.

Global Health Gala

- The annual Global Health Gala was held on Feb 27th, 2009, in support of the Pamoja Tunaweza Women's Center in Moshi, Tanzania. This center has the vision to support marginalized women in the Kilimanjaro region who suffer from poverty, gender-based violence, and who may be infected with or affected by the impact of HIV/AIDS. It provides clients with temporary shelter, health services and information, counseling, micro-loans and business education. This year we raised approximately \$7000 for the center.

2. Involvement in CFMS-GHP working groups and/or national global health initiatives

- Jessica: member of global health curriculum working group

3. Plans for next year

- Continued development of Global Health certificate program
 - Health policy curriculum (10 sessions)
 - Tropical Disease curriculum (10 sessions)
 - Core curriculum (6 sessions)
 - Journal club component in year #2 of the program.
- Continued Website development
- Queen's Health and Human Rights Conference 2009: Oct 2-3.
- Aboriginal Health Active Learning Elective
- Local issue week (i.e. food for thought from 2009)
- Global Health Gala
 - Continued development of pre-departure training

4. Recommendations / suggestions for improvement

- Set timelines for working group phone meetings/ goal completion
- within Queen's: Communication with faculty advisors/ administration outlining plans at the beginning of each semester

xi. Queen's University - Jennifer Baxter (GHA)

I. Local advocacy activities

- Presented the MonWHO Cultural Safety, Aboriginal Health and Environmental Health workshop to the Queen's Global Health Interest Group
- Numerous meetings with a small group of interested/dedicated students with long-term goals regarding advocacy and initiatives at Queen's
- Met with the director of Admissions for the medical school
 - Discussed policies regarding the Aboriginal student admissions process, possible reasons for the low enrolment of self-identified Aboriginal medical students
- Met with the Elder-In-Residence at the 4 Directions First Nations Student Centre
 - Discussed key issues to address to make Queen's a more accepting and inviting campus for Aboriginal students, future initiatives, etc.
 - An excellent long-term connection

II. Participation at the MonWHO and/or other national initiatives

- Helped develop and deliver a Cultural Safety, Aboriginal Health and Environmental health presentation

III. Challenges

- Time – myself, our local group, contacts, etc.
- Connections – knowing who to contact, etc.

IV. Future plans

- Establish connections with local First Nations organizations to better understand their roles and their experiences, barriers, needs, etc. with regards to health care locally
- Meet with Aboriginal students interested in medical school to better understand the challenges/barriers faced that are important to address
- Continue working on the development of an opportunity for youth in Moose Factory to observe physicians in the local medical clinic
- Establish a connection between Aboriginal interviewees and the First Nations Student Centre to make them aware of the supports and services available (next year's admissions cycle)
- Provide connections for Aboriginal students interested in medical school to answer questions, provide guidance, etc.
- Develop Cultural Safety training for students doing electives in Aboriginal/Northern communities
- Develop an Aboriginal health elective (including cultural safety/"sensitization", traditional healing practices, visits to local organizations working with Aboriginals, observerships with physicians working with Aboriginal populations, etc.)

V. Recommendations / suggestions

- Encourage GHAs to promote the GHA program early to maximize time dedicated to the theme – this would allow earlier communication between GHAs and greater opportunity to work together to improve local initiatives as well as the potential for national activities
- Clarify the MonWHO responsibilities in the job description (both as presenters and as delegates)

VI. Should we continue the GHAP (global health advocacy program) next year?

- Yes – this is a program that provides a unique opportunity to highlight key issues pertaining to global health on a local level. I also believe the MonWHO presence was of benefit to all delegates in raising awareness/providing an avenue for discussion of key issues.
- Consider keeping the GHA theme the same – issues of Aboriginal health (particularly medical school admissions/enrolment) require long-term advocacy/action
 - If not possible consider having a separate Aboriginal Health Advocacy program

xii. University of Alberta - Brianne Hudson and Catherine Arkell (GHLs)

Pre-departure Training - Last year, GHLs organized pre-departure training for the first time at the UofA. Training took the form of a series of five lunch hour sessions, and covered (i) travel health and safety, (ii) practical tips (visas and passports, travel insurance, etc.), (iii) language and cultural considerations, (iv) ethical considerations, and (v) issues surrounding sustainability. With the help of the Pre-departure Training Guidelines produced by the AFMC/CFMS-GHP last year, the UofA has now made pre-departure training mandatory for medical students going on approved international electives. GHLs still organize the sessions, but the Faculty of Medicine now co-sponsors the event, reviews content and plays a supervisory role. To accommodate

students, this year we hosted three opportunities for pre-departure training: a training afternoon in January, a training afternoon in March, as well as a series of four lunch hour sessions. The sessions cover four major topics: (i) practical tips, (ii) travel health and clinical safety, (iii) language and culture considerations, (iv) ethical considerations. Our sessions make use of lectures, activities, games, small and large group discussions to train students didactically, as well as experientially. Next year, GHs and the Faculty may want to consider hosting only weekend sessions and no lunch hour sessions, as some students find it difficult to attend all four lunch hour sessions and special arrangements have to be made for them to complete their training.

