

**Canadian Federation of Medical Students
Global Health Program**

National Officer Final Reports - 2012



CFMS

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of Medical Students

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Fédération des étudiants et des
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**Canadian Federation of Medical Students
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National Officer of Global Health Education

Submitted by: Mary Halpine



I. DESCRIPTION OF POSITION:

The NO of Global Health Education is responsible for leading projects and initiatives in the area of coordinated global health education and advocacy, including working on three major external committees that develop global health education guidelines and competencies.

Key projects for this year included establishing elective global health concentration guidelines, revising the global health core competencies under CanMEDS, ongoing improvements to Pre-Departure Training, improvements in post-return debrief after international electives, and improved liaising with the Local Officers of GH Education (LOGHEs).

II. ACTIVITIES

Meetings Attended

April 13 - 15	SGM 2012	Banff
April 15 - 17	CCME 2012	Banff
Multiple	Planning Mtgs for PDT Survey 2012	Skype
Sept 30	NO Teleconference	Skype

Portfolio Updates

Priorities and Project Areas

Involvements in CFMS-GHP working groups and/or national global health initiatives:

- **Local Officer of Global Health Education (LOGHE) role**
The LOGHE is a one-year position, therefore end of year reports were collected from most of the LOGHEs in April before they went on summer vacation. Once this year's LOGHEs are selected, likely following the SGM in Winnipeg, I will arrange teleconferences to meet with them, pass on resources and discuss their strategic plans for the year.
- **Pre-departure Training**
At present, all CFMS member schools have successfully implemented pre-departure training in a variety of forms for students who are traveling overseas.

During the Canadian Conference on Medical Education in April 2012, PDT became a part of LCME accreditation standards. The revisions were released June 2012 and all schools notified. As of the 2013/2014 academic year PDT will become part of the accreditation review at medical schools.

The precise wording of the accreditation standards is as follows:

MS-20. If a medical student at a medical education program is permitted to take an elective under the auspices of another medical education program, institution, or organization, there should be a centralized system in the dean's office at the home program to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student.

Information about issues such as the following should be available, as appropriate, to inform the program's review of the learning experience prior to its approval:

- potential risks to the health and safety of patients, students, and the community;*
- the availability of emergency care;*
- the possibility of natural disasters, political instability, and exposure to disease;*
- the need for additional preparation prior to, support during, and follow-up after the elective;*
- the level and quality of supervision; and*
- any potential challenges to the code of medical ethics adopted by the home institution.*

Other ongoing initiatives include:

- PDT Faculty and Student Network – a national network of faculty and student leader contacts that are responsible for PDT. The NOGHE has been acting as the student leader of the network and our national faculty point person is Dr. Jennifer Carpenter (co-director of the Queen's Global Health Office).
- PDT Online Resource Library – The PDT online resource library was reorganized on Dropbox this fall and now has quite an extensive collection of information available. We will continue to collect resources for this library and update it on an ongoing basis. There have been some challenges with materials being deleted from Dropbox that we may wish to address in the coming year.
- National PDT Survey – The results of the 2010 survey have been analysed and published in the February 2012 issue of 'Academic Medicine.' I have been working over the summer to prepare and expand the next PDT survey to address implementation and evaluation now that PDT has become part of LCME accreditation standards. The survey is in the final stages of being completed and should be sent out within the next few weeks.

- **Publications about Pre-departure Training (PDT)**
The pre-departure training section of the cfms.org website has been updated with an overview of PDT. The next step is to provide resources on the website for faculty and students to access.
- **Post-Return Debrief**
As schools are now institutionalising PDT and improving their programs, the post elective debrief is receiving more attention. Many schools have only a paper evaluation form which covers the debrief aspect of their PDT. Students feel this is not sufficient as a way for students to address the ethical and emotional aspects of what they have just experienced. We are looking to promote improved post return debrief moving forward.
- **Global Health Curriculum Core Competencies**
The core competencies were initially published as a joint initiative between GHEC and the Global Health Interest Group of the AFMC, under the direction of Dr. Tim Brewer. The document makes recommendations for minimum core competencies that all global health programs in medical schools in North America should include in their curricula. Dr. Videsh Kapoor from UBC has been spearheading a group to adapt the competencies to the CanMEDS framework. A preliminary draft was presented to the AFMC GHIG in April 2012 and feedback solicited. Work has stalled over the summer but should pick up now that faculty and students are no longer on summer vacation.
- **Elective Global Health Concentration**
The elective global health concentration project seeks to outline a set of minimum standards for comprehensive extracurricular global health programs at Canadian medical schools. The idea of creating these standards was first proposed at the CFMS SGM in May 2011. A draft set of standards was presented and discussed during the CFMS SGM in Banff as well as the AFMC GHIG.. We are also collaborating with Dr. Ryan Meili from the University of Saskatchewan, who helped to establish the “Making the Links” certificate program there. The concentration guidelines have gone through extensive reviews to ensure universality and accuracy and are now being distributed. Work was started over the summer to survey schools and see what concentrations are currently in existence at various medical schools. The survey results should validate the guidelines as well as providing an overview of global health curriculum across Canada.
- **global@cmfs.org mailing list**
There was some difficulty in changing the NOGHE email account from David Matthews to myself since we transitioned. The account was just switched a

couple weeks ago and I will begin disseminating global health opportunities through the listserv.

