



Canadian Federation of Medical Students



Fédération des étudiants en médecine du Canada

April 2008

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*bear heartbeats*  
if you're deaf?** P. 41

**Exciting times  
*in medical  
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## President's letter



Shaheed Merani  
President, CFMS

Greetings on behalf of the Canadian Federation of Medical Students (CFMS), the national body that represents medical students from coast to coast! The CFMS is your organization. Through the CFMS, fellow medical students represent you by lobbying and advocacy, both regionally and nationally. The CFMS provides valuable member services, including insurance, banking and travel deals for residency interviews. The CFMS facilitates communication among medical students and medical student societies.

This publication offers a review of events from the 2007–2008 association year and highlights emerging issues of importance to medical students. Here are some of the topics.

### The future of medical education

The Association of Faculties of Medicine of Canada is currently undertaking an evidence-based review of medical education in Canada. As part of this review, the CFMS continues to act as a major stakeholder in consultations on the delivery and training path of Canada's future doctors. One area of particular interest is the emergence of interprofessional health care delivery and the parallel interprofessional health education models in Canada.



Dr. Philip Brost  
Past President, CFMS

### Access to medical education, student debt and tuition

Escalation of the cost of medical education is changing the demographics of Canada's future physician workforce. To address this problem, the CFMS has been lobbying to defer repayment of the federal portion of the Canada student loan until the completion of residency. The CFMS undertook a national survey to get better data on the financial burdens of medical students and we presented these findings to the federal government during our Lobby Day in February 2008.

### Services and membership benefits

The CFMS is working hard to support you in your medical studies. We offer a welcome package to first-year students, which includes pocket cards and CFMS-branded clipboards. The CFMS offers a competitive banking deal and a disability insurance offering. Through its International Health Program, the CFMS continues to provide opportunities for Canadian medical students to undertake clinical and research exchanges abroad.

### Your voice as a medical student

As the national voice of medical students, the CFMS represents you in every relevant national medical organization, including the Canadian Medical Association's Board of Directors and its numerous committees, the Association of Faculties of Medicine of Canada, the Medical Council of Canada, the Canadian Resident Matching Service and the International Federation of Medical Students' Associations.

We hope you find this annual report informative. Please feel free to contact us or any one of your school or regional CFMS representatives for more information about the CFMS. ♦♦♦

## Letter from the editor



Sammy Khalili  
Vice-President  
Communications,  
CFMS

The CFMS is very pleased to bring you the 2008 edition of the *CFMS Annual Review* — our annual report to members. You'll notice that this year the review has undergone some significant design changes. Although its purpose remains the same — to update students on the activities of the CFMS — I think its new look, with more photos, images and graphics will make it more visually appealing and I hope you agree.

A special year, 2007 marked the 30th anniversary of the CFMS as an organization. To commemorate this occasion, a gala dinner, attended by dignitaries and alumni, was held at the time of the Annual General Meeting. I encourage you to read the speech given by Dr. Plouffe, CFMS's first president. It provides insight into the origins and purpose of your national student association.

It's been a busy, but productive year for the CFMS. In the review, you will find updates on what we're doing in the areas of student education and training, debt relief, medical school accreditation, lobbying, political advocacy and member services. It also contains information on CFMS's activities on the international health front, our collaborative efforts with the FMEQ (the student association for Quebec's French-language medical schools) and individual school activities.

New to the review this year are written, photo and art submissions from our general membership. A call went out in search of submissions and we were not disappointed. The response was fantastic, and I'd like to commend those who took the time to send us their work. If by chance yours didn't make it into this publication, don't be discouraged; it will be published in one of our newsletters for all to see and read.

Finally, the annual review would not happen if it were not for the generous support of our advertisers and the publishing expertise of the Canadian Medical Association staff who pulled it all together.

I hope you enjoy reading this year's *CFMS Annual Review*. ♦

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All editorial matter in *CFMS Annual Review* 2008 represents the opinions of the authors and not necessarily those of the Canadian Federation of Medical Students (CFMS). The CFMS assumes no responsibility or liability for damages arising from any error or omission or from the use of any information or advice herein.

# CFMS's 30th anniversary gala dinner

*In 2007, the CFMS reached its 30th anniversary as a national organization. To celebrate, a gala dinner was held at the time of the association's Annual General Meeting last September. The dinner was attended by many CFMS alumni and honoured medical guests. Below is a copy of the speech given by Dr. Leo Plouffe Jr., who was CFMS's first president.*

## Speech by Dr. Leo Plouffe, Jr.



Dr. Leo Plouffe, Jr.

**F**élicitations à la FEMC pour son 30<sup>ème</sup> anniversaire! What an outstanding achievement, built upon the incredible dedication and energy of each new generation of Canadian medical students. It is a rare feat in any field of human endeavour to see a dream not only kept alive, but grown and enhanced by a stand-alone organization where rapid turnover is the only constant. This speaks so highly of the unique and very special energy, vitality, creativity and leadership that thrives among medical students throughout Canada.

Malgré les différences entre les universités, les provinces, au niveau de la culture et de la langue, la FEMC a réussi à saisir l'essence des rêves et des défis des étudiants et étudiantes en médecine, les véritables architectes du futur de la médecine au Canada et à travers le monde. CFMS stands proud as a role model, not only for its peers around the world, but equally to the senior members of organized medicine in Canada. Happy anniversary CFMS!

## Précieux souvenirs and random thoughts

Looking back on the origins of CFMS, it truly is a remarkable organization that validates so many teachings from the pages of philosophers as well as organizational visionaries — after 30 years in a scientific and administrative career in academia and industry, I can only cherish the memories and express my gratitude to all my peers as we put together at best a sketch of what would become an outstanding organization. So here are a few thoughts.

## Know thyself

- CFMS came at a time when there was no unifying medical student organization in Canada. Students could be individual members of the Canadian Medical Association, but membership was not widespread. More importantly, the need for CFMS was the common experience that we all shared as medical students, with specific needs, aspirations and desires.

- In short, CFMS was born from the awareness of the need for a stand-alone organization to serve and represent the interests and ideas of medical students across the country and leverage the energy to shape the future of medical care in Canada. In my mind, history has validated this 30 times over!

### **Le passé ne détermine pas le futur**

- L'établissement d'une organisation étudiante médicale pan-canadienne avait échoué à plusieurs reprises dans le passé, au fur et à mesure que l'enthousiasme des fondateurs s'était évaporé, compliqué en plus par la succession rapide du leadership dans le contexte des études médicales.
- Nous n'avions pas de modèle à suivre. La Canadian Association of Internes and Residents (CAIR) et la Fédération des Médecins Résidents et Internes du Québec (FMRIQ) n'arrivaient pas à s'unifier, l'Association Médicale du Canada était axée sur la représentation provinciale, avec un faible taux de participation au Québec, tandis que généralistes et spécialistes étaient généralement représentés par des organismes différents. On accentuait surtout les différences, entre les provinces, entre les spécialités.
- Dans ce contexte, il aurait été très facile pour les fondateurs de la FEMC de se contenter de regarder vers le passé, regarder nos aînés et de rejeter toute idée d'établir la FEMC.
- C'est l'attitude des mes collègues de l'époque que 'rien n'est impossible' qui a permise à la FEMC de voir le jour.

### **Don't keep banging your head against the wall**

- A very pragmatic challenge around organizing a Canada-wide medical student society was the infrastructure and organizational construct needed. Clearly, for such a dynamic group, repeating the past attempts and trying to replicate an organization with individual membership would likely yield the same result — failure.
- Our colleagues in Quebec, among others, had found a creative solution for the problem by organizing through the individual school-based medical student society. To this day, that grouping of the four medical schools in Quebec under the FMEQ continues to thrive as well.
- It is the open-mindedness and willingness to try something different (but that already had been shown to work on a smaller scale), that allowed CFMS to go forward. (I remember a long debate on the subject — the old model looked so much better — so don't think getting there was that easy!)

### **Nul n'est une île**

- Lancer l'idée d'une société étudiante dans le cadre de la réunion annuelle de l'AFMC était un défi modeste. S'assurer que chacun des représentants convainquent leur association locale de se joindre était le grand défi.
- Le Canada et la FEMC doivent être extrêmement reconnaissants envers chacun des membres fondateurs, qui ont réussi en moins d'un an à communiquer le rêve et obtenir la participation de chaque association étudiante à travers le Canada.
- Il est si rare de trouver un pareil exemple d'une communion d'idées accompagnée d'une mise en place de ces mêmes idées en si peu de temps.

### **Diversity is a wonderful thing**

- The early days of CFMS were marked with many challenges, ideological and administrative. The discussions among the executive team were often highly charged, passionate and painful. However, I truly believe it is the ability to bring forward our diverse thoughts, styles and administrative skills that created the roots of the vital organization that CFMS is today.
- CFMS is one of the few Canadian organizations that really embraces diversity in the context of a fully Canada-wide mission — keep it alive and share the secret of your success!

### **The merit of an idea lies in its ability to thrive generation after generation**

- The fact that CFMS is still there, so much better, bigger, far-reaching and still growing, after 30 years, shows that there was indeed a need for this organization. Keep the dream alive! ♦

## **Mark your calendar!**

**1-3 May 2008 — CFMS Biannual General Meeting, Montréal, Quebec**

**26-28 September 2008 — CFMS Annual Meeting, Halifax, Nova Scotia**

# Sustaining success: a call to CFMS alumni!

**A**re you a former CFMS president, vice-president, board member, representative or volunteer? The CFMS needs you!

For 30 years, the CFMS has represented the needs of Canadian medical students nationally. Our organization's success has been built entirely on the work and vision of dynamic leaders like you who have made a difference to medical education.

You can continue to make a difference by joining the CFMS alumni network. As a member you will:

- Strengthen today's CFMS by sharing your experiences and providing informal mentorship to the CFMS members on an as-needed basis
- Agree to receive periodic updates on the work of the CFMS from its president

- Support ongoing advocacy activities through networking and advisory support
- Strengthen our corporate memory by sharing your stories on the history and successes of the CFMS
- Participate in special alumni initiatives that benefit the CFMS and its members
- Be a member of an alumni email discussion forum.

