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## Reflecting on the Experience of the Placement of First Year Medical Students in First Nation and Métis Communities

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# Northern Ontario School of Medicine



The Northern Ontario School of Medicine (NOSM) has a social accountability mandate to serve the needs of Northern Ontario that includes educating first year medical students early in their young careers about Culture.

At the end of first year we mandate students to live on a reserve in Northern Ontario either into fly-in communities or communities closer to Thunder Bay or Sudbury.

Two students are placed per community and we prepare them beforehand by teaching about First Nations and Métis culture as well as traditional practices as well as to expect some communities to be Christian but with perhaps a more “underground” traditional sub-text.

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NOSM's social accountability mandate also extends to treating the populations of the people of the North in remote rural Ontario as well as the Francophone populations in Northern Ontario.

Obviously the focus is here is how we are using our social accountability mandate to address the needs of your populations in the areas of Northern Ontario. This requires negotiations between NOSM's community engagement program, creating long standing partnerships with First Nations and Métis communities in Northern Ontario.

This is translated into action through community engagement whereby NOSM currently has in place over seventy long term partnerships in small rural, remote and large communities across northern Ontario. These communities act as "teaching sites" for the learners and range from private practices to large regional health centres.



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The Aboriginal Affairs Unit at NOSM has developed and implemented eight guiding principles of community engagement to ensure a “true partnership” that reflect the needs and wants of all. These principles are:

1. Being clear about the purpose of the engagement effort and potential partnership
2. Becoming knowledgeable and understanding of each other
3. Establishing relationships, building trust, working with the formal and informal leadership and seeking commitment from community organisations and leaders
4. Understanding and accepting that self-determination is the responsibility and right of all people who comprise a community
5. Partnering with a community to identify or create the necessary support to achieve the project purpose
6. Recognizing and respecting community diversity
7. Accepting and being prepared to release control of actions or interventions to the community, and be flexible enough to meet the changing needs of the community
8. Understanding that community collaboration requires long term commitment by NOSM and community partners



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We have been running this program for the last 4 years with a great deal of success and have been grateful for the support of many of the First Nation and Métis communities that have helped us to introduce first year students to the plight of Indigenous populations and to make the reality of the Social Determinants of Health much more evident:

Culture

Social support networks, including family

Social environment

Biology and genetic endowment

Income, social status

Education and literacy

Employment and working conditions

Physical environment

Healthy child development

Access to health services

Gender

Personal health practices and coping skills



The challenges and rewards placing first year medical learners in the communities are many.

The greatest challenge faced is securing suitable accommodations. As most may be aware, housing has been and is a major concern for Aboriginal communities.

Each community must find appropriate housing for the learners. NOSM has developed a housing checklist that outlines the requirements to house a learner.

While students initially have trepidations about spending a month on a reserve at first, we spend a lot of time trying to educate them about reflecting on their own preconceived notions and biases, and then while in the community being mindful of these and perhaps even journaling them and documenting to themselves, privately, what changes they may be experiencing.

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We are currently in our fifth year of organizing and placing first year medical learners in thirty-one Aboriginal communities and organizations across northern Ontario who have been engaged and signed to long term partnership agreements.

NOSM will be expanding their intake of first year learners for the fall of 2010 intake from fifty-six learners to sixty-four and are actively seeking an additional 6 Aboriginal communities and organizations to host the additional learners.

As a facilitator for small group learning, I would have usually 8 students per group which would be reflective of 4 different communities. During these small group sessions, we would explore the nature of bias, culture, traditions, ethics, and beliefs. Generally this discussion would be both general and specific per community to engage each student pairing.

Their experiences and reflections are captured in the mandatory self-study report that they have to give at the end of their 1 month experience. They present this report back to the group and to one other marker other than myself. They must pass to move on.



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As an educator and a facilitator for these groups I found these experiences highly enjoyable and sometimes extremely insightful.