III. FOLLOW-UP, VISION, GOALS AND RECOMMENDATIONS FOR THIS POSITION

- **LOGHE Teleconference**

It is important to schedule LOGHE teleconferences at the beginning of next year to offer resources and advice to the incoming LOGHEs. Once I have contact information for the new LOGHEs I will schedule a teleconference.

- **Pre-departure Training**

This year, the NOGHE will again work with all GHs and LOGHEs to provide resources and suggestions for pre-departure training implementation. There is increased faculty involvement in developing research projects around PDT, in particular through a grant application being coordinated by Dr. Neil Arya at UWO. We are currently trying to determine how best the NOGHE might support and be involved in this project.

- **Global Health Curriculum Core Competencies**

I will continue to work with Dr. Videsh Kapoor (UBC) and a team of students to refine the competencies and to develop a strategy to disseminate and promote them.

- **Elective Global Health Concentration**

This year it will be a focus to disseminate the global health concentration guidelines widely to encourage all schools to offer a variant, and also to achieve as much cohesiveness in program implementation as possible. The survey results should help with achieving an overall view of global health concentrations across Canada.

- **PDT Online Resource Library**

I will continue to collect resources and promote its use by GHs and LOGHEs, as well as making it available to other partners.

IV. SUGGESTIONS FOR IMPROVEMENT

- **Collaboration with LOGHEs to ensure local engagement**

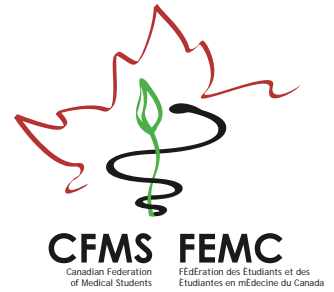
The LOGHE role was created with the intention of having a student leader dedicated primarily to PDT implementation. However, at some schools, GHGs are heavily involved with PDT implementation and have gained familiarity working with faculty members. Thus, they did not feel it would be in the best interest of PDT to switch the responsibilities to a new member of the team. At other schools, PDT is already faculty-led. This year, The focus will be on LOGHE collaboration in implementing PDT and the global health concentration. At schools where both of those are already faculty led the LOGHEs are more free to focus on other gaps in global health education present at their schools.

- **Expanding scope of NOGHE portfolio**

The NOGHE portfolio has continued to expand, with increased emphasis on core global health curriculum and elective global health concentrations this year. While the current model of recruiting student leads for specific projects seems to be working well, we may wish to consider opportunities to better engage the LOGHEs and other interested students in national projects. It is important to ensure that existing projects, such as PDT, remain sustainable, while at the same time advocating for increased breadth and quality of global health education.

National Officer of Human Rights and Peace

Submitted by: Kimberly Williams



1) Representation

Selection of GHAs and NORP

- selection rubric developed for GHA appointment and sent to GHAs to use at their discretion
- Waiting for GHA selection
- NORP role description updated, with a change to a 12 month term, but discussion on if a spring selection would be more beneficial to the role

Selection of Theme

- Discussions on if the “Immigrant and Refugee Health” to be continued, based on evaluations from 2011/2012 GHAs this is uncertain
- More input is needed at the CFMS Annual General Meeting in September

National Advocacy Initiative

a) IFHP

- Letter-writing campaign regarding the IFHP
- GHAs have approached their respective student students to sign letters or petitions
- CFMS wrote a letter that was published on our webpage from the CFMS president
- CFMS signed on to endorse documents being put out by the refugee health network and other Canadian organizations against these changes
- GHAs worked with local organizations to help with the Day of Action which took place in June 2012
- A blog post on this topic including a fact sheet on refugees was posted on the CFMS website

b) Book of Refugee & Immigrant Stories

- GHAs and medical students collected 11 stories from immigrants and refugees from around Canada
- NORP collected recommendations from medical students at the IFMSA meeting in India in August in regards to how to improve refugee and immigrant health
- NORP and a Calgary medical student have compiled the stories, along with a literature review on the topic into a book
- The book also includes recommendations for changes that may help to improve health outcomes for these population groups
- Book to be released at CFMS AGM in September

Local Advocacy Initiatives

- All schools participated in some way in the Day of Action

2) Communication

Within GHAP

- held January, February, March, May and September
 - o Continue to have short written reports from all GHAs prior to teleconference, so the substance can be discussed, rather than summaries of all activities
- ongoing use of listserv for IFHP projects
- regular use of Dropbox for file exchange (eg. posting teleconference minutes and reports)

With PAC

- most GHAs have communicated with their PAC rep, or at least know who they are
- communication with VP Advocacy is a weakness that needs to be improved upon

With CFMS

- Three blogs have been posted on the CFMS website

3) Service

National Training Event

- To be held October 19-21, 2012 in Ottawa
- Have confirmed the hotel and waiting for confirmation of speakers
- Will include
 - o multiple small group and brainstorming exercises on setting expectations for the year, meaning of advocacy, project ideas
 - o an opportunity for social networking during lunches and one group dinner
 - o Advocacy video
 - o Media training
- Will
 - o stay under budget of \$8000
 - o and evaluations and minutes will be available on Dropbox