*You can be involved as much or as little as you wish! Enroll by emailing the CFMS office at [office@cfms.org](mailto:office@cfms.org) with your name, address, former CFMS role(s)/position(s)/year(s) of involvement or by visiting our website at [www.cfms.org/alumni](http://www.cfms.org/alumni). Please indicate your level of interest and whether you wish to be part of the coordinating group! ♦*

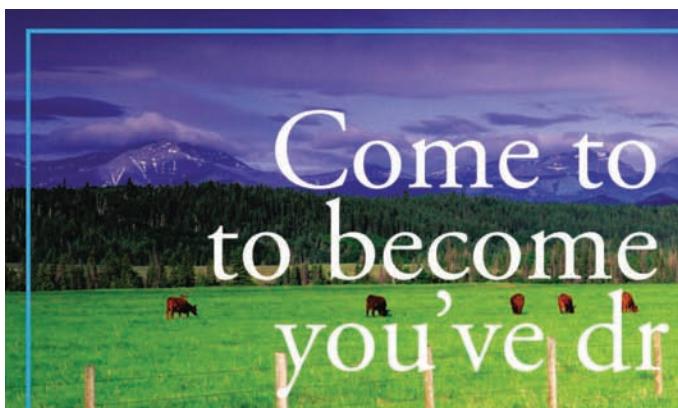


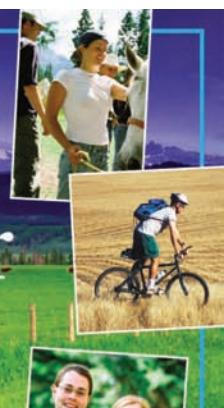
André Bernard, MD  
CFMS President 2005–2006



Sayeh (Minoosepehr) Zielke, MD  
CFMS President 2003–2004

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# *Exciting times in medical education*

**Jonathan DellaVedova**

CFMS Vice-President, Education

Northern Ontario School of Medicine, Class of 2009

On a fundamental level, the common issues near and dear to the hearts of medical students rarely change. Do I have a fair shot at the residency program I want? Can I afford my education? Is my education preparing me to be the best possible physician? Does eating an entire Sidekicks (and nothing else) qualify as an actual meal?

What makes the current times particularly exciting is that people are listening to what medical students have to say more than ever. The health human resource shortage across Canada has put medical trainees in the spotlight and caused governments, physicians and the public to take a closer look at the medical education system and the educational experiences of medical students. The CFMS is rising to the challenge as always and playing an important role in recent developments in medical education.

## **Residency positions and the match**

In 2007, international medical graduates (IMGs) became eligible to participate in the first iteration of the CaRMS match. Previously, most provinces employed a parallel match

that set aside a predetermined number of residency positions for IMGs, while in Manitoba and Quebec, IMGs competed directly against Canadian medical graduates (CMGs) in all disciplines and in Alberta residency programs remained outside the match for

**Canada needs to build on the pool of surplus residency positions to facilitate match success and career satisfaction.**

IMGs. The match report indicates that 86% of CMGs matched to one of their top three programs and 95.5% of students matched in the first iteration. These rates are consistent with — and slightly in excess of — comparable rates in recent years. In addition, Manitoba and Quebec medical students matched with similar success rates as students in other provinces.

So is it all good news for CMGs? Not necessarily, as one likely contributor to this success was the increase in the number of entry positions in residency programs in 2007. This may not be repeated, even though a greater number of CMGs is expected in each of the next several years. In all of its activities and meetings with government and professional organizations, the CFMS has reiterated not just the need for guaranteed residency positions for CMGs, but also the need to maintain and build on the pool of surplus positions to facilitate match success, career satisfaction and the potential for re-entry training.

## **National medical student survey**

In 2007, the CFMS conducted a national survey to explore various aspects of medical education including demographics, debt load, factors affecting career choice and more. Thank you to all those who participated in this highly successful survey. Preliminary results have been made available and further analyses will be done in 2008. Various organizations have shown interest in the data, which will inform and empower

advocacy efforts for the CFMS for years to come.

### Tuition and access to medical education

Even though medical school tuition largely stabilized across the country this past year, over the last decade tuition has doubled or even tripled at many schools. Our generation can expect an unprecedented average personal debt in excess of \$150 000 at graduation. The effects of this burden continue to be studied, but numerous reports have already indicated that debt has an impact on graduates' choice of practice discipline and location, as well as the demographics of the medical student population.

The CFMS persists in highlighting the importance of equitable access to medical education. In 2008, National Lobby Day efforts focused squarely on the deferral of federal loan repayment and interest accrual until after the residency period, and we are also working directly with the Canadian Medical Association on a tuition policy.

### Core competency project

In 2007, the Royal College of Physicians and Surgeons of Canada (RCPSC) released its interim report on the Core Competency Project. A streaming of residency disciplines into a smaller number of CaRMS entry points for the PGY-1 year has been proposed with further diversification occurring after the initial year. Extensive study of such a model, including its effects on premature career decision-making, quality of education and flexibility in education, has taken place over the past few years

and it will continue. Medical students can expect an in-depth survey administered by the RCPSC in 2008.

The CFMS supports a postgraduate training model with guaranteed

students across Canada are noticing the inclusion of interprofessional education in their curricula.

The CFMS, as the representative body of undergraduate medical students in Canada, has a keen interest in the discussions surrounding collaborative care and interprofessional education. In 2008, the CFMS will conduct focus groups and administer a survey at each school to identify and articulate the interests of Canadian medical students. Based on input gathered from its membership through these means, the CFMS plans to develop a comprehensive policy statement.

**CFMS supports a postgraduate training model that guarantees access to residency positions, enhances flexibility, has not additional matches and does not increase the length of training.**

access to residency positions for CMGs, enhanced flexibility, no additional match process and no increase in the length of training. This position has been expressed to the various stakeholders and it will be reiterated as data gathering continues.

### Interprofessional education initiative

In the last decade, there has been rapidly increasing public, governmental and academic interest in the concept of collaborative care. Because health care reform cannot exist without health education reform, the interest in interprofessional education has been equally great and many medical

### Making life easier for medical students

Finally, as we all work hard and could use a break, a number of initiatives are underway to make the educational experiences of medical students a bit easier. Previously, the CFMS developed a proposal for common immunization requirements across the country to facilitate the application process for visiting electives, and we will continue to advance this proposal. Similarly we are also pursuing a central application site and common application forms for visiting electives. In addition, several CFMS regional representatives are collaborating to construct an accreditation database where medical students from all schools can record the successes and challenges they have experienced during accreditation. This will help other schools prepare their reports.

I appreciate your taking the time to read this update on CFMS's medical education activities. I expect 2008 will be just as exciting as 2007. For questions or comments please contact me at [education@cfms.org](mailto:education@cfms.org). ♦

# Accreditation: *our 8-year* “el Niño”

**Meira Louis**

CFMS Western Regional Representative  
University of Calgary, Class of 2009

Every 8 years, your medical school gets accredited, and you, as a student, have a role to play in this process. If this has happened recently at your school, you are probably familiar with what's involved, but if your school hasn't been accredited in a few years, the whole process can be a bit of a mystery. Here is a brief primer on the process and why the CFMS is getting involved in it.

Accreditation is the process by which medical schools prove to the Liaison Committee on Medical Education (LCME), which works in

**Students play a  
huge role in the  
Accreditation process;  
however, assistance  
and resources  
are very limited.**

cooperation with the Committee on Accreditation of Canadian Medical Schools (CACMS), that their school

delivers an educational program that merits the awarding of medical (MD) degrees. It takes into account all aspects of the medical program, including administration, faculty, student services, financial stability, admission procedures and physical space and resources. Examining all these areas can take up to 2 years, with reports and evaluations produced by students as well as the administration.

There are three possible outcomes from the accreditation process: a pass, probationary status and failure. Fail-

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ures are rare, but probation has been a common outcome in the last few years. Although schools coming out of probation are often the strongest they've ever been — as they have just fixed any weaknesses — there is the understandable wish to avoid this outcome.

Students participate in the accreditation process by completing a comprehensive survey on the school and its program. This survey cannot be influenced in any way by the administration. Data from the survey are then used in two ways: to provide feedback to the administration, highlighting its strengths and weaknesses from the students' perspective, and as a formal report sent directly to the LCME. When the LCME visits the school at the end of the process, it will meet privately with the students to ensure that their report accurately reflects their opinions. A poorly prepared report or an ineffectively communicated survey can lead to serious consequences for the school.

Although students play a huge role in the process, assistance is limited. Due to the need for independent evaluation, the administration at your school has few resources to offer student leaders. As the survey and report are done only

every 8 years, students who took part in the last round are seldom still present at the school to discuss the process. In addition, the documentation that student leaders receive from the LCME on their school is very general.

The CFMS has decided to address these shortcomings by producing a number of reference documents that will help student leaders participate in accreditation effectively and efficiently. These documents will include contact information for students at other schools who have recently gone through the accreditation process (as the standards change every few years), a template survey, a template report and a document that outlines all the steps that must be taken and when they should take place. We expect these documents will be ready in May, and they will be posted on the CFMS's website for all to access.

This project is being carried out by a diverse group of 15 students who represent almost every medical school in Canada and nearly every year of study. If you have any questions about the accreditation process or the work of the CFMS in this area, please feel free to email me at [western@cfms.org](mailto:western@cfms.org). ♦♦

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# 2008 CFMS *Lobby Day*

**Phil Doiron**

CFMS Ontario Regional Representative  
McMaster University, Class of 2009

**O**n 10 and 11 February, 65 medical students from across Canada descended on Parliament Hill for Lobby Day 2008. Held in Ottawa, this 2-day event was jam packed with activities for delegates. Day 1 was dedicated to educating and training the attendees. They were briefed on the current state of government affairs by the Canadian Medical Association, taught how to lobby a Member of Parliament (MP) effectively by political staff and received media training from journalists. They were also fortunate to hear from physicians who are currently serving as MPs. Participants greatly appreciated the candor of these professionals and the practicality of the sessions.

Training day was followed by a full day on Parliament Hill. In teams of two, students met with MPs from their home or current riding regarding an issue of great importance to medical students and residents — debt. The objective of Lobby Day was to recommend to MPs, as a remedy to the debt load crisis, the deferral of repayment of the federal portion of Canada student loans until completion of residency.