For each class that has gone through the CBM 106 ICE experience they always make me reflect back to my experiences the first time I went to a reserve and how different it was between visiting the Inuit in Baffin Island, or the Haida on the Vancouver Islands, or the Sioux in Southern Alberta, or the Cree in Quebec, or the Ojibwe (Anishinaabe) in Thunder Bay. Each experience for me has been very different and the students' experiences makes me reflect back each of my experiences with these very different communities.

However, unfortunately you sometimes hear some negative things either from the community afterwards or from maybe 1 or 2 students per year.

Maybe it was not what they were expecting or sometimes it was frankly disrespectful.

**Thankfully, this is a rare event phenomenon.**



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The placing of 56 learners into 31 communities yearly is a logistical challenge and as such when dealing with that many individuals there is bound to be personality conflicts.

We have had instances where the Local Community Coordinator has bumped heads with the learners as to their housing or placement plan activities that the learners felt was too intensive or not enough was scheduled.

The one factor that we can not control is the weather. The CBM 106 is held in the spring and true to its reputation, spring in northern Ontario can be unpredictable.

We've had learners stranded on their way to their host community and we've had flight cancellation for two days due to a winter storm. Sam, had been caught in a late winter blizzard on the James Bay for four days before a plane could land in the community.



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In the very first year of the program there was an evacuation for one of our partner community due to flooding.

The learners opted to remain with the community rather than return to their home campuses.

The experience that the learners gained was immeasurable.

They had the opportunity to participate in the evacuation of the elderly, high risk and vulnerable.

They witnessed first hand the community's response to a disaster that most primary health care providers never experience.



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The learners also have the opportunity to interact with the community members through a multitude of events and clinics.

We develop the placement plan with the intent to have the learners been very involved in community activities.

They are scheduled in the various clinics such as Healthy Babies, Elders Home visiting, Diabetes Management, and foot care.

The learners are required to coordinate presentations to the youth of the community utilizing various mediums on health related issues.

We encourage students to present at local schools and give a presentation about either a local health concern or what medical school is like etc.

At the end of their 1 month, we ask the students to present their self-study report to the community for comments before they return to present to their small group.



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The learners are ambassadors' of NOSM when in the communities in addition to learning about First Nations health, they are also role-models for the youth of the community to realize that they too can achieve their dreams.

In the very first year we knew the program was a success. Our learners must complete a self-study project while on placement that is graded. They must research various aspects of health care in the community, such as, community history, funding, barriers to health care and their own personal thoughts and views.

The learners have been using expressions such as “that was life altering”, “I never knew the seriousness of the community’s situation” and most recently “I would like to tell you that I’ve begun my walking my path”, and a couple of the medical students wish to personally share their experiences.





“It opened my eyes; I really didn’t think I was biased before ICE but I obviously was. The Métis people are just like you and I - same needs and wants. I was surprised by how much pride the Métis had as a people. Also by their resilience, their happiness, their acceptance. For some reason, I was surprised by all of this. It was definitely a wonderful and enlightening experience for me.”

“I wasn't really aware of their history. I’m more cultural competent now; respectful, understanding, knowledgeable of their health needs; I understand the importance of their identity as a people but at the same time, their need to fit in. I am aware of their traditions but am careful not to assume that all Métis are traditional (some Christian, for instance).”

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“Being aware of biases – first and foremost “

“Important cultural elements: tradition, acceptance, equal treatment, respect, role of family, and importance of silence, trust, and sincerity during consults.”

“Non-judgmental: be patient-centered, esp. when interviewing”

“Practice of traditional medicine & spirituality varies widely”

“Gaining acceptance is facilitated by attending non-medical events”

“Understanding is truly a gradual process of acclimatization (worth every minute!)”