Local Advocacy Training Events

- To be discussed at training

4) Plans & Challenges

- improve communication with VP-Advocacy

- exchange lists of GHAs and PAC reps to make sure they can communicate with one another
- plan monthly e-mail correspondence with VP-Advocacy and quarterly teleconference to ensure coordinated strategy
- work on establishing objectives
 - discussed at National Training Event, but still struggling to establish end-point of the current theme
- continue discussion of what advocacy means
 - should we emphasize political advocacy, education and awareness campaigns, or a combination of both? May not need an answer, but the conversation is important.
- assess need for National Training Event to be in one geographical location, as opposed to online
- promote book of immigrant and refugee stories
- continue working on Transition Document – living document that should be updated regularly
- gradual transition of role from Kimberly to new NORP
- begin to compile indicators of GHA outputs to be formalized by November 2012

5) GHAs

Will Stokes, Memorial University

- New GHA selected, participated in Day of Action

Mira Zein, McGill University-

- In the process of GHA selection;
- Projects over the summer included getting people to go to day of action and letters to opposition and ministers against the cuts;
- Many students participated in our local Day of Action

Marlon Danilewitz, University of Ottawa –

- New GHA chosen
- process of organizing a conference
- held the second University of Ottawa Summer Institute on Refugee Health, aimed at training/networking leaders of refugee health programs at medical schools across Canada (ie Newcomer's Project UWO, Gateway Project, Making the links Saskatchewan..etc), we had positive feedback and will continue to facilitate collaboration across campuses
- incorporated a "Refugee Health" stream into the new Community Service Learning program where first years will be required to volunteer for 30hrs, run and coordinated through our Refugee Health Initiative interest group (aka HARP program)
- made a wack of signs and had students present to protest at 2 parliament hill protests and 3 occasions where cabinet ministers were giving an address
- At the Day of Action there were at least 10 students who participated, we had a huge crowd so if they didn't arrive with me, I may not have seen them (the May 11 protest there was a great deal more as more students were still in town then)
- 2 of us spoke into the microphone :)

Deepti Chopra, Queen's University

- I am currently in the process of selecting the new GHA
- No new projects have taken place over the summer. The school is still working on developing a special populations clinical skills session and a history taking project in collaboration with the Kingston immigrant centre.
- Kingston did not have students participating in the Day of Action but some people went to Toronto individually.

Alex Farag, University of Western Ontario

- couple of students participated in the protests to the cuts to the IFH program in Toronto and Windsor.
- I have been working on community outreach for a student-run clinic that we are hoping to start this year.
- We have been volunteering at the housing complex where we hope to build the clinic to establish ourselves in the community.
- About 15- 20 students from our school participated in the Day of Action in Windsor. It was organized by another Western student, Ryan Harriott. About 5 of us went to the action in Toronto.

Heather Shonoski, University of Manitoba

- I am in the process of selecting a new GHA along with the GH rep
- In association with the Immigrant and Refugee Health Group, we organized a lunch for students to come and learn about the recent changes to legislation. We had a doctor who is active in refugee health and a former refugee who is a busy community organizer.
- We had a good response and had about 20 students attend the day of action. We had about 200 buttons made up that we sold at the rally with the proceeds going to a local refugee organization.

Carol Wang, University of Alberta

- We haven't selected our new GHA yet, we are waiting for the GHL Jr to get elected and the 2 GHLs are responsible for selecting the GHA.
- Projects taken during the summer included: informing the medical students about the National Day of Action in partnership with the PAC Rep, writing letters of opposition to local politicians about our stance against the IFHP cuts, and composing a information sheet about the 59 Cents Campaign (which we are going to be launching soon), gathering refugee and immigrant stories of the book.
- I couldn't personally attend the Day of Action due to work related constraints. But the PAC rep and I wrote a speech that was read out by a faculty at the protest.

Rachel Lim, University of Calgary

- In the process of selected new GHA
- Over 20 students participated in the Day of Action

Navi Bal, University of Saskatchewan

- In the process of selected new GHA

Tamara Delorme, Northern Ontario School of Medicine

- In the process of selected new GHA

Gabriela Glattstein Young, McMaster University

- In the process of selected new GHA

Karen Li, University of Toronto

- In the process of selected new GHA

Erica Lasher, Dalhousie University

- In the process of selected new GHA

National Exchange Officer Report

Submitted by: Alison Lee / Theresa Lee



I. DESCRIPTION OF POSITION:

The National Exchange Officers (NEOs) are responsible for coordinating the extensive research and clinical exchange program within the IFMSA. As NEOs, we are responsible for assisting local committees in setting up incoming student placements, selecting outgoing participants, and organizing pre-departure training. As the exchange program is dynamic, we continually assess and improve the quality of the IFMSA exchange program on a year-to-year basis. Due to the large amount of responsibility that the NEO has, we now have one NEO/NORE dedicated to incoming elective students, and one dedicated to outgoing Canadian medical students.

Key roles for the NEO-outgoing this year included revising the exchange conditions for Canada, revamping the CFMS exchange website to include up to date information, updating the online application form to reflect the new exchange opportunities, assisting with LEO selection and orientation, selecting the next NEO-outgoing, signing exchange contracts for the following year, and selecting and placing CFMS students for international summer exchanges.

Key roles for the NEO-incoming this year included revising the exchange conditions for Canada, renewing the CFMS' contracts for hosting visiting students with Canadian medical schools, updating the IFMSA Project Database with information pertaining to new/active/obsolete research opportunities, updating the CFMS' information on and transferring contracts to the new IFMSA database, assisting with NEO-outgoing selection, assisting with LEO selection and orientation, signing exchange contracts for the 2013-2014 year, and placing international students in both clinical and research exchanges at participating Canadian universities for all months.