Currently, the average medical student starts residency with a debt of approximately \$158 000. Financing a loan of this size on a resident's salary is difficult, especially at a time when many residents are thinking of buying homes and starting families. Debt can be a significant source of stress for students and residents. We hope the partial alleviation of this stress will create happier students and residents and healthier patients!

For more information on CFMS lobbying efforts on both a national and regional scale, feel free to contact [lobby@cfms.org](mailto:lobby@cfms.org) or your local CFMS Political Advocacy Committee rep! ♦



Phil Doiron (CFMS Ontario Regional Representative) and Carolyn Bennett, MD, MP



Shaheed Merani (CFMS President) speaking to a reporter following Lobby Day

# Being heard, making change

## *Goals of the CMFS Political Advocacy Committee*

**Liz Chapman**

Dalhousie University, Class of 2010

Influencing policies and making the issues of medical students heard by local, provincial and national governments is one of the prime mandates of the recently formed CFMS Political Advocacy Committee (PAC). As future medical practitioners and active community members, students have the responsibility to advocate on behalf of the patient population and, indeed, to the global community.

CFMS Lobby Day, our most visible form of representation, took place on 10 and 11 February 2008 in Ottawa. The event brought students from across Canada in contact with members of Parliament to discuss issues of specific interest to students and to scope out solutions at the national level. The focus for Lobby Day was on reducing the financial bur-

den faced by Canadian medical students and residents and the impact that debt is having on specialty choice and practice location. In particular, CFMS lobbied for interest-free status on Canada student loans through residency and the alleviation of tuition fee increases. In preparation for Lobby Day, PAC prepared background documents outlining these issues, it drafted concrete recommendations for moving forward, produced training materials and held a 2-day training session.

In advance of Lobby Day, PAC members and their classmates wrote letters to local newspapers and met with local leaders and policy-makers to publicize and build support for the issues. The expertise and resources gained through Lobby Day will be used in our regional lobbying efforts.

PAC members will be conducting a regional environmental scan at their schools to determine the top political, educational and social issues. These will form a “top 5 issues” list for the CFMS, providing direction for both the 2009 Lobby Day and our year-round regional “grassroots” lobbying efforts. Some schools, such as the University of Alberta, have formed their own local PACs. Here at Dal, we plan to focus some of our long-term lobbying efforts on Aboriginal health, in conjunction with our Global Health Initiative and the CFMS International Health Liaisons.

There are many opportunities for you to voice your opinion and there is conviction in the power of collective action for change. I encourage you to get involved! ♦

## How do I get involved in the CFMS?

Executive and officer positions are filled during elections at the CFMS Annual General Meeting in September, and applications to serve as a CFMS representative on various CMA Committees are available in the winter. There are ample opportunities to get involved with the CFMS, such as with our annual country-wide blood drive and with our Lobby Day, so speak with your local CFMS Rep and check our event calendar on our Web site frequently!

Medical school is a busy but exciting time and getting involved in the CFMS can be an important component of your experience. We look forward to hearing from you!

**Canadian Federation of Medical Students National Office**

Tel: 613 565-7740

**Rosemary Conliffe**

CFMS General Manager: [office@cfms.org](mailto:office@cfms.org)

# Disaster preparedness planning: commitments to students

**Michael Organ**

CFMS Atlantic Regional Representative

Memorial University of Newfoundland, Class of 2009

**Eric Fung**

CFMS Western Regional Representative

University of Alberta, Class of 2009

**W**orldwide issues such as the threat of avian influenza and Canadian issues such as the specialist strike in Quebec prompted the CFMS to investigate the existence of provincial and medical school contingency plans for students in the case of an emergency.

Former CFMS regional representatives Gabriel Fabreau and Brock McKinney, through their research, found that few provinces or medical schools have a plan in place to protect students. They set out to create a document that would outline the system's commitments to protect the health and education requirements of Canadian medical students in the event of an emergency.

The *Disaster Preparedness Plan* was presented to attendees at the May 2007 CFMS Biannual General Meeting. Based on feedback received at this meeting the plan was fine-tuned and presented as a policy statement to CFMS representatives at their Annual General Meeting in September. Two important commitments are contained in the statement:

- Protection of medical students' health when they are called on to provide health services during disaster situations
- Use of other medical schools to continue students' education when their home school is no longer able to provide it

For the CFMS, the focus is now on getting its *Disaster Preparedness Plan* and Memorandum of Understanding accepted by every medical school in Canada. The CFMS is providing the Fédération médicale étudiante du Québec,

Quebec's medical student association, with the opportunity to include their schools in the plan and will work with them to have the final document translated. ♦

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# Becoming truly pan-Canadian: collaboration with the FMEQ

**Richard Dallala**

CFMS Quebec Regional Representative  
[quebec@cfms.org](mailto:quebec@cfms.org)  
 McGill University, Class of 2010

The Fédération médicale étudiante du Québec (FMEQ) is the official representative organization of Quebec's medical students, and its membership accounts for more than a third of all Canadian medical students. For a long period, the CFMS has been interested in fostering and maintaining close communication with the FMEQ to get a global and accurate understanding of all medical student issues in Canada.

Both organizations stand on the same three pillars: representation, communication and services. Indeed, numerous common portfolios were

well anchored in our agendas for this year — student wellness and protection, the CaRMS match and governmental lobbying, to name a few. It is increasingly understood by both organizations that to get the best results and to best further the interests of our members, we should strive to work together on such portfolios.

More and more subjects are being handled together. Last year, for instance, we collaborated on the national medical students' survey, which enabled us to obtain a comprehensive picture of today's medical students. This inestimable work will be

analyzed in the near future to provide scientifically useful information on medical students for both the CFMS and FMEQ and enable our two associations to set goal-oriented action plans in an evidence-based fashion.

The FMEQ will be holding a special congress in May 2008 that will concur in time and location (Montréal) with the CFMS's Bi-annual General Meeting. This will provide a historical opportunity for both organizations to further interactions, review past achievements and set the direction for future collaborative work. ♦

## Our vision

Canadian medical students will experience a learning process that is fair, of high quality and responsive to their needs. Through the CFMS, students will not only be informed of the changes which will affect their current training and future careers, but play an active role in shaping these changes. As a student-run organization, the CFMS will create the best possible training system for future physicians, and by extension, contribute to the maintenance of a strong Canadian health care system.

## La FMEQ, bientôt 35 ans

### Marc Beltempo

Vice-président aux affaires externes

[vpexterne@fmeq.ca](mailto:vpexterne@fmeq.ca)

Université de Montréal

**L**a Fédération médicale étudiante du Québec (FMEQ) est l'organisation qui représente l'ensemble des 3400 étudiants en médecine du Québec tant aux plans politique, académique et social. Créée en 1974, l'organisation regroupait les étudiants des universités Laval, McGill, de Montréal et de Sherbrooke. Aujourd'hui, nous comptons toujours les mêmes quatre universités, mais ces dernières ont vu l'apparition de campus satellites à Chicoutimi, Moncton et Trois-Rivières.

Ainsi, avec le temps, la fédération a développé plusieurs argumentaires afin de défendre les intérêts de ses membres sur des sujets comme les core compétencies (compétences de base), les hausses d'admission en médecine et la participation québécoise au Service canadien de jumelage des résidents (CaRMS). D'autre part, notre branche internationale, IFMSA-Québec, a développé des projets de santé communautaire et internationale tout en favorisant les échanges internationaux. Aussi, la division des services a pris de l'ampleur par sa prise en charge des ententes pour la chirurgie des yeux au laser et des primes d'assurance invalidité.

L'année prochaine sonne les trente-cinq ans de la Fédération et avec le vieillissement, un renouvellement de nos règlements généraux est en cours avec une révision complète de notre politique ainsi que de notre plan de commandite. Aussi, le rapprochement entre la Fédération québécoise et la Fédération des étudiants et des étudiantes en médecine du Canada (FEMC) est un enjeu important. Nous avançons donc sur des dossiers tels que la préparation aux catastrophes, l'endettement des étudiants en médecine et le *blood drive*.

Par ailleurs, depuis plusieurs années, les étudiants en médecine du Québec organisent les Medgames qui, chaque année, rassemblent plus de 2000 étudiants du Canada d'Est en Ouest venant comparer leur habiletés sportives et sociales. Cette année, ce fut au tour de Sherbrooke de nous organiser ce qui fut un franc succès. L'année prochaine, les Medgames auront lieu à l'Université de Montréal et nous espérons vous y retrouver en grand nombre. ♦♦

## FMEQ to celebrate 35 years

### Marc Beltempo

Vice-President, External Affairs

[vpexterne@fmeq.ca](mailto:vpexterne@fmeq.ca)

University of Montréal

**T**he Fédération médicale étudiante du Québec (FMEQ) is the organization that represents all 3,400 medical students in Quebec, in matters of policy, academics, and social activities. Created in 1974 through the coming together of medical students from Laval University, McGill University, the University of Montréal and the University of Sherbrooke, the organization has since added satellite campuses in Chicoutimi, Moncton and Trois-Rivières to the original four founding institutions.

Over time, the Federation has formulated several defensive positions to protect the interests of its members in such areas as core competencies, higher admission levels in medical programs and Quebec's participation in the Canadian Resident Matching Service (CaRMS). Our international branch, IFMSA-Québec, has successfully developed health projects at both the community and international levels and has encouraged international exchanges. As well, our services division has expanded to take on responsibility for laser eye surgery agreements and disability insurance premiums.

Next year will mark the Federation's 35th anniversary and, with age comes the need to revamp our general by-laws. A full review of our policy and sponsorship plan is already under way. Another major issue for us will be the development of closer ties between the Fédération québécoise and the Canadian Federation of Medical Students (CFMS). We are also moving ahead on such files as disaster preparedness, medical student debt and the blood drive.

On the social activities front, for several years now medical students in Quebec have been organizing the MedGames, which annually attract more than 2,000 students from eastern and western Canada to test their sports and social skills. This year was Sherbrooke's turn to organize the event, which was an unqualified success. Next year, the MedGames will take place at the University of Montréal and we hope to welcome you in even greater numbers. ♦♦



Délégué(e)s de la FMEQ / Delegates from the FMEQ

# Looking to serve you better

**Dan McIsaac**

Vice-President Services, CFMS

Dalhousie University, Class of 2009

**A**s students, we are busy trying to balance many commitments: our training responsibilities, personal commitments, debt and more. Although the CFMS may not be able to give you more hours at home during your general surgery rotation, we are working hard to provide you with products and services that can save you precious time and money.