International Photo Contest and Silent Auction - The University of Alberta's third annual Global Health Photo Contest and Silent Auction was held on February 6, 2009. Students from all four years, as well as staff and faculty submitted photos from their travels abroad. Forty-one photos were selected and were printed in 12x18 inch format, framed and displayed for the auction. Well over a hundred students, faculty, staff and passers-by attended the Friday afternoon event, which was run concurrently with the campus-wide University of Alberta International Week. The auction was quite successful, raising \$650 for Keiskamma Trust, a Canadian NGO that does HIV/AIDS work in South Africa. This year's event was partially sponsored by the Faculty of Medicine and Dentistry, however to ensure sustainability for the future we have applied to other funding sources, such as the Alberta Medical Association.

UofA's Global Health Website - This year, GHs have advocated for the re-vamping of the Faculty's Global Health website, www.ih.ualberta.ca. We participated in hiring a student to design the new site, and have provided input regarding site development. This project is not yet completed, and will continue over the summer and perhaps into the next academic year.

Rich Man Poor Man Dinner 2009 - The Faculty of Medicine and Dentistry's Global Health Program organizes this fundraiser on an annual basis. Typically over \$20,000 is raised, and funds go to provide travel bursaries for students going on international electives. GHs assist with event planning, and also run a small fundraiser for MSA Global Health initiatives during the event by collecting donations for floral centerpieces at each table. This year, we raised \$410 for the MSA. In addition, we auctioned a selection of photos from February's Photo Contest and raised an additional \$500 for Keiskamma Trust. We also assisted by organizing the entertainment for the evening, and between the two of us, emceeding, performing and stage managing during the event.

xii. University of Alberta - Scott McLeod (GHA)

No report at this time.

xiii. University of British Columbia - Andrea Lo & Tonia Timperley (GHs)

No report at this time.

xiv. **University of British Columbia - Neda Amiri (GHA)**

I. Local advocacy activities

We initiated a "Global Health Video Session" project. This was done in collaboration with our Junior and Senior Global Health Liaisons. On Mondays, after lectures, we would play 5-10 minute videos of global health issues around the world. Last semester, displaying the problem of obstetrical fistulas in Ethiopia allowed for campaigning for surgical corrections. More than \$2000 was raised over a span of few days.

For AIDS day, again with the collaboration of GHL, pictures of med students involved with HIV/AIDS project were posted around the faculty. Ribbons were also sold.

For women's day, in collaboration with UBC Federation of Medical Women of Canada, we prepared bookmarks that beared quotes about women by prominent political/literary figures. These were disseminated to first and second year medical students. A bakesale was also done, and it raised over \$100 for a local Vancouver Coastal Health Prenatal Clinic called SHEWAY. This clinic provides prenatal Care to women with high risk lifestyles who are pregnant. With regards to the national theme, a workshop regarding myths and misconceptions around First Nation people was done by our Aboriginal Programs Coordinator. This was met with great success. Suggestion was made to incorporate this presentation into our course curriculum.

We are also hoping to launch an aboriginal student shadowing opportunity. The aim of this program would be to allow keen premed aboriginal students an opportunity to connect with a first or second year medical student, and allow a mentorship connection to develop. There has been some issues with the faculty in starting this project, but a pilot one should be done in the near future.

II. Participation at the MonWHO and/or other national initiatives

I helped out with making the poster about how climate change and pollution is affecting food and water systems of the First Nation Population.

III. Challenges

It would be great to have more support from the faculty, as well as funds to do more projects!

IV. Future plans

Continue with implementation of a shadowing/mentorship project for the Premed First Nation students.

Increase awareness surrounding global health issues.

V. Recommendations / suggestions for improvement

-Allow more partnership between GHA and GHLs

-Funding!