II. ACTIVITIES:

NEO-outgoing:

Aug 2011	IFMSA August Meeting in Copenhagen, Denmark
Sept 2011	AGM 2011 in Calgary, Alberta Updating forms, applications, website
Oct 2011	Teleconference Hiring of the new NEO-incoming
Nov-Feb	Deadline for CFMS student application Deadline for selection of LEO Jrs. Selection of CFMS students

	Collection of pertinent forms and cheques
Mar 2012	IFMSA March Meeting in Ghana (did not attend)
Apr 2012	Presentation on IFMSA exchanges at the UBC Research Forum SGM 2012 in Banff, Alberta
Apr-Aug	Preparing for signing of contracts Ensuring outgoing students receive Card of Acceptance on time Troubleshooting exchange problems (unable to place student, cancellation of exchanges)
Aug 2012	IFMSA August Meeting in Mumbai, India
Aug-Sept	Revamping the CFMS website to ensure up to date information on new exchange locations Selection of new NEO-outgoing Editing of updated LEO handbook Editing of online exchange application form

NEO-incoming:

Oct 2011	Handover from previous NEO-incoming
Nov-Feb	Placement of incoming students Investigation of affordable malpractice insurance options
Mar 2012	IFMSA March Meeting in Accra, Ghana
Apr 2012	CFMS SGM 2012 in Banff, Alberta (did not attend)
Apr-Aug	Continuation of incoming student placement process Preparation for contract signing Troubleshooting exchange problems (e.g. inability to place incoming students, cancellation of exchanges, visa issues, housing issues, postponement requests, etc.) Creation and refinement of streamlined, more user-friendly reimbursement package for LEOs and host students
Aug 2012	IFMSA August Meeting in Mumbai, India
Aug-Sept	Continuation of incoming student placement process Assistance with selection of new NEO-outgoing Updating CFMS information on new IFMSA database Transferring contracts to new IFMSA database Finalizing contracts with Canadian medical schools

Portfolio Updates: NEO-outgoing

General:

There were 404 applicants for exchanges this year from Canadian medical students. There were a total of 60 contracts signed (2012-2013). Of these, 56 exchanges were filled, while 4 exchanges were either unfilled, postponed, or cancelled. All the agreement forms were received by myself, and all students going on exchange submitted their \$300 certified cheque for unilateral exchanges, or \$900 certified cheques (if bilateral exchange). In regards to outgoing exchanges, I handled issues of

late exchange placements by the exchange country, or issues of placing students in electives. I also had to resolve issues with a few dissatisfied outgoing students, which were most often related to subpar housing and some disorganization in the clinical exchange aspect.

We signed a total of 66 outgoing exchanges at the August Meeting 2012 in Mumbai, India. Our goal was to sign a few contracts with a large number of countries in order to diversify the country selection for students. The total number of outgoing exchanges is limited by the number of incoming students our Canadian universities are able to accommodate, and also the ability for incoming international students to obtain malpractice insurance.

I also decided to choose the new NEO-outgoing a month earlier this year to allow the him/her a longer handover and transition process before the selection of new exchangees, which can be overwhelming. With the new database being put in place this coming year, there will be a larger learning curve for the new NEO-outgoing. My goal is to have the newly selected NEO-outgoing attend the CFMS AGM conference in Winnipeg, Manitoba so that he/she can 1) meet Theresa (NEO-incoming), 2) become acquainted with the GHs and hopefully liaise with them in the future, 3) have Theresa run through the old and new database with the new NEO, since I will not have had any experience with using the new database.

SCOPE:

Of the 60 outgoing exchanges in exchange period 2012-2013, there were 45 SCOPE projects, of which 34 were bilateral and 11 were unilateral. Currently, all SCOPE exchanges are filled. At the August Meeting in Mumbai, India, we signed a total of 66 outgoing exchanges. 48 are SCOPE projects, of which 29 are bilateral and 19 are unilateral. Our goal at this conference was to diversify exchange locations, which we ultimately were successful at doing. We once again anticipate having more student interest in clinical exchanges.

SCORE:

Of the 60 outgoing exchanges in exchange period 2012-2013, there were 15 SCORE projects, of which 13 were filled. At the August Meeting in Mumbai, India, we signed a total of 66 outgoing exchanges. 18 are SCORE projects, of which 16 are bilateral and 2 are unilateral.

Portfolio Updates: NEO-incoming

General:

There were a total of 45 positions between both SCOPE and SCORE programs for incoming students (2012-2013) with 41 applicants thus far. Two of the SCOPE positions will remain unfilled. I am still in the process of placing students (ongoing throughout the year); receiving and forwarding their supporting documents; issuing invitation letters for SCORE students' visas; sending SCOPE and SCORE certificates; helping to coordinate

housing, pocket money distribution, and reimbursement for these items from the CFMS; and investigating alternatives for obtaining malpractice insurance coverage. Currently, I am handling inquiries from incoming students, and am updating NEOs/NOREs and their students on the status of their applications. I have encountered issues with students canceling or asking to postpone their exchanges at the last minute, primarily due to difficulties with obtaining visas in a timely fashion, but also because they sometimes cannot be accommodated in any of their cities of choice due to the (1) inability to access affordable malpractice insurance, (2) inconvenience of the desired month of exchange (e.g. pre-CaRMS period is often unavailable), and (3) limited positions at certain universities (e.g. Vancouver, Edmonton, London, and Toronto were already full quite early in the year).