Highlighting this year's offerings is a newly designed CFMS website that will be more attractive and user-friendly, and lead to improved communication within and among our membership and organizational structure, and improved access to our products and services. Be on the lookout for a new and improved CFMS.ORG coming later this year.

The Canadian telecommunications marketplace is an expensive one, and medical students are major consumers within it. The CFMS has worked to create a wireless package that would provide its members with preferential hardware pricing (including for smart phones and Blackberrys),

flexible service agreements that suit the life of medical trainees and access to the coast-to-coast satellite network.

Along with these expanded services, the CFMS will continue to provide many current high-quality offerings. As travel is a fact of life for most of us, the CFMS is proud to offer corporate rates for our members at any Choice Hotel. We also provide a 10% discount with WestJet during January and February. Although this is intended to lessen the burden of travel during the CaRMS match period, it is available to all members. Other benefits include access to Canada's best disability insurance plan for medical trainees, courtesy pricing with LasikMD, information on residency interviews and textbook reviews and endorsements. Check out all that the CFMS have to offer at [www.cfms.org](http://www.cfms.org).

I encourage you to take advantage of these products and services and, if you feel that there is something missing or should be added, let me know. I'm always happy to look into it. ♦

## New ... for you!

- Redesigned [www.CFMS.org](http://www.CFMS.org) (mid-2008)
- CFMS wireless plan with Telus Mobility (spring 2008)

## Benefits of CFMS membership

- Disability insurance
- Advocacy
- Preferred pricing — Lasik MD
- WestJet travel discount
- Choice Hotel discount
- Textbook review

# The CFMS blood drive

**Mike Bevilacqua**

CFMS Blood Drive Officer

University of Calgary, Class of 2010

blood@cfms.org

This year, the CFMS blood drive is taking a slightly different direction, and it is a very exciting time to be involved! In the past, the blood drive was a once a year event, but this year we are starting a great new program with Canadian Blood Services (CBS) that will enable us to contribute all year long!

The CFMS is CBS's longest standing partner (it's true, look it up!). We have decided to move forward with that partnership and become part of the CBS's Partners for Life (PFL) program, which will really help us maximize the donations we make across the country. Entering into a PFL gives us access to CBS's vast resources and nationwide team of coordinators who will help organize and promote blood donation opportunities and events for med students at every CFMS school. I am very confident that through the PFL program, CBS will help us reach donation numbers that we would have previously thought impossible to achieve.

A considerable amount of work has gone into setting up the new partnership that will be renewed year after year. The biggest challenge was establishing local partnerships between the medical schools and local CBS organizers. I am proud to say that every CFMS school now has at least one student who has volunteered to be a PFL champion. They will work with local CBS staff to schedule and promote all the local donation events. These champions (see page 23) are your link to CBS and they are all very enthusiastic about this year's drive, so don't be afraid



Ali Walzak, a University of Calgary class of 2010 student, rolls up her sleeve to give.

to approach them with any questions or ideas that you may have for an event.

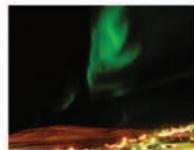
Each champion has set a donation target for his or her school for the year. If all goes as planned, I will be setting the national CFMS target at 1000 donations — more than double those of previous years!

As a kickoff to our new partnership, every school will be holding a big, school-wide "CFMS Blood Days" donation event. The great thing about being a PFL is that, unlike previous years, the blood drive does not have to occur on a specific date, but instead can be scheduled when it best suits your school. Your champion will have specific information on your school's event, so keep your eyes open around

the school and check your email for promotional materials!

Even if you cannot donate blood, you can still be a big part of your school's donation efforts by helping to spread the word and getting your peers excited about our donation efforts. You can also volunteer to help out your champion.

Although Blood Days will be the big kickoff of this year's drive, they will, by no means, be the only event. The biggest reason we switched to the PFL program was to help us donate year round. So get ready for a fun-filled year of bloodletting! This is a very exciting time to be a part of the CFMS's blood drive efforts. Roll up your white coat sleeves and give! ♦



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School	Champion
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Dalhousie University	Matt McDonald
University of Ottawa	Leslie Lamb
Queens University	Christina Nowik
University of Toronto	Renee Tseng and Joanna Moore
McMaster University	Sheri Bergeron and Grace Parr
University of Western Ontario	Kelly MacDonald
Northern Ontario School of Medicine	
Thunder Bay Campus	Sheena Belisle
Sudbury Campus	Kiersten Parr and Ian Paquette
University of Manitoba	Scott Hurton
University of Saskatchewan	Janet Ferguson
University of Alberta	Faiza Somji and Krystina Kiefer
University of Calgary	Mike Bevilacqua
University of British Columbia	
Vancouver Campus	Michelle Simonelli, Reina Yao and Kristel Lobo
Victoria Campus	Melanie Szirony and Caitlin Douglas
Prince George Campus	Claire Fast

**Letter from Dr. Graham Sher, CEO of Canadian Blood Services**

Dear students and future colleagues:

I thank the Canadian Federation of Medical Students (CFMS) for your ongoing support of Canadian Blood Services and for strengthening our bond this year by becoming a Partner for Life in 2008.

Partners for Life is a national campaign for corporate and community organizations. By joining, the CFMS is making a commitment to save lives by donating blood as a team.

As future doctors you know better than most that the need for blood is ongoing, and patients that are treated for such things as cancer, surgery and trauma depend on a stable supply of blood year round.

When I was a medical student at the University of Witwatersrand in South Africa, I well recall how all consuming my activities at med school and the hospitals could be, with less sleep and rest than I had ever imagined. Finding time to volunteer always took an extra concerted effort. Your commitment to join Partners for Life is, therefore, that much more appreciated, knowing the effort required to give of your time, to give blood. We at Canadian Blood Services are greatly appreciative of this partnership.

Your lifetime support of Canada's blood system will help ensure a safe and ample supply of blood and blood products during your careers and help you save the lives of thousands of Canadian patients in need. ♦♦

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As the HRSRH evolves into a one-site hospital and Canada's newest health sciences centre, in collaboration with the Northern Ontario School of Medicine, there are plenty of teaching and research opportunities for those interested in expanding their professional careers.

We invite family medicine and all other specialties to take a closer look at the HRSRH. If you are a practicing physician or less than one year away from completing your training, please email us to arrange a site visit funded by the Ontario Ministry of Health and Long-Term Care.



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The Pictou County Health Authority offers a wide range of specialist and family practice opportunities. Located in northeastern Nova Scotia, Pictou County offers excellent professional opportunities in small town and rural settings. The Pictou County Health Authority is responsible for delivering health care services to the 48,000 residents as well as regional programs to the greater population of northeastern Nova Scotia.

The Aberdeen Hospital in New Glasgow and Sutherland Harris Memorial Hospital in Pictou are just 90 minutes from Halifax and the Robert Stanfield International Airport. Moncton and Charlottetown are not much further and we're minutes away from the warmest waters north of the Carolinas and some of the most beautiful beaches in Nova Scotia.

The Aberdeen Hospital is a 112-bed regional facility providing a broad range of primary and secondary services through inpatient, outpatient and community-based services. Services provided include: anesthesia, cardiology, diagnostic imaging, emergency, general surgery, internal medicine, obstetrics and gynecology, ophthalmology, orthopedics, pathology, pediatrics, psychiatry and urology.

Sutherland Harris Memorial Hospital plays an important role in the lives and communities it serves. It has a 12-bed restorative care unit, a 20-bed veterans unit and various outpatient and community programs and services.



# International Health Program — update

**Jessie Breton**

CFMS Vice-President, International Programs & Partnerships  
University of Alberta, Class of 2010

**M**edical students are uniquely and strategically placed to promote the values of health equity and social justice. The CFMS's International Health Program (IHP) strives to empower students with all the tools they may need to grow as global health leaders and global citizens. Our mission is to facilitate ethical international health education, advocacy and experiences through coordinated national programming.

It has been an exciting and busy few months in the IHP. Our diverse team of national officers, international health liaison people and local exchange officers has been pursuing a myriad projects and initiatives. The CFMS Exchange Program has recently selected 96 students to participate in a 4-week clinical or research exchange this summer. They are also anxiously awaiting the arrival of over 60 foreign students who will be working in hospitals and labs across the country. Our International Health Mentorship Project has successfully matched over 70 medical students with non-

governmental organizations and physician mentors in the global health sector. Our local and national World AIDS Day program has helped raise both awareness and thousands of dollars across Canada.

We are currently developing a new program in the area of advocacy and pre-departure training for international electives. We are also exploring leadership opportunities within the International Federation of Medical Students' Associations and the Global Health Education Consortium. In addition, we are coordinating the creation of a new website and other innovative multimedia tools to facilitate transnational dialogue and collaboration.

The IHP is grateful for the ongoing support and participation of Canadian medical students. We are looking forward to the new year and the many opportunities it will bring. We are always delighted to hear your ideas and feedback, so I encourage you to contact us — [international@cfms.org](mailto:international@cfms.org). ♦

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# IFMSA — an overview

## Jessie Breton

CFMS Vice-President, International Programs & Partnerships  
University of Alberta, Class of 2010  
[international@cfms.org](mailto:international@cfms.org)

## Megan Doherty

University of Ottawa, Class of 2008

**A**s a member of the CFMS, you are also a member of the International Federation of Medical Students' Associations (IFMSA).

The IFMSA is an independent, non-governmental federation of medical student associations throughout the world that has 92 national member organizations from 88 countries, representing over 1 million medical students worldwide. Well-known to Canadian medical students for its strong exchange programs, the organization also coordi-

are preventing many of the world's neediest people from obtaining the medications and health care they require. The lack of research into neglected diseases and high prices of patented medicines are important factors that prevent access to effective life-saving medications. Specific strategies addressing this issue include encouraging generic competition, voluntary discounts on branded drugs by pharmaceutical companies and local production of generic medications.

Universities Allied for Essential Medicines (UAEM) is a specific example of how Canadian medical students can become involved in this issue. UAEM is a coalition of students and faculty at research universities in Canada, the USA and Europe, who work to ensure that the fruits of their research efforts are available to developing nations at the lowest possible price. In 2001, a deal was forged between Yale University and Bristol-Myers-Squibb to lower the price of one of the most widely used AIDS medications by 96% throughout Sub-Saharan Africa.