- Create a centralized system for awareness regarding WHO's initiatives and "days" (e.g. International Women's Day, AIDS Day, etc)
- Be able to create a policy to get faculty to TEACH more GLOBAL HEALTH (both how to do it, people who have done it, challenges, etc)
- Continue this year's theme as a secondary theme for next year...but add a more primary theme, perhaps regarding access of the immigrant population to medical care in Canada! :-)

V. Should we continue the GHAP (global health advocacy program) next year? Why or why not?
 -I loved the program, and would like to see it continued.

xv. University of Calgary - Michelle Tubman (GHL)

No report at this time.

xvi. University of Calgary - Marie Claire Bourque (GHA)

- I. Local Advocacy activities (to date)
 1. Created an Aboriginal Health Association student club (20 members)
 2. Ongoing speaker series
 - a. Aboriginal Health Program in Alberta, March 2009 (10 attendees)
 - b. History of Aboriginal People in Alberta, April 2009 (20 attendees)
 3. Aboriginal Healing Lodge Tour (14 participants)
 The Elbow River Healing Lodge offers multidisciplinary healthcare for Aboriginal people in a safe and culturally appropriate setting.
 4. Informed students about the opportunity of doing a summer elective in Aboriginal Health (Siksika, Elbow River Healing Lodge, Pincher Creek). So far, 5-6 students will be doing an elective in aboriginal health over the summer.
 5. Brochure for rural and urban aboriginal communities to encourage medicine as a career option. Featured were students interested in aboriginal health.
 6. Sit on the political advocacy committee and will be working in conjunction with the president of the committee on a position paper re increasing the number of aboriginal students in medical school.
 7. Planned activities for the future include a trip to an aboriginal reserve, a sweat, more speakers in our speaker series, and mentorship between medical students and aboriginal youths.
- II. Participation at the MonWHO
 1. Keeping with MonWHO 2009 theme, WATER, presented a Poster entitled; "What About Canada? The Need for Safe Drinking Water in First Nations Communities"
 2. Participated in all planned MonWHO activities
- III. Challenges
 1. Uncertainty with the role the GHA is supposed to play at the local and national level.
 2. Inconsistency between GHAs at different schools
 3. Resistance from Faculty in the implementation of certain ideas and projects

IV. Future plans

1. Ensure the longevity of the Aboriginal Health Association by registering the club to the Student Union and implementing elected non-council positions for the President and Director of Programming into the yearly elections..
2. Apply for funding (grants, initiative funds and private sector).
3. Continue to sit on the Political Advocacy Committee for advocacy role in deciding future governmental lobby topics.
4. Set up a mentorship program between medical students and aboriginal youths.

V. Recommendations

1. Keep the same theme for 2 years
2. MonWHO – not necessarily a great place for advocacy. Better to attend the Global Health Stream at the BAGM.
3. Collaborate at the beginning of each theme to create specific and attainable objectives (across the country)
4. All GHAs should sit on their school's Political Action Committee (PAC)

xvii. University of Manitoba - Kristen Creek & Aleesha Gillette (GHLs)

No report at this time.

xvii. University of Manitoba - Priyanka (GHA)

No report at this time.

xviii. University of Ottawa - Samantha Green & Becky Wallace (GHLs)

Local Activities

- Winter food and toiletry drive to support the local refugee reception house
- collaborated with the SFUO (Student Federation of UofO) to offer free coffee three times per week for students who bring a reusable mug
- screened the films ¡Salud! and Triage
- Dr. Robert Huish spoke about the Latin American School of Medicine
- presented at the MonWHO conference on Climate Change and Health
- A day-long Global Health Pre-Departure Training Conference is taking place on April 25th; 40 medical students and residents are registered to attend
- We are developing a survey to assess the effects of the U of O Faculty decision to prohibit bilateral IFMSA exchanges. We're hoping for the Faculty to reverse this decision when they revisit the issue in August.

Involvement in CMFS-GHP working groups

- not active

Plans for next year

-We have begun transition with next year's GHL, Leslie Martin.
-The UofO recently set up an office of global health (to coordinate research and clinical partnerships, to provide input into global health curriculum, etc.). We hope to be involved in the office's development.