SCOPE:

There have been 26 SCOPE students in 2012-2013, of whom 11 have completed their exchanges, and 8 who are currently awaiting placement. There are 7 contracts are still unused (2 of which will likely remain so), and there were 4 additional students placed from the previous exchange year. Although there is significant interest in the SCOPE program on a global scale, and despite the fact that an exchange to Canada is a highly coveted opportunity, some countries opt not to send students regardless of bilateral agreements due to the numerous restrictions outlined in our exchange conditions, e.g. limited months available, limited locations offering insurance, limited opportunities for those in their penultimate year of study, early deadline for applications (i.e. minimum 6-7 months in advance), etc. We had difficulties placing 5 students this past summer, 3 of whom cancelled, and 2 of whom have postponed their exchanges to the 2013-2014 exchange year. We had an additional 2 late cancellations in July and August, and are currently having trouble placing 3 additional incoming students in November and December, which may result in further postponements or cancellations. At the August Meeting in Mumbai, India, we signed 48 contracts under the SCOPE program for 2013-2014 with 29 incoming students anticipated via bilateral agreements and 3 postponed incomings from 2012-2013.

SCORE:

There were 11 incoming SCORE students, of whom 1 was unable to be placed and will be pursuing his exchange in August 2013; 0 unused contracts; and 3 additional students from the previous exchange year whom I attempted to place (but 2 cancelled due to visa issues, and 1 postponed until the next exchange year). All of these positions were filled as expected, since it is much easier for incoming students to pursue research projects due to the lack of malpractice insurance requirement in general and less stringent visa regulations, given that they typically do not work in a hospital environment. At the August Meeting in Mumbai, India, we signed 18 contracts under the SCORE program for 2013-2014 with 16 incoming students anticipated via bilateral agreements and 2 postponed incomings from 2012-2013.

III. FOLLOW-UP, VISION, GOALS AND RECOMMENDATIONS FOR THIS POSITION

Issues remaining for this term include:

- 1) Becoming acquainted with the new database to ensure that exchange applicants will have an easy time with filling out their application forms.
- 2) Having the LEOs sign up for an account on the new IFMSA database as well and training them how to use the new database once it is fully implemented.
- 3) We need to look at the budget to develop a contingency plan should the cost of housing more frequently exceed \$600 per incoming student. Currently, we host fewer incomings than the outgoings we send, which permits a small degree of flexibility, but given that we also provide \$100 of pocket money per incoming in lieu of boarding to assist with groceries, and that finding affordable housing in certain cities can be quite challenging, we may need to adjust our numbers.
- 4) Providing a way for incoming students to access the supporting documents specific to each school that does not accept the CFMS' Canadian Application Form, e.g. immunization forms. With the development of the new SCOPE/SCORE database, this should be achievable, but we may need to host these forms elsewhere if this database is not sufficient before we begin to receive applications for the 2013-2014 exchange year. It would help streamline the application process.
- 5) Continuing to investigate affordable options for incoming students who cannot access malpractice insurance in their home countries. At the moment, only 5 of the 11 participating schools have the capacity to sell insurance directly to international students, which costs between \$150-500. However, these schools have limited positions available. Canadian companies, such as HKMB HUB and Creechurch International, typically charge a minimum of \$2000, which is far too expensive for the vast majority of students. There was formerly some discussion about creating a two-tiered system of clinical clerkships and clinical observerships, with the latter not requiring insurance. However, the major issues with this idea are (1) losing the assistance of VSE offices, as they will not facilitate the organization of observerships, which would mean that we would have to seek preceptors independently through each of the provincial Colleges of Physicians and Surgeons, and (2) the difficulty of enforcing strict observerships to prevent medico-legal liability.

IV. SUGGESTIONS FOR IMPROVEMENT:

We believe that it is imperative to continue the system of two NEOs, one for outgoing students and one for incoming students. This year, we had planned to have a

teleconference meeting with all the old and new LEOs to formally introduce them to the program and to outline responsibilities; however, due to scheduling and time conflicts, we were not able to organize one for this year.

- 1) The next NEO-outgoing should liaise with the NEO-incoming to organize two such teleconference meetings per year in the future, as I think it may help solidify the importance of the LEOs.
- 2) The next NEO-outgoing should make an effort to ensure that both LEOs and GHs are cc'ed on exchange related announcements to ensure that each school has a team that supports the exchange students (both incoming and outgoing).
- 3) The timeline for selection of NEO-outgoing should be discussed during the new NEO-outgoing's term in order to ensure smooth transition to the following successor. Currently, the selection of the NEO-outgoing is earlier than the other NO positions, and the benefits of an earlier selection time for the NEO-outgoing should be assessed.

National Officer of Partnerships

Submitted By: Neil de Laplante



I. DESCRIPTION OF POSITION:

The goal of the National Officer of Partnerships is to improve the accessibility of global health opportunities for medical students through the effective establishment, development, and maintenance of partnerships. The NOP further facilitates internal communication within the CFMS Global Health Program and is responsible for the GHP website. The role of the NOP has been moving steadily towards communications this year and now also includes administration of the GHP mailing list and Twitter account (@CFMSglobal).