Interested medical and law students at the University of Ottawa are starting a UAEM chapter. To find out more, check out the MSF Campaign for Access to Essential Medicines ([www.accessmed-msf.org](http://www.accessmed-msf.org)) and UAEM ([www.essentialmedicine.org](http://www.essentialmedicine.org)).



Members of the Canadian delegation (Mario Morin, Jessie Breton, Josee-Lyne Ethier, Lana Sacragic and Kelly Anderson) at the March 2008 IFMSA meeting in Mexico.

nates a wealth of global health activities through its standing committees on Reproductive Health and HIV/AIDS, Human Rights and Peace, Public Health and Medical Education. The IFMSA is also internationally recognized by such bodies as the World Medical Association, the World Health Organization (WHO), and United Nations' agencies including UNICEF and UNHCR, with whom it collaborates regularly.

The IFMSA meets twice per year, in March and August.

## August 2007 meeting update

*Access to Essential Medicines* was the theme of the 56th General Assembly of the IFMSA last August. Medical students discussed the political, economic and social factors that

## March 2008 meeting update

The March meeting took place in Monterrey, Mexico and its theme was *Migrant Health*. Our representatives attended a series of workshops, meetings and training sessions related to their specific portfolio (public health, exchanges, human rights and peace, reproductive health and HIV/AIDS). They took advantage of the opportunity to network and collaborate with leaders in their field from across the world and learn from the unique experiences and perspectives of their international colleagues while, at the same time, sharing their own expertise and knowledge with the group.

This theme is extremely relevant to the CFMS and we brought back resources, contacts and new project ideas for our members. ♦

# IFMSA — Québec

**Emilie Desrosiers**

President, IFMSA-Québec

Université Laval, Class of 2009

**D**id you know that in Quebec, the Fédération médicale étudiante du Québec (FMEQ) has an international division whose role is to promote international health and community projects? This division is called IFMSA-Québec and it works jointly with the CFMS's International Health Program (IHP) as an associate member of the International Federation of Medical Students' Associations (IFMSA).

Below are some of the activities that IFMSA-Québec has been involved in:

- Global Health Initiative — promoting global health issues among medical students
- OSMOSE Project — mental health education for high school students
- Sexperts Project — sexual health and AIDS education for high school students
- Nutrition project for elementary school students
- Professional exchange programs in over 40 countries
- Research exchange programs in more than 10 countries
- Humanitarian aid exchange programs in six Latin American and African countries ([www.scoi-fmeq.spaces.live.com](http://www.scoi-fmeq.spaces.live.com))
- The second annual World Health Organization Simulation (McWHO), 15–17 February 2008, in Montréal (as hosts) — to raise political awareness and involvement around issues of global health ([www.mcwho.org](http://www.mcwho.org))
- Two overseas IFMSA general assemblies
- International committees

Many more projects are in the works, such as organ donation awareness, developing a general assembly information journal and establishing partnerships with non-governmental organizations. IFMSA-Québec is present in every university with a medical program in the province of Quebec. Our national officers are listed on our website [www.fmeq.ca](http://www.fmeq.ca) (click on the "Activities" tab, then choose "International affairs").

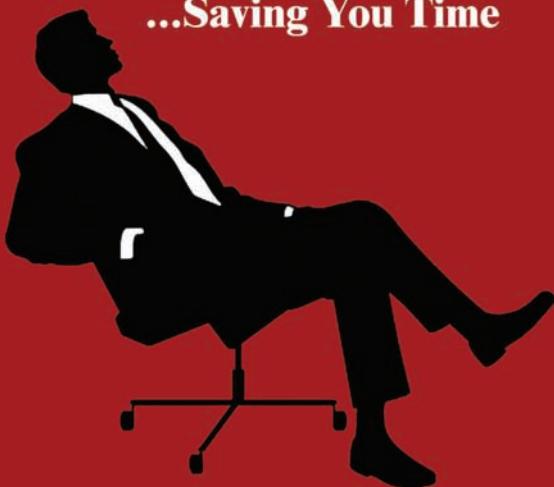
We are constantly recruiting new active members and launching new projects. Many of the projects currently underway in other countries need only a leader to get started locally. Each subcommittee has a "projects" section describing the various international projects. Go to [www.ifmsa.org](http://www.ifmsa.org) for more information on these projects.

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# IHP Exchange Program

**Mario Morin**

CFMS National Exchange Officer  
University of Ottawa, Class of 2010

**A**s international development and globalization have become central issues within the global community, health care professionals worldwide have been summoned to look beyond borders and address transnational inequalities. Consequently, educating physicians to develop an understanding of international affairs is a fundamental component of global health.

The International Federation of Medical Students' Associations (IFMSA) and the international branch of the CFMS are key players in this mission, providing medical students with the opportunity to participate in professional and research exchanges around the world. These exchanges primarily promote international understanding and collaboration among students and health professionals with a focus on academic quality and cultural immersion. This year, 96 Canadian medical students will take part in exchanges in 37 different countries.

Over the course of 4 weeks, participants will gain important practical experience and acquire concrete knowledge in a field of medicine of their choice. Although some of the students who participated in the exchange program last year had received prior clinical exposure and were already well-traveled, they cite this first-hand experience in a foreign health care setting as a learning opportunity of

utmost importance and a definite eye-opener. As eloquently stated by Nicholas Sunderland of the University of Western Ontario, "It is amazing how similar medicine is worldwide, yet how different cultures can be."

The appeal of working abroad goes far beyond living in foreign surroundings. Dealing with local co-workers and patients as well as other international medical students provides a daily dose of adventure for students participating in exchanges.

"More than anything, I found it amazing to meet doctors, residents, nurses and patients from many different backgrounds, beliefs and languages," said Nicholas who participated in a research exchange to Kuwait.

As Andrea Weirathmueller from Memorial University of Newfoundland completed her clinical exchange to Ecuador, she was struck by the difference in atmosphere from our Canadian hospitals. "There were security guards posted at hospital doors around the clock. ... The narrow hallways and small rooms were often congested ... sometimes the only barrier to prying eyes during a procedure was a group of physicians, students and nurses hovering around a patient's bed. This public hospital environment is the day-to-day reality for Ecuadorian medical professionals who work in the public sector."

However, Andrea argues that her clinical experience was in no way hindered by these challenging conditions as she received quality education from her preceptors. "I admire the dedication, acumen, enthusiasm and compassion that I saw in this group of people. I am glad that I was able to learn from them."

Students may also encounter cases not frequently seen in Canadian hospitals. "I still remember a woman, who came into the ER with a severed wrist which had been chopped down to the bone with a machete," recalls Jean



Brent Mador (centre) with colleagues in Ghana.

Chen, of the University of Western Ontario, who worked in plastic surgery in Mexico. "I remember her incoherent and panicking words ... and I remember her a week after for her follow-up, saying thanks to the doctor and I, while proudly showing off her moving thumb, fingers, and wrist. Now this is an experience of a lifetime."

Jean supplemented her clinical elective by attending the International Conference on Rhinoplasty — a magnificent way to top off a solid educational experience.

Exposure to a broad spectrum of clinical and academic experiences is a core component of these exchanges. Sarah Lea, of Dalhousie University, completed a rotation in an obstetrics department in Ghana and recalls her numerous responsibilities. "We would spend the morning at seminars and then head to the hospital where we could go on rounds, attend the consulting room and interview patients, observe surgeries in the OR, frequent the family planning clinic or, my favourite DUTY, head to the labour ward and examine women and observe deliveries."

Although the academic component is a crucial part of IFMSA exchanges, the social program is without a doubt indispensable in creating a memorable experience. While the days are often busy, students spend evenings relaxing, taking in concerts and movies or simply frequenting local pubs and markets with fellow medical students. Still, most participants would cite weekends spent exploring their host countries as the most enriching and unforgettable events they experienced abroad. Whether it be outings to local attractions or long treks to other cities, these excursions are thought-provoking markers in their month-long journeys of personal growth.

"I've established life-long friendships with medical students from across the world," says Jean.

Sarah, who also teamed up with fellow students to organize some memorable trips, fondly reminisces about her favourite outing. "We hired a tro-tro, a driver and a mechanic and headed north to Mole National Park — one of the only places in Ghana to see elephants. We spent the weekend and woke up to monkeys running across the roof of the hotel, went on a Safari and sat by the pool that overlooked a watering hole where elephants and baboons gathered."

Taking part in exchanges abroad also allows students to gain a valuable historical

and humane perspective of their host country, as Brett Mador, of the University of Calgary, realized during his exchange in Ghana. "Over a single month, I was able to visit some of the most prominent slave trading ports in West Africa, learn about the Ashanti culture in their capital city, survive the rainforest canopy walkway, and make several trips to the beautiful beaches of the Guinea Coast".

Through the CFMS, the IFMSA exchange program offers students an exciting fusion of academic and social opportunities. This time abroad is one of substantial educational and personal growth, as participants develop their skills and forge lifelong friendships. Moreover, exchanges allow students to become well versed in international medicine early on in their careers, a vital step in the formation of knowledgeable physicians who will act as global health advocates in the future. ♦



Jean Chen in the OR.



Sarah Lea (centre) with colleagues.

# The CFMS International Health Mentorship Project

*Filling the gaps in global health education*

**Kelly Anderson**

University of Western Ontario, Class of 2010

**Nitasha Puri**

University of Western Ontario, Class of 2011

For those of us passionate about world health issues, it can be challenging to find the “global” path in the medical education landscape. Not all medical school curricula provide the resources and opportunities that prepare future physicians to work as global citizens. While keen students and faculty work tirelessly to build and advocate a global perspective, many medical students are still left to fend for themselves as they search for a career path in world health. How should we educate and empower ourselves without clear guidance? Who will be our mentors?

Launched in February 2006, the International Health Mentorship Project (IHMP) aligns medical students in mentorship relationships with global health and development experts from nongovernmental organizations (NGOs). This year, over 70 medical students across Canada were matched with a mentor to help them expand their knowledge, develop personal relationships, exchange resources and network. Of these students, approximately 20 are working with multiple professionals, largely due to the commitment of 20 new mentors from Médecins Sans Frontières.