Recommendations/suggestions for improvement

-We are concerned about the cancellation of our clinical bilateral exchanges. The Faculty decided that they did not have any clerkship spots to spare, and any not taken by UofO students should be reserved for Canadian students. This policy raises important ethical questions when we send Ottawa students abroad to use up resources learning in developing countries, but do not reciprocate the same opportunity for learning for students from developing countries. We are worried that other Faculties from across the country might implement a similar policy under pressure from government.
-Continue to build relationships with outside organizations, both locally and nationally, including Dignitas, PGS, and CAPE.

xviii. University of Ottawa - GHA

No report at this time.

xix. University of Saskatchewan - Zia Poonja & Bev Wudel (GHLs)

September 2008 - January 2009:

We met 2-3 times each month in the first semester and did the following:

- Organize an AIDS week Bake Sale
- Distributed red ribbons to raise money for the Steven Louis Foundation and AIDS Saskatoon.
- This year we raised \$500 to each institution during AIDS week.
- We watched some videos as a group relating to tolerance and diversity by Karen Armstrong
- We had a speaker session where Sultan Sadat, an afghan refugee came to speak to us about his time in Afghanistan and his viewpoint on the healthcare systems in his home country and the refugee camps that he was living in.
- As a group Health Everywhere was able to send two members to the International Health Conference in Ottawa. They will be reporting about their experiences in the new year.
- We began some talks on creating an advocacy group around Anti-nuclear proliferation

January – April 2009

- Twenty students participated in pre-departure training organized by the Internationalization Committee from the College of Medicine
- Health Everywhere, our global health interest group met for one hour weekly this semester

- Health Everywhere collaborated with the newly-established Social Accountability Committee to sell Fair Trade Coffee. No paper cups were available, encouraging students to bring their own reusable mugs. The pilot was a success, and there are plans to continue this initiative on an ongoing basis next year.
- The College of Medicine Internationalization Committee awarded 11 global health bursaries: four went to faculty, five to graduate students, two to medical students
- Anti-Nuclear Proliferation – The province of Saskatchewan is currently exploring the option of building a nuclear reactor in the province. One of our members with a keen interest in this area traveled to Delhi, India in March 2008 for the International Physicians for the Prevention of Nuclear War world congress, and to Halifax in November 2008 for the PGS conference. He presented to the group on the pros and cons of building a nuclear reactor in Saskatchewan. The outcome of this presentation was that the group voted to support the position of the Coalition for a Clean Green Saskatchewan, which opposes the construction of a nuclear reactor in the province.
- Child Hunger and Education Program fundraiser – Health Everywhere collaborated with CHEP to organize a dinner gala fundraiser. CHEP is a grassroots organization that uses a community development approach to tackle food security issues in and around Saskatoon. The theme of our fundraiser was “Think Global, Eat Local” – guests were encouraged to dress according to the global theme, the meal was prepared from locally produced organic ingredients with an international flavour. The night included a silent auction, belly dancers, and live music (including student performers from the College of Medicine). We raised over \$15,000 at the event.
- Global Health Series – Health Everywhere co-hosted (with the Internationalization Committee and the Global Health Research Interest Group) a seminar series that included three speakers. Attendance ranged from 60-150 people at each presentation.
 - Dr. Vikki Vogt, U of Sask (2005), a GP surgeon working in northern Saskatchewan presented on her experiences in Zimbabwe. Vikki went to Zimbabwe as part of an enhanced surgical skills pilot project that she participated in with the U of S College of Medicine
 - Dr. David Waltner-Toews, renowned Canadian epidemiologist presented on how economies of scale are negatively impacting the health of people world-wide
 - Dr. Ron Siemens, a pediatrician who has worked in Pakistan, Haiti, and Mozambique presented on the joys, fears, and triumphs of providing international medical care.

Plans for next year:

- Update database of contacts for coordination of international experiences and electives
- Increase participation from other health science colleges to improve interdisciplinary collaboration (a suggestion has been made to move our group under the umbrella of the HSSA)
- Collaborate with College of Medicine to increase financial resources available to support students in pursuing global health experience
- Enhance partnerships with community

- invite speakers from community organizations
- invite immigrants and refugees living in Saskatoon to speak to group about issues affecting health in their home country

xix. University of Saskatchewan - GHA

No report at this time.

xx. University of Toronto - Rob Ciccarelli & Amitha Kalaichandran (GHLs)

No report at this time.

xx. University of Toronto - Calvin Ke & Nancy Xi (GHAs)

No report at this time.

xxi. University of Western Ontario - Mike Slatnik & Dax Biondi (GHLs)