II. ACTIVITIES:

Meetings

- UWO Transcending Borders Global Health Conference (London, Ontario):
 - Lead a student leadership workshop with Dax Biondi (PGY-1 at Western, Hungry for Change Gala) and Dave LaPierre (PGY-2 at Western, Sharing in Health)
- CNIS Norman Bethune Roundtable (Toronto)
 - Attended one day of conference on Surgery in Global Health
- Rio+20 United Nations Conference on Sustainable Development (Rio de Janeiro, Brazil):
 - Attended as an International Federation of Medical Students' Associations (IFMSA) delegate
 - Helped WHO track health negotiations, made word clouds of negotiating text and helped highlight areas of strength and weakness in the outcome document graphically through text mining. Some of these word clouds were included in daily negotiations summary emails and used on WHO websites.
 - Met with Margaret Chan to provide student perspective on negotiations and healthcare systems challenges.
 - Published article in The Lancet: "Health in the Rio+20 Negotiations"
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)61538-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61538-4/fulltext)
- United Nations post-2015 Development Agenda Negotiations
 - Plan to attend a meeting as IFMSA delegate at UN headquarters in New York City either in November or January.
 - Continuing coordination with Health Cluster of NGOs on post-2015 development agenda
- IFMSA-WHO Climate Health Webinar Series
- Partners in Health Canada – Student planning meetings
- World Bank Health and Climate Change Group

Partnership Assessment

- Partnership Assessment Rubric
 - Moving towards a formal process to evaluate new partner organizations and current partnerships
 - Emphasis on goal-driven partnerships and clear role definition
 - Developing three partnership tiers and expectations for each tier:
 - Core CFMS-led initiatives (eg. Pre-Departure Training)
 - Core Partner-led initiatives/bodies (eg. IFMSA)
 - Endorsed/Affiliated projects (eg. Sharing in Health)
 - Full annual review of partner organizations and projects will be completed over the summer with VP-GH.
- Partner Organizations
 - CFMS-led
 - Global Health Advocacy Program
 - Aboriginal Health Program
 - Pre-Departure Training
 - IFMSA-Quebec
 - Canadian Medical Association (CMA)
 - Canadian Society for International Health (CSIH)
 - IFMSA Projects Support Division
 - Association of Faculties of Medicine of Canada – Global Health Resource Group (AFMC-GHRG)
 - Endorsed/Affiliated Projects
 - Sharing in Health
 - Global Health Certificate Project
 - Global Health Mentorship Project
 - Partners in Health Canada
 - Partner Organizations
 - IFMSA, IFMSA ThinkGlobal Small Working Group
 - Co-leading IFMSA submissions on the post-2015 development agenda and the Sustainable Development Goals to governmental panels and NGO groups.
 - IFMSA white paper on climate health forthcoming.
 - The IFMSA
 - IFMSA-Quebec
 - PAMSA (Pan-American Medical Students' Association)
 - CAIR (Canadian Association of Interns and Residents) - Policy and Advocacy Committee
 - Ontario Medical Association - Scrub In column

Global Health Website and Mailing Lists

- The NOP portfolio has taken over responsibility for the GHP website (cfms.org/global).
- The site has been reorganized around pages for individual projects rather than officer portfolios.

- All of the pages have been completed with help from the other National Officers, establishing a framework that should be easily maintainable going forward.
- CFMS Global Health Blog:
 - New posts are approved by either the VP-GH or two National Officers.
 - NOs will write a monthly post about their portfolio activities or a relevant Global Health topic to aim for weekly blog updates across the GHP.
 - National issues and projects will be the focus, but there will be the opportunity for guest posts by exceptional local projects.
- Mailing Lists: The NOP portfolio has taken over the CFMS-Global listserv.
- Biweekly Global Health Communique: currently assembled by NOGHE, will migrate to NOP portfolio and be simultaneously posted on website.

Fundraising

- The GHP is interested in establishing sources of funding independent from the CFMS general budget for special projects.
- NOP and VP-GH will establish criteria for accepting donations and for ensuring sustainability of any external GHP funding and begin contacting potential donors.
- Emphasis will be on funding for specific projects rather than core budget expansion.

III. FOLLOW-UP, VISION, GOALS AND RECOMMENDATIONS FOR THIS POSITION

NOP activities this year have focused on laying the groundwork for further integrating the GHP with the rest of the CFMS and increasing transparency and institutional memory. The website has been the focal point of these efforts and has reached a point where it can be a great resource for sharing information and keeping CFMS members up to date on GHP activities. This can continue to be improved, especially by improving the archive and GHP documents posted. The website can serve as the platform for achieving many of the goals of the GHP going forward, including better integration of the Global Health Liaisons with national programming and better cooperation with the IFMSA.

Social media utilization through Twitter can be a great way to raise our profile and interact with global health decision makers. Hopefully the National Officers will increase their portfolio's presence on the @CFMSglobal account and engage in debates in this new forum. Twitter can also be a rapid and efficient way to interact with CFMS members, helping to increase transparency and information dissemination.

The IFMSA ThinkGlobal Initiative and the Sustainable Development Goals post-2015 development agenda are excellent opportunities for the CFMS to show leadership at an international level. I will remain personally involved with both whatever my future position in the GHP. The IFMSA provides a large number of student opportunities and addresses issues outside Global Health through its small working groups. The CFMS can play an important leadership role in the IFMSA and should be involved in its

upcoming discussions about its role and missions in global health and broader educational issues.