The IHMP is also spreading the word about medical-NGO learning partnerships and their role in “filling the gap” in medical school global health education. In August, the project concept was presented to approximately 600 international medical students at the International Federation of Medical Students’

Associations conference in Canterbury, United Kingdom. There, it won the Best Project Presentation award for encouraging understanding of global issues among medical students. In April, the IHMP will be making presentations at the Global Health Education Consortium Annual Conference in Sacramento and the Unite For Sight Global Health and Development Conference at Yale University.

Ultimately, it is our challenge as students to understand the complexities of global health and discover how to channel this knowledge into lifelong action. Even if you are not a part of the IHMP, consider initiating an informal relationship with the NGO and non-profit professionals

who work in your community; they are invaluable resources and wonderful teachers. We can learn from their experiences in ethical community involvement, sustainability and cross-cultural program development and delivery. In these first steps toward finding our mentors and building our global knowledge, all we have to do is ask for help.

More information can be found at [ihmp.cfms.org](http://ihmp.cfms.org) or by emailing Kelly Anderson and Nitasha Puri at [mentorship@cfms.org](mailto:mentorship@cfms.org). The current mentorship round for students is closed, but please apply again in 2008! We are, however, always seeking new NGO and global health-focused physician mentors. ♦

**International mentorship opportunities provide students with the prospect to learn about global health.**

# Canadian medical students take the lead on World AIDS Day

**Lana Saciragic**

National Officer on Reproductive Health and HIV/AIDS  
University of Ottawa, Class of 2010



Art auction fundraiser

**D**ecember 1, 2007 marked the 20th anniversary of the day when people around the world stood up in solidarity with HIV-positive people, embraced the taboos surrounding HIV and AIDS and solemnly promised to fight the disease. In Canada, medical students across the country did their part to commemorate this very important day.

Awareness, education and action were at the forefront of events organized for World AIDS Day. Brave HIV-positive people shared their experiences with future health professionals; nongovernmental organizations encouraged students to keep up the fight; and funds for organizations working in the field of HIV/AIDS were collected through silent auctions, craft and ribbon sales and clothing drives. Educating students and the public about a pressing HIV problem in our country was achieved through open discussions, distribution of pamphlets and condoms, posters, educational booths and film screenings.

I sincerely thank all the students who took the time to attend the events and I commend all those who gave their time and effort to make this year's World AIDS Day a phenomenal success!

The theme this year was "Take the Lead" — a slogan meant to bring attention to each person's capacity and responsibility to be at the forefront of stopping the spread of the disease. Leadership, in this case, refers to using good judgement and taking action to help reduce the number of people who will be infected with this disease. These actions can range from safer sex practices, to volunteering at an organization that supports HIV-positive people, to advocating harm reduction programs.

Medical students are privileged because they are exposed to HIV in various ways more often than the average person. We can "Take the Lead" by making sure we are well educated and informed about issues pertaining to HIV/AIDS. Medical treatment of an HIV-positive person is

only the tip of the iceberg — we can really be "superdoctors" if we advocate programs that reduce HIV transmission, educate ourselves on the sexual diversity of our population and their needs or learn about support programs for HIV-positive people in our community. Most important, through our actions and practice, we need to show that HIV is no longer taboo and that *we* are more determined than *it* is! ♦



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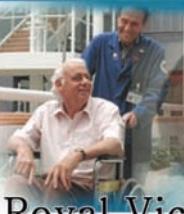
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# Abortion — the neglected global health crisis

**Jessie Breton**

CFMS Vice-President, International Programs & Partnerships  
University of Alberta, Class of 2010  
[international@cfms.org](mailto:international@cfms.org)

**P**regnancy related deaths are the ultimate tragic outcome of the cumulative denial of women's rights," according to Dr. Mahmoud Fathalla, former president of the International Federation of Gynecology and Obstetrics. Nowhere is this truer than in the death and suffering of women who have had unsafe abortions. Unsafe abortion — "a procedure for terminating an unintended pregnancy either by individuals without the necessary skills or in an environment that does not conform to minimum medical standards or both"<sup>1</sup> — results in 13% of maternal deaths worldwide. Documented methods include drinking bleach or turpentine, inserting sticks, bones, wires or catheters into the uterus, using caustic herbs in the vagina and jumping from the top of a flight of stairs on to the stomach.

Of an estimated 42 million abortions every year, 20 million are considered unsafe. In addition, approximately 25 million unsafe failed abortion attempts are made each year.<sup>1</sup> The results of denying women access to this basic right are staggering; each year, 67 000 women die, 5 million are hospitalized for serious complications, 1.7 million become infertile and 220 000 children are orphaned.<sup>2</sup>

This tragedy is magnified by the fact that it is entirely preventable. In countries where abortion is legal, it is "one of the safest procedures in contemporary medical practice."<sup>3</sup> Contrary to popular opinion, legalizing abortion does not increase abortion rates. In fact, abortion rates are lowest in the places where it is freely and easily accessible to all women.<sup>2</sup>

The topic of abortion is mired in social stigma. Our medical curricula spend so much time tiptoeing around abortion as an "ethical controversy" that we miss the fact that abortion is a global health crisis. Through our reluctance to be involved, we have merely perpetuated this injustice. Unsafe abortion will continue to be a neglected crisis until those of us in the developed world, who have the resources and opportunities to create lasting change, refuse to remain silent any longer. ♦

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# School reports

## Memorial University

### CFMS and our school

This year we have really done a great job at making the CFMS more visible at our school. There has been extremely high attendance at the information sessions, much interest in the functions/benefits of the CFMS and, more and more students are using the information on the CFMS website in their elective and CARMS preparation.

There is some discontent related to IPE at our school, which has motivated students to make changes. The IPE focus group for the CFMS IPE project has been heavily involved and we are looking forward to the project's outcomes.

The CFMS cancer fundraiser is going to be a big event this year since we are incorporating it into our annual ski trip social. Attendance is expected to be high and the student body is excited about it.

### New and on the horizon

Wellness is a hot topic at our school. With a new wellness policy in place there are lots of plans in the works to improve the well-being of medical students. Most recently, free Yoga class are being offered at the school.

In the wake of Lobby Day, we are hoping to get an active provincial lobby campaign started. Letter writing to both governments and to various media will be at the center of this initiative.

A Global Health and Education Program has recently entered the preliminary development stages and students, via their input, are playing an important role. This is one area where we felt the school's program was lacking.

Planning is now underway for our CFMS Blood drive, which will take place in the very near future.

### Other active programs

The International Health Action Group has been working on its mandate of awareness and participation in international health initiatives. A photo auction in the fall raised \$1500 dollars for an AIDS charity in Africa. As well, we also had a speaker from the provincial AIDS association, which generated lots of interest.

The Gateway program for the facilitation of finding family physicians for New Canadians is now underway. MUN is happy to report that there were more volunteers than space in the program!

MUN sent a contingent of students to Calgary in March



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The medical degree and post graduate clinical research programs are excellent. Each year the College of Medicine accepts 60 students into the MD undergraduate program, a number of these are set aside for Indian, Métis, and Inuit people and Canadian students from other provinces. Our students perform very well on the licensing exam required of all Canadian medical graduates and our reputation is that our students are well trained and in demand for residency positions throughout Canada.

Our Post Graduate program allows graduates to specialize in the residency training program of their choice and are not restricted to those offered at the U of S. Those offered at the U of S, College of Medicine, are: Anesthesia, Cardiology, Family Medicine, Rural Family Medicine/Emergency Medicine, Urban Family Medicine, Internal Medicine, Neonatal or Perinatal Medicine, Neurology, Neurosurgery, Obstetrics & Gynecology, Ophthalmology, Pediatrics, Pediatric Neurology, General Pathology, Physical Medicine & Rehabilitation, Psychiatry, Medical Imaging, General or Orthopedic Surgery, Rheumatology and Respiratory Medicine.

For students interested in research, the College of Medicine offers a variety of opportunities including MSc/PhD degree programs. With the Canadian Light Source and the Vaccine and Infectious Disease Organization (VIDO) located on our campus, the University of Saskatchewan is able to attract many stellar researchers from around the world.

To learn more about the College of Medicine at the University of Saskatchewan, Contact: College of Medicine, B103 Health Sciences Building, 107 Wiggins Road Saskatoon SK S7N 5E5, Website: [www.usask.ca/medicine](http://www.usask.ca/medicine)

to participate in the History of Medicine Conference. The first-year students are particularly active with this project.

The Fridays With Family program, which involves weekly talks from family physicians in different areas of practice, is going strong and we've had some very interesting and entertaining talks this year.

MED Games was a great success this year, more than doubling the number of attendees.

## Dalhousie University

### **Student bursary program**

One of our student society's more important achievements was the creation of a student bursary program in 2007, which continues to build momentum this year. Our bursary program is unique in that it will be partly funded by Dalhousie medical students in collaboration with several other partners, including the Dalhousie Medical Alumni Association, the Faculty of Medicine and the Department of Pediatrics. Students — past and present — are encouraged to give "50 for Life," supporting the bursary program with a \$50 donation each and every year of their academic and professional career.

### **Code Red — bike/run fundraiser for HIV/AIDS**

Dalhousie medical students cycled and ran across Nova Scotia last October to raise money (\$4000 in total!) and awareness of the Stephen Lewis Foundation and the AIDS Coalition of Nova Scotia. There were also four community events associated with Code Red to raise money and lobby the Canadian government to vastly increase its foreign aid contributions.

### **Global Health Initiative**

New directions for Dal's Global Health Initiative (GHI) this year include stronger collaboration with the International Health Office (IHO) and other health professional departments to expand the GHI. Through the IHO, we are offering a speaker series on preparing to work or volunteer overseas, including such topics as what to look for in an organization, how to prepare for overseas travel and culturally sensitive behaviour and ethical issues in global medicine. We are also adding a more meaningful advocacy component to our group, consistent with the CFMS-IHP mandate. The IHP advocacy working group has selected "Aboriginal health" as this year's theme and we intend to run a provincial campaign in solidarity with other national initiatives. Finally, we are working to improve our orienta-

# medical doctors

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tion for students coming to Dal through the IFMSA exchange program; the addition of the LEO Jr. position has created continuity and facilitated this process.