- Local activities:
 - a. Global and Ecosystem Health Lecture Series:
 - Thanks to funding from the McConnell Family Foundation and the hard work of the Global and Ecosystem Health Interest Group and the Environmental Sustainability Program, Western students enjoyed, on two separate occasions, two great speakers this winter. On February 28th, Dr. Raj Patel (author of Stuffed and Starved) gave an excellent talk on global food politics and their impact on poor and comparatively wealthy consumers and producers around the world; Dr. Samantha Nutt (founder of War Child), on March 25th, shared a powerful lecture on starting an NGO, staying motivated, and the power of media.
 - b. GET Ready! Predeparture Training Conference:
 - Western's predeparture training conference launched on Friday February 28th, spanning a day and a half in duration. The conference was well received by delegates, 36 of whom attended, including medical students, occupational therapists, nursing students and a midwifery student from McMaster University. A combination of panel presentations, didactic lectures and small working groups were used to teach students about cultural and language competency, personal health and travel safety and ethical considerations for global health electives.
 - c. The Hungry for Change Gala 2009:
 - The Hungry for Change Gala is our school's premier global health fundraiser. This year's Gala raised \$5400.00, almost twice as much money as its first iteration last year. The Gala was attended by 120 health professionals and students from the London area. Dr. Kevin Pottie

delivered an excellent keynote address and our education committee worked hard to teach our guests about refugee health issues. The silent auction committee raised \$2800.00 for Huruma Children's Home, located in Ngong Town, Kenya. The Gala is a concept dinner: our guests are seated at tables of 10 and only one guest per table is fortunate enough to get the meal of high socioeconomic value. Everyone else receives a satisfying meal but it is not nearly as impressive. This is meant to illustrate the disparity of wealth in the world where 10% of people control and consume 90% of the world's resources.

- d. The Global Health Funding Committee:
- The Global Health Funding Committee (a combination of students and faculty) sits once a year to review applications for funding from our medical students. Funding is considered for students participating in a wide range of global health initiatives including attending global health oriented conferences and participating in electives and research both within Canada and abroad. The committee sat on Tuesday March 14th, 2009 and dispensed \$15,400.00 over approximately 20 applications.
- e. International Federation of Medical Students March Meeting in Tunisia:
- Dax was fortunate enough to attend the IFMSA March Meeting in Tunisia from March 3rd to 9th. The conference was attended by 800 medical student leaders from around the world and Dax's purpose was to present on Canada's efforts regarding predeparture training for students engaging in overseas electives. He presented to over 200 students and solicited feedback on our policies from other nation's student representatives. There was so much support for predeparture training that he is now chairing a working group aiming to further advocate for predeparture training in member nations. The IFMSA meetings are a great way for anyone to learn more about medicine around the world. All students should consider attending and apply. The next meeting is in early August in Macedonia and next March, the meeting will be in Thailand. Dax would be happy to answer any questions you may have about the IFMSA!
dbiondi2011@meds.uwo.ca
- f. Western Students attend the MonWHO:
- Kirsten Jewell (Western's Global Health Advocate), Eileen Cheung and Nitasha Puri and Ian Pereira attended the "MonWHO" (a staging of the World Health Organization) during March in Montreal. Kirsten tells us that Maude Barlow, chairperson of the Council for Canadians, spoke to the delegation about water scarcity, a determinant of health that affects so many nations and that water is a right and not something that can be traded as a commodity. If you have any questions about her experience, please feel free to bring them to her. kjewell2012@meds.uwo.ca
- g. Western students attended the Global Health Education Consortium Conference:

- Eight students from Western traveled to Seattle in April to attend the GHEC conference. Michael Slatnik presented a poster and offered a brief lecture on predeparture training activities in Canada and Nitasha Puri represented the Global Health Mentorship program. Other students presented on their global health research activities and programs such as Western's MedLink, which creates pen pal like relationships between medical students at Western and at the National University of Rwanda.
- Involvement in CFMS-GHP working groups and/or national global health initiatives
 - Michael Slatnik assumed the position of National Officer of Global Health Education in January. Over the winter, he surveyed GHGs from each school in order to determine which medical schools would be offering predeparture training this year. He was pleased to learn that all schools had plans to offer predeparture training and offered to support GHGs however he could. Mike also worked with the Health for all.ca site offering suggestions on how it might be used more effectively by our students.
 - Dax Biondi worked with the CFMS-GHP small working group on predeparture training. He attempted to facilitate collaboration and resource sharing between universities by running a conference call on January 16th, 2009. He is presently coordinating a group of GHGs to prepare poster presentations for the BAGM that will showcase predeparture training at about 5 schools. These will also be used to present our activities at the Global Health Working Group session of the Canadian Conference on Medical Education.
- Plans for next year:
 - We have a vision to streamline our global health travel program into "5 Pillars": 1) fundraising and global health education through the Hungry for Gala, 2) distribution of bursaries through the Global Health Funding Committee, 3) predeparture training through the GET Ready! Predeparture Training Conference, 4) travel support by creating a position (either faculty or student) through which students encountering challenges in the field can reach home to in order to get support for dilemmas (ethical, safety or otherwise), and 5) trip debriefing. Central to these initiatives is working closely with our new Global Health Office, which Dr. Neil Arya has recently been hired to oversee.
- Suggestions for next year:
 - As chair of a working group, Dax was very impressed with the amount of interest students initially expressed in being involved. But, he found it hard to coordinate students as the year rolled on and he attributes this to busy schedules and conflicting objectives. He feels that in order to facilitate collaboration, the AGM time for small working groups should be used not so much to work on the priorities of the group but more, to work on the "rules of engagement for working together". Perhaps a working group training could be facilitated at the AGM, which could speak to a number of objectives including 1) setting working group objectives for the year, 2) discussing how often the group will communicate (emails, teleconferences, etc.), and 3) getting to know one another so that