National Officer of Reproductive & Sexual Health

Submitted by: Joshua Dias



I. DESCRIPTION OF POSITION:

The NO of Reproductive and Sexual Health is responsible for leading projects and initiatives in the area of reproductive and sexual health and liaising with external global health-related organizations in order to benefit and create opportunities for Canadian medical students at large. The NORSH works in collaboration with the rest of the Global Health Program, including other National Officers and the Global Health Liaisons and Local Officers of Reproductive and Sexual Health.

II. ACTIVITIES

- Monthly Teleconferences

- The year began with one-on-one teleconferences with each LORSH in order to get an idea of what they hope to get out of the position, their passions/interests, funding sources, etc. This was followed by monthly teleconferences.
- The NOSM Student Society teleconference line was used to host the teleconferences with LORSHs (avoided many problems associated with Skype). The feedback from the LORSHs was that they found this line was much easier to use – less drop calls, more clear conversations.
- The meetings facilitated idea and resource sharing, as well as status updates.
- In the last few meetings, a current events topic was chosen for discussion. This was in the form of a news article on the topic of reproductive and sexual health that the group could discuss and gain ideas for future projects in their school.

- World AIDS Day (WAD)

- Encouraged students to host WAD events.
- Many CFMS schools participated in WAD.

- International Women's Day (IWD)

- Created a new focused International Women's Day manual which encouraged activities around this year's theme "Maternal Health".
- Though some found it hard to host events on March 8 (students not at school; exams taking place etc.), the LORSHs were encouraged to hold events at more convenient times but still focusing on women's health as a theme, which many did.

- International Day of Pink (DOP)/International Day Against Homophobia & Transphobia (IDAHO)

- In previous years, the LORSH role focused primarily on WAD and IWD, and this year we wanted to step beyond those two days (as there is already a lot of focus on them) to include LGBTQ health; As such, LORSHs were encouraged to plan

events for two days in particular: The International DOP (April 11) and the IDAHO (May 17).

- A new LORSH Manual was created to support event planning for both days as well as general events on the topic of LGBTQ health.
- Most LORSHs went ahead with DOP plans while others also planned events for IDAHO.

- Other Activities

- This year, LORSHs were encouraged to step beyond structured days (WAD, IWD, DOP, IDAHO) and create events on topics which they were interested in and/or passionate about.
- This allowed LORSHs to plan events like improving the health of sex workers, vagina monologues, condom blitzes, flash mob for contraception, a field trip to an Aboriginal birthing center and more!

- Creation of LORSH Manual: Activity & Resource Guide (rough)

- Many LORSHs wanted the NORSH to provide them with ideas for presentations/events as well as where they can get resources.
- As such, a rough LORSH manual was created with the idea that it will be updated and finalized in September 2012.

- Conference List

- Many LORSHs expressed interest in attending conferences
- As such, a list of 2011/2012 conferences relating to reproductive and sexual health was created. A new 2012/2013 conference list is being generated.
- LORSHs were encouraged to take advantage of this list and share it with their respective schools.

- Social Media

- A Facebook page "LORSH Power" was set up along with a dropbox link in order to share resources and spark discussion.
- Many LORSHs found both of these to be valuable tools.

- CFMS Annual Review Article & SCORA Magazine Article

- Wrote an article for the CFMS annual review on LGBTQ health and the Day of Pink; the article was also published in the SCORA magazine.

- Political Advocacy

- Petitioned Google to create a Google Doodle for the Day of Pink.
- Got the NDP leader (leader of the federal opposition), Thomas Mulcair, to write a letter in support of the Day of Pink.
- For the Alberta election: sent four questions to each of the candidates to see where they stand on reproductive and sexual health issues; the results were then sent to students at University of Alberta and University of Calgary as well as posted on the CFMS Global Health blog.

- Support Letters from Local, National and International Organizations
 - While it's important to obtain internal feedback on the relevance of the LORSH position (ie from medical students), we thought it was also useful to get feedback from external organizations.
 - A letter was written up and sent to various organizations and individuals to determine whether they thought this position was important in Canadian Medical Schools.
- Revised Position Description
 - A new position description was created in order to help LORSHs better understand their role.

CFMS-GHP working groups and/or national global health initiatives:

- Small Working Group on Maternal Health
 - A SWG was developed in Calgary to discuss the creation of a survey that could be used to determine the knowledge that Canadian medical students have on maternal health issues abroad.
 - These discussions were used to help create an IFMSA survey that will be distributed later this year.
 - The future of this SWG will be to get more medical students working on projects surrounding maternal health education.
- Strategic Plan for SCORA Small Working Group
 - The current NORSHs are working on the IFMSA SCORA strategic plan.
 - After the strategic plan is finalized this will be used to determine the role of the NORSH and LORSH portfolios within SCORA.
 - The hope is that Canadian medical students can play an active role in SCORA initiatives, and be involved in many of the benefits that SCORA provides ie SCORA exchanges, projects and conferences.
- Small Working Group for Homophobia
 - Worked with the other NORSHs at the IFMSA in order to get a new policy on homophobia passed.
- Small Working Group on Improving Reproductive and Sexual Health (RSH) Education at Canadian Medical Schools
 - At the 2012 CFMS SGM, a working group was started on improving RSH education at Canadian medical schools.
 - Ideas were generated on different methods, however the base point was to send out a survey to the different schools in order to determine the status of reproductive and sexual health education.