### **Referendum on rural and family medicine**

In February, the External Committee of the Dalhousie Medical Student's Society held a referendum on the issue of including a 1–2 week rural/family medicine placement in the first or second year of study. Before the referendum, town hall meetings were held to address students' concerns over the issue. Dalhousie would like to thank all schools — the Northern Ontario School of Medicine, in particular — for sharing their own approaches to rural and family medicine and we are excited that the referendum will keep this relevant issue at the forefront.

### **McGill University**

This school year, medical students at McGill University have been lucky to enjoy a variety of activities designed to bring them together and closer to other schools, years and faculties. October is memorable for a very successful joint Halloween party with the University of Montreal medical students.

McGill medical students also had the opportunity to enroll in a global health course that was run in collaboration with the School of Nursing. The course raised awareness of international health topics relevant to medical students of today as well as physicians of tomorrow.

A new tradition in the long history of McGill's Faculty of Medicine, Inter-Nos, was held in January 2008. This event, supported by both the faculties of medicine and dentistry, brought together students in all years of medicine and dentistry for a fun-filled formal dinner.

Finally, the year would not be complete without the well-known MedGames, an event where all Canadian medical schools can measure their abilities in various sports and enjoy social events. Hosted by the Université de Sherbrooke, this year's MedGames were a big success with more than 2000 medical students from across Canada participating.

### **Northern Ontario School of Medicine**

The NOSM Student Society (NOSM SS) continues to be a vibrant and enthusiastic group that is continuously engaged in the ongoing processes that are inherent in creating a new medical school. Achieving full accreditation appears to have been the major focus of the administration this year and the NOSM SS is following suit by getting involved in all facets of the accreditation goals. Specifically, the president and vice-president finance sit on the accreditation task force, student representatives sit on all NOSM



### **Pediatrician**

The Government of Yukon is looking for a full time Pediatrician to care for the territory's children. Whitehorse is located in a beautiful valley surrounded by mountains, rivers and lakes — a paradise for outdoor enthusiasts. The city's active and lively cultural scene features music, art programs and theatre throughout the year.

The Yukon's population is served by 60 family practitioners and specialists in surgery, obstetrics and gynecology, anesthesia, pediatrics and psychiatry. As well, a variety of visiting specialists provide services throughout the year.

### **Rural Physician for Faro**

A rural physician is needed for the community of Faro, 357 km (222 miles) northwest of Whitehorse. Tucked away between the Hess and Pelly Mountains, Faro is a tranquil place that offers old-fashioned hospitality. Its abundance of clear blue lakes, mountain ranges, winding rivers and lush green valleys make the area surrounding the community a year-round playground for sports enthusiasts.

Faro has a health centre staffed by nurse practitioners who share space with a physician, giving patients a choice of health care providers. Health care providers service other communities in the area, including Ross River and Carmacks.

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accreditation subcommittees and a NOSM SS subcommittee, headed by our vice-president executive was tasked with the job of creating a NOSM student survey and compiling the raw data into a report to be forwarded to the accreditors. This is a huge project requiring an incredible amount of time, energy and the sanity of a number of our executive.

In addition, we have representation on all NOSM committees to ensure that student opinion is heard at all levels of administration. We are a strong advocacy group that spends much of our human resources polling students, creating reliable data, then delivering these data to the school in a constructive way so that we can implement change.

This year, our biggest "new" is that our charter class has now entered its clerkship year, the first, of course, for NOSM. The year has been interesting and has presented unique challenges and issues. However, we continue in our role as pioneers of NOSM and know that our hard work is important as we are ultimately helping to shape NOSM's direction.

## Ontario

Ontario has had an exciting few months! Last October, at the Ontario Medical Students Weekend (OMSW) hosted by the University of Toronto, students had a chance to learn basic medical skills like casting, suturing and airway man-

agement. They also took a few minutes to learn about self-care with classes in healthy cooking and yoga! The weekend included talks by renowned television personality Dr. Marla Shapiro and CMA President Dr. Brian Day. Congrats to the organizing team from the U of T for doing a great job. OMSW will be hosted by McMaster next year, so keep an eye out for more information in the fall.

The Ontario Medical Students Association (OMSA) continued to facilitate student access to discounted medical equipment by hosting the annual OMSA Equipment Sale in partnership with Futuremed at all Ontario medical school campuses last fall. Students bought stethoscopes and other expensive "toys" at a bulk price (we wish they did this for laptops and PDAs as well!).

OMSA is planning a provincial lobby day for spring 2008. If you would like to gain experience lobbying the government on issues that matter to medical students or if you are looking for more information on any of the events listed above, feel free to contact [ontario@cfms.org](mailto:ontario@cfms.org).

## University of Western Ontario – Schulich Hippocratic Council Update

### Distributed campus update

Currently, our newly-minted Windsor campus coordina-



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Homeopathy: review and analysis of reports on controlled clinical trials, WHO, 2005

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Email: [Robert\\_Tordiff@gov.nt.ca](mailto:Robert_Tordiff@gov.nt.ca)

tor, in conjunction with the Hippocratic Council and the associate dean of the Windsor Medical Program, has been hard at work to ensure that, come September, 24 members of the class of 2012 will enjoy an amazing 4 years at their new Windsor home.

A presentation was given at interview weekend to give candidates information on the new campus and what to expect. In addition, plans are beginning to take shape around the upcoming orientation week that will feature some days in London and some days in Windsor getting to know the town.

Student services flowing from student fees are an important issue currently being pursued. Also, the new building construction is coming along and live updates can be viewed at: [www.uwindsor.ca/units/medicalbuilding/construction.nsf/LiveView?OpenForm](http://www.uwindsor.ca/units/medicalbuilding/construction.nsf/LiveView?OpenForm)

### Global Health Task Force

This committee was commissioned by Dean Carol Herbert to evaluate global health activities, ranging from electives to outreach projects within Schulich, compare them with activities at other Canadian universities, then propose a plan for moving forward at Schulich. The GHTF was to report back to the dean by 31 March 2008.

### Hungry for Change dinner

This event, which is held annually at many schools, including U of A, McGill and Dalhousie, is intended to raise awareness of the problem of worldwide poverty and features a keynote speaker on the topic. The dinner raises funds to support various international initiatives as well as the Global Health Funding Committee, which provides funding assistance for student initiatives. This year the dinner will be on 30 April.

### MedGames!

167 students from Schulich made the pilgrimage (by bus) from London to Sherbrooke to participate in a variety of games and social activities. Last time we heard, we were in fifth overall and first among non-Quebec schools! Go Schulich!

If you have any questions about anything going on at Schulich Medicine at the University of Western Ontario, please contact Dave Smithson at [dsmithson2009@meds.uwo.ca](mailto:dsmithson2009@meds.uwo.ca)

### University of Manitoba

Medical students from the University of Manitoba have been involved in a number of interesting initiatives this year, including Threads From Meds (an organization that collects clothing for a local shelter), a holiday gift drive and a very successful International Health Program photo auction.

Some upcoming projects include the Medical Art Show, where medical students showcase their artistic talents and abilities on a medical theme and the establishment of an interdisciplinary student-run clinic that's scheduled to open in fall 2008.

Several student initiatives are also underway that promote specific areas of medical interest, such as rural practice, family medicine, psychiatry, international medicine, public health and obstetrics and gynecology.

### University of Saskatchewan

The new provincial government has promised to increase



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the number of medical students (from 68 to 100) and residents (from 80 to 120) in the province.

Students have become extremely passionate and involved in the recent proposal to change our admissions policy by increasing the weight of the multiple mini-interview (MMI) from 40% to 65%, with marks making up the balance, and the addition of legacy positions to assist children of out-of-province alumni.

Our school's next round of accreditation will begin in late 2008.

## **University of Alberta**

### **Toastmasters – speech craft for medical students**

A pilot project to provide formal training in public speaking to medical students began in partnership with the University of Alberta Toastmasters organization. After a successful run of the course, including seminars on better public speaking, spontaneous speaking on surprise topics and guided preparation of speeches, the program has been expanded and tailored to meet our specific needs as medical students. Seminars in the new series will include such topics as presenting a patient history and will be held on a weekly basis with medical student facilitators and guest physician facilitators — furthering not only participants' skills as public speakers but also their facilitation skills in creating and delivering seminars.

### **Fair trade coffee in support of international health projects**

This project began as a means to address two prevalent needs of medical students: the desire to contribute to international health projects and the ever-present need for fresh coffee! Volunteers from each medical class brew fair trade coffee daily, then sell it to their classmates with the proceeds going to international health projects. By not providing disposable cups, the project also hopes to encourage environmental sustainability through the use of re-usable coffee mugs.

## **University of Calgary**

Things are moving very quickly here at the University of Calgary and we're working on a number of interesting projects. With regard to national initiatives, U of C student Mike Bevilacqua, the CFMS blood drive coordinator, worked at a local level to develop a lifelong partnership between students and the Canadian Blood Services, initiating several "class bleed" sessions.

Rahim Kachra is coordinating a massive intra-faculty

head-shaving event, including both undergraduate and graduate students, in an attempt to top last year's contributions to the Canadian Cancer Society.

We're at a point at the U of C where we have a long history of alumni without a considerable alumni network relevant to students. Council rep Alaina Aguanno is liaising with the current alumni association to include a student component in the new network.

With regard to all things accreditation, the site visit took place in March and the school showed off its stuff.

## **University of British Columbia**

UBC has been busy with a few projects — one being accreditation. The Medical Undergraduate Society (MUS) has produced a survey, collected data and written a report summarizing its results. This survey, which attempts to solicit student opinions on all topics relevant to the undergraduate medical experience at UBC, was completed by students from all years of the MD program. This huge project was led by the MUS vice-president, academic, Heather O'Donnell, who is also a third-year student. Together with a team of other students, Heather compiled the results of this survey during the summer and has given the faculty, and later the external accreditation team, a report summarizing the overall student impression of various topics related to the program. At this point, the accreditation process is a significant aspect of the faculty–MUS relationship.

Over the past year, MUS, together with the faculty, has been actively involved in the creation, implementation and organization of the Student Medical Education and Resource Centre (SMERC) located in the Gordon and Leslie Diamond Health Care Centre. This space, in addition to being study space for medical students in all years, holds a unique collection of resources. SMERC contains textbooks, anatomy models and posters, clinical teaching aids and a desktop computer. The study tools are organized by bodily system: for example, if a 2nd year student wanted to study for the "brain and behaviour" block, all the neuroanatomy models, posters and related textbooks are gathered in one area. SMERC is a project that MUS is quite proud of. For nearly 2 years, medical students have been involved in the consultation process and MUS has funded much of the materials in the space.

Another successful faculty–MUS project has been the purchase, administration and implementation of pagers for all third-year clerks. This year marks the first year of a 3-year agreement in which MUS and the Faculty of Medicine have agreed to purchase pagers and pager plans for all third-year students. Previously, third-year medical students paid for pagers out of their own pockets. ♦

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# How do you hear heartbeats if you're deaf?



Jessica Dunkley with her special electronic stethoscope.

**Jessica Dunkley**

University of Ottawa, Class of 2010

I have been asked this question repeatedly, ever since my first year in physiotherapy. People would ask me in a discreet manner, "So, umm ... I'm wondering. I don't mean to probe, but how are you able to hear heart and lung sounds?" People are curious by nature and I find these types of questions amusing - in part because some feel that it must be a very personal inquiry and take great care in wording the question.

Personally, it doesn't bother me one bit and, in fact, I try to incorporate some humour into the situation. Sometimes, I would tell them, "I can analyze heart sounds by simply placing my hand on the chest wall. You see, I have this supernatural ability to detect minute vibrations that emit through the chest wall into my fingertips."

The reactions I usually get are bewilderment and incredulity at this miraculous feat. Of course, I break it to them gently that I'm only kidding. However, the question remains, just how do I *hear* these subtle noises emanating from the chest wall?

Truth be told, I had to ask myself this question before entering the health care profession. I didn't know what technology was available for professionals with hearing loss. I went to the Internet and started my search. After a while, I discovered a few electronic stethoscopes designed for people with hearing loss. This was a great start! I now had at my disposal a few products that would enable me to hear heart and lung sounds.

The electronic stethoscope that I chose has an audio boot (sleeve), which connects to my hearing aid. This allows for a different input signal from the normal hearing aid microphone. Another great feature of this stethoscope is that I can also connect it to a PDA. Using the software provided, sounds are processed and converted into visual waves on the PDA screen. There are other visual stethoscopes available that are not specifically designed for people with a hearing loss, but for any medical student, resident or practising physician who wants to incorporate a visual display as well.

Working in a hospital setting has given me the opportunity to "show off" my electronic stethoscope. New colleagues, for example, are often fixated on my stethoscope, wondering what it is exactly. I sense their curiosity mounting and at an appropriate moment I'll take the time to explain what it is and how it works.

When working with patients, I get all kinds of reactions. Some frown and some seem uncertain about this strange device. When I explain that I have a hearing loss and this device helps me hear their heart and lungs, many respond with genuine interest and we develop an instant rapport.

So the next time I'm walking down a corridor with a strange looking gadget around my neck, it's probably my stethoscope. It's just not the conventional kind. ♦

# New initiatives in Aboriginal care — The Aboriginal Health Group

**Daniel (Beaulieu) McKennitt**

AHG President 2007–2008

University of Alberta, Class of 2010

**A**боригinal people suffer from lower life expectancy, higher rates of substance abuse and higher infant mortality than the general Canadian public. These problems are multifaceted and no one answer will solve them all.

Aboriginal health is an area of growing interest for many medical students and, in 2006, the Aboriginal Health Group was formed at the University of Alberta. Its purpose is to increase awareness of Aboriginal health issues and to develop a network of students interested in helping improve the health of Aboriginal people.

In the last 2 years, the group has undertaken many exciting projects and events:

- A very successful Aboriginal health speaker series runs monthly and has featured speakers from all over Canada, including Dr. Stanley Vollant (Indigenous Physicians of Canada), Dr. Malcolm King (Canadian Institute for Health Research) and Mr. Mike DeGagné

(Aboriginal Healing Foundation). Not only students, but also staff, faculty and the community at large have attended these events.

- An outreach guide for Aboriginal students on careers in medicine won the Canadian Medical Association's Leadership Innovation Award for 2007. Through focus groups, interviews and consultations with elders, the group ensured that the guide was culturally accurate for Aboriginal students.
- A culturally appropriate tobacco use outreach program for Aboriginal youth was launched. Again, consultations with elders, focus groups and interviews were conducted along with a literature review of best practices for smoking prevention in youth. A team consisting of Aboriginal students from eight faculties then took all the information and developed a manual, which they are currently field-testing. The Aboriginal

Health Group hopes to expand the program next year to include smoking cessation.

- The first ever Aboriginal Health Awareness Week at the University of Alberta took place in February 2008. It featured internationally known keynote speakers Ms. Cindy Blackstock (Jordan's Principle) and Ms. Mary May Simon (leader of the Inuit Tapiriit Kanatami), sharing of knowledge and cultural awareness, a networking booth fair and comedian DerRic Starlight. The week closed with a peace pipe ceremony led by Clifford Cardinal.
- The group hosted small breakfasts attended by honoured guests to help inspire Aboriginal youth.
- Whenever possible, the group took Aboriginal youth along to the conferences they attend, such as the Canadian Aboriginal Science and Technology Conference.

More information about the initiatives of the Aboriginal Health Group can be found at [www.ualberta.ca/~abhealth](http://www.ualberta.ca/~abhealth). ♦



Student members of the Aboriginal Health Group.

# Student Wellness Initiative Toward Community Health (SWITCH) celebrates its second anniversary!



**Brent Thoma**

Chair, SWITCH Council

University of Saskatchewan, Class of 2009

Four years ago, a video showcasing a health clinic created by a group of determined students at the University of British Columbia was shown at the University of Saskatchewan. Inspired, a small group of students set out to create their own clinic. After two years of hard work, they were rewarded when the doors of SWITCH opened to the people of inner-city Saskatoon on 12 October 2005.

SWITCH has been a massive success. Currently, 400 student volunteers from the University of Saskatchewan, Saskatchewan Institute of Applied Science and Technology and the University of Regina work alongside 50 paid mentors to staff 4-hour shifts every Wednesday

and Saturday. Members of the community who visit the clinic are aided by teams of students and mentors who have backgrounds in medicine, nursing, social work, psychology, arts and science, public health, physical therapy, educational psychology, education, dentistry, pharmacy, nutrition and kinesiology. In recognition of our clinic's accomplishments, SWITCH was recently awarded the Tommy Douglas Celebration of Medicare Award for excellence in interdisciplinary achievement in the primary care category by the New Health Professionals Network.

The future of SWITCH is full of excitement. We will be opening the clinic for a third day every week and, within the next 2 years, we will be moving into a new building that better suits our evolving needs. A long-term planning document is in the works that will set the course for SWITCH over the next 5 years. In the meantime, we are attending interdisciplinary health conferences and further integrating ourselves into our community.

In an attempt to inspire students across the country in the way UBC inspired us, we have created a video that tells the story of SWITCH. It can be viewed on our website [www.switch.usask.ca](http://www.switch.usask.ca). For more information about SWITCH or about starting your own clinic, please contact SWITCH coordinator Carole Courtney at 306 956-2518 or [student\\_clinic@yahoo.ca](mailto:student_clinic@yahoo.ca). ♦



Health care staff and students from the SWITCH clinic.

# Diabetes: what's in a name

Conall Francoeur

McGill University, Class of 2010

**O**ur kids are fat. Our adults are even fatter. Everyone has diabetes!

These days we are overwhelmed with stories describing the perils of our sedentary, fast-food-loving culture and how in a few short decades just about everyone will be afflicted by diabetes. Forget the imminent blindness, amputations and comas for a quick second — have you ever thought about where the name actually comes from? There are some scholars who assert that a Greek by the name of Aretaeus witnessed his patients' considerable thirst and likened man to "diabetes" which roughly translates into siphon. I am here to tell you that these claims are utterly false. In fact, the term diabetes is much more recent.

In 19th century London, industrialization was resulting in rapidly improving conditions for the previously impoverished plebeians. With jobs aplenty, they could suddenly afford items formerly considered luxuries, such as sugar,

meat and cheese. Around the same period, physicians were faced with a growing number of patients who were presenting with constant thirst and frequent urination that in months degenerated into a comatose state.

At the time, these patients were said to be suffering from "betes," a condition associated with an overconsumption of sugar. The reason for the name betes is that with growing concern over the slave-labour-derived sugarcane, beets had become the major source for sugar in the western world. Because the vast majority of patients died soon after falling unconscious, "he died of betes" became a commonly spoken phrase throughout the bustling streets of the big city. Soon enough, this clumsy statement was replaced with "diabetes" (say he died of betes three times quickly and you'll see how they arrived at this colloquialism!). So began the "diabetes" we speak of today. ♦

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# The potential for conflict of interest in the medical school setting

**Adam Cota and Christian Wiens**

University of British Columbia, Class of 2009

**E**vidence-based medicine is a significant component of early medical school curricula. At the University of British Columbia, we are encouraged to critically evaluate evidence and search for bias in publications, presentations and information presented by representatives of the pharmaceutical industry.

Indeed, a 2002 article in the *Annals of Internal Medicine*, suggested that:

Faculty, deans, and program directors should also promote sensitivity to potential biases by providing specific education to help their students, physician trainees, and medical fellows evaluate industry-provided information. For education and sensitivity training to be successful, however, faculty must act as positive role models. Chief residents and medical school faculty members should set ethical examples to students by conducting their relationships with industry in a highly principled manner and disclosing their own commercial ties.<sup>1</sup>

The faculty of medicine at the University of Toronto has been exemplary in its approach to lecturer conflicts of interest. In 2005, U of T instituted a policy stating:

Before beginning a lecture or talk, speakers at all teaching events in clinical settings must provide statements about their potential conflicts of interest, including stock holdings, honoraria, consultancies and advisory board membership. The disclosure is intended to allow students to decide for themselves whether the information they receive in lectures is truly unbiased and evidence-based, says Dr. Catharine Whiteside, the university's interim dean of medicine.<sup>2</sup>

Declaring competing interests is common in the medical community: the Canadian Medical Association (CMA), the British Columbia Medical Association (BCMA) and the Royal College of Physicians and Surgeons of Canada (RCPSC) have all released