strengths can be exploited. Also, since working group chairs assume their positions with little warning or preparation, some sort of package might be handy for chairs speaking to the responsibilities and how to facilitate a working group over a great distance. For example, chairs might be told how to go about booking a teleconference session.

xxi. University of Western Ontario - Kirsten Jewell (GHA)

I. Local advocacy activities

- worked with Indigenous Liaison Counsellor at UWO to assess current level of awareness among medical students of Aboriginal health issues and to improve current curriculum on Aboriginal health
- surveyed the first year medical class to get feedback on Aboriginal health curriculum and assess interest in further learning opportunities
- established contact with the Southwestern Ontario Aboriginal Health Access Centre (S.O.A.H.A.C.) and promoted the opportunity for students to do observerships here and work with the Aboriginal population
- facilitated a new partnership with N'Amerind Friendship Centre: students ran fun educational programs/physical activities for children at an after school program for Aboriginal children in London

II. Participation at the MonWHO and/or other national initiatives

- participated at MonWHO and presented a poster highlighting the challenges Aboriginals living in Northern Canada face due to environmental contamination threatening the health of their food, water, and air.

III. Challenges

- time constraints: due to the slow start to this first year of the GHA program it was difficult to establish new initiatives and work events into an already busy schedule for winter semester.
- navigating the expectations and possibilities of this new role: I found most of my efforts this year went into finding out what level of awareness and advocacy currently exists at UWO and making contacts with those students and organizations with whom I hope to work in the future

IV. Future plans

- In the fall, officially establishing an interest group for students that will advocate for Aboriginal health issues both through education (speakers, videos, etc) and facilitating experiences working with this population (through observerships, volunteer work, and summer pre-clerkship electives)
- Linking this interest group with the UWO First Nations Student Association and the Ontario Aboriginal Health Advocacy Initiative
- Further exploring the possibility of expanding the established "MedQuest" program that exposes high school students in the SWOMEN to medicine as a career in an interactive week of "camp" to a local First Nations Reserve

61V. Recommendations / suggestions for improvement

1) Establish a GHA Sr. and GHA Jr. position in order to ensure a better transfer of ideas & resources year-to-year (both or just the Jr. position could be funded to go to MonWHO, depending on CFMS resources)

2) Maintain the same advocacy theme for 2 years - this would allow more sustainable changes to be achieved (i.e. working on curriculum development, ensuring interest groups/clubs etc. established during the first year have the resources and support to continue)

VI. This is the first year we've had a global health advocacy program (GHAP) dedicated to a particular theme. Should we continue the GHAP (global health advocacy program) next year? Why or why not?

YES, absolutely. It is so important to encourage medical students to look outside their own little world and become passionate about social justice issues! While I would have been concerned about many of the same issues had I not been elected GHA, I know I would not have had the same motivation or support from the administration without the official CFMS position.

Also, having a network of peers all concerned about the same issue at schools across the country was very encouraging. After sharing stories at MonWHO, I came back with many more exciting advocacy ideas and advice on ways to accomplish them.

At Dalhousie, the early research compiled for this report by the WG Chair was presented to the Dean of Medicine in response to student concerns about a session for second year students that was sponsored by Pfizer. We were able to ensure that the issue of conflict of interest through industry funding, and the need for a comprehensive policy, were brought to the attention of the Dalhousie Faculty of Medicine administration. They are aware that students are paying attention to this issue, and that this WG will continue to work on developing a student policy statement.