III. FOLLOW-UP, VISION, GOALS AND RECOMMENDATIONS FOR THIS POSITION

Plans for 2012/2013

- Survey on Reproductive and Sexual Health
 - Distribute a survey to Canadian medical schools to assess the extent to which reproductive and sexual health topics are covered within the curriculum
 - Use the results of this survey to develop innovative and useful ways to target gaps and discrepancies and improve the reproductive and sexual health knowledge of medical students.
 - Collaborate with reproductive and sexual health service and end-user organizations in order to fill gaps within medical curricula.

- Policy Changes (CFMS)
 - Currently, the CFMS position papers are being reviewed in order to determine if there is a need for updating or new position papers to be created.
 - Two areas being looked at are sexual orientation/gender identity and abortion.

- Political Advocacy
 - With two upcoming provincial elections and a national Liberal Party leadership race coming in 2013, the NORSH and LORSHs will be involved in determining where candidates stand on specific issues (ex. LGBTQ health, reproductive rights, etc.). The results could then be disseminated to medical students, published online, published in newspapers etc.
 - Work throughout the year to lobby both provincial and federal governments on issues that may arise

- International Collaboration
 - Work further with SCORA in order to develop deeper relations with the IFMSA
 - Help promote the Day of Pink at an international level

- Creation of a LORSH Manual
 - This summer, the rough LORSH manual that was created will be reviewed, updated and finalized so that it can be shared with LORSHs as they take on their position.
 - Many of the links/contacts will need to be reviewed on an annual basis.

- Connecting with Other Associations
 - Currently working on the partnership between the Society of Obstetricians and Gynaecologists.
 - Other organizations to connect with: Midwives, Nurses, Federation of Medical Women of Canada, Medical Students for Choice etc.
 - These are links that would be good to create in the future

IV. SUGGESTIONS FOR IMPROVEMENT

- End of Year Report Questionnaires were sent to all LORSHs. The following is a summary of the reports:
- Most students feel the LORSH position is useful in addressing gaps in their curriculum; most also felt that it should remain a separate position (not combined with the GHJ for example) otherwise the scope and depth in which it is able to cover topics in reproductive and sexual health would be reduced.
- In terms of strengths, students felt the LORSH was beneficial in order to bring schools together and share ideas/resources. They felt the NORSH was useful in terms of helping generate event ideas and providing resources to the LORSHs. Students also felt the LORSH role was clearly defined yet allowed flexibility to fill in curriculum gaps.
- In terms of suggestions for improvement:
 - Encouraging year round events and giving more concrete examples of events
 - Encourage more collaboration with existing groups in order to draw bigger crowds
 - While the LORSH position is very well and clearly defined, it's important to more clearly define other CFMS global health positions as some of the work that should be done by other positions is sometimes downloaded to the LORSH (who already has many events to plan)
 - Share information earlier in the year in order to help plan events
 - Help schools that may have overlap with existing groups in some areas of reproductive and sexual health (ex. LGBTQ health, HIV/AIDS, women's health) generate ideas in other areas that aren't covered
- One important suggestion would be to increase funding available for National Officers to attend the IFMSA meetings. These meetings are an invaluable networking opportunity providing face-to-face communication to build more concrete relationships and help solidify the role of the NORSH within SCORA.

V. SUMMARY

Overall this was a successful year for the NORSH portfolio! Students across Canada were very involved in the LORSH activities. These events, lectures and projects were educational, interactive and fun. This year for the first time, the NORSH and LORSHs were able to expand to take on leadership roles within the IFMSA as well. It is our belief that this portfolio is working to fill a void in the Canadian medical school education system. As the visibility of the LORSH role continues to grow, we believe that they soon will be an invaluable part of the CFMS. We are looking forward to another year; continuing and building upon past successes while striving to improve reproductive and sexual health education across Canadian medical schools.

Aboriginal Health Liason

Submitted by: Sarah Anderson



This past year has been one of growth and definition for the AHL portfolio. Given the recent nature of this position, it was necessary to first define the scope of its mandate within the CFMS and the broader medical community before moving forward with concrete initiatives. Inherent in the word 'liaison' is the role of connector and mediator, which I see as a role to be approached with a lighter hand than some of the other roles within the CFMS. The nature of Aboriginal health and policy in Canada is complex; to speak quickly without authority does not facilitate the development of constructive, sustained, reciprocal relationships. Thus, the goals of this past year have been to plant the seeds for those relationships, to develop the framework for future initiatives and to encourage the inclusion of an Aboriginal perspective/component in other areas of the CFMS.

Specific Achievements:

1. Mandate: Developed a
2. Partnership with IPAC Collaborative survey of medical education
 - b. Outreach via spring newsletter
 - c. Personal liaising with the IPAC student representative
 - d. Presentation from IPAC past-president, Dr. Marcia Anderson Decoteau at 2012 AGM
3. Online educational resources
 - a. Dropbox resources for GHGs
 - b. Website resources + blog
4. Representation and advising

Future Initiatives:

1. Delivery of AH education survey and data collection
2. Database of existing mentorship programs
3. Greater advocacy in solidarity with national First Nations, Inuit and Metis organizations
4. Explore the development of reciprocal student exchanges to Aboriginal communities via the existing CFMS SCOPE program.