## How do I fit in? How can I improve care?

- Patient Advocacy
- Community Involvement
- Program Development
- Education/Create awareness
- Research - Critical inquiry (e.g. learn about Aboriginal initiatives)
- Adopt a public health approach of service delivery (e.g. cooperate with health professionals/paraprofessionals within the community)
- Incorporate traditional methods



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“Living and learning in KI for one month was an unforgettable experience. The welcome that myself and another medical student received was warm and friendly. The health care team at the nursing station was wonderful to us and happily took us in and taught us a lot, not only about medical care but also about the community’s history and local culture.”

“ Despite the shortage of resources and health care personnel, I was amazed by the hardworking team of nurses (local and visiting), community health representatives (CHR), visiting physicians, and mental health workers, etc. that worked so well together, determined to make a difference.”

“What touched and impressed me the most was seeing holistic care being delivered to each and every patient, where the entire person – spiritual, emotional, physical and intellectual – was considered and treated. Having this experience to learn and work in a northern community has reinforced my desire to help provide health care in the North and to First Nations and Métis communities in the future.”



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The CBM 106 placement that NOSM medical students get to participate in during their first year is an invaluable experience.

For most of the students, it will be the first and maybe only time in their lives that they will have the opportunity to be in a rural/remote First Nations reserve. This is an experience I wish all Canadians had the opportunity to participate in.

It would seem that many people have an opinion with regards to First Nations politics and/or community dealings, but few people have any actual insight into the world of these communities or of the people that inhabit them. I can tell you that these places are real and that they are very different from the places that most Canadians inhabit. Reserves are communities with many challenges and social issues.

The struggles that plagued most if not all of these communities are suicide, alcoholism, drug abuse, education, band leadership, finances, housing, self governance, economy, health, environment, religion, culture, language ...

The list is long and the challenges are many, but the resources and the support for change are few.



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“That is to say that the apathy and/or the ignorance of the greater Canadian society and of the world has long been a stumbling block to any support these people and these communities have ever received.

CBM 106 is an opportunity for students to bear witness to these communities and their people, and to leave them knowing a new truth.

Part of this truth, of which I hope for them to learn, is that there is a need for them in the North.

I would hope that they would be challenged by what they experience and moved beyond apathy.”

These are some of the reflections from First Nations students who have participated in the 106 experience. They are happy about the exposure of their fellow classmates to their own cultural experience, but some wish that all Canadians could get this experience.

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“I was in a fly-in community reserve. It was a tremendous, bewildering, humbling, touching, disturbing and imperative cultural experience.

There are many things to be said about the poor state of Aboriginal health and Aboriginal communities in Canada that have been described elsewhere, but one really must spend time in an isolated community before these words can be reified.

While I learned many things while in KI, there were two very substantial "core learning's" that I brought home with me. Firstly, I acknowledged - and erased - a prejudice towards Aboriginal people that had unknowingly festered inside of me.

The existence of this prejudice came to me in a revelatory moment: while waiting at the Sioux Lookout airport for my flight back to Thunder Bay, I was suddenly aware that felt comfortable being surrounded by First Nations peoples.

This feeling of comfort was in direct contrast to the anxiety and worry I felt four weeks earlier at the same airport, heading out to KI. This anxiety and worry had existed in me unchecked and unnoticed, and it wasn't until it was excised that I realized it had once been there.”



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“The academic characterization of culture as fluid had always been a concept that eluded me. It had confounded me in undergraduate Anthropology, in graduate Cultural Studies courses, and in the literature provided by the medical school in order to prepare us for life on the reserve.

It was not until I saw Aboriginal culture exist in KI in many different ways that I understood. One can be Christian and be traditional. Being Aboriginal is not mutually exclusive from being Christian. There is a difference between traditional and Traditional. There is no difference between traditional and Traditional. Medicine wheels aren't always part of medicine. And so on.

In other words, trying to delimit a concept of culture via precise definition will only frustrate and confuse (and it had). It seems that the fluid concept of culture is best appreciated if absorbed through experience and immersion.”





## Meegwetch (Thank You) Questions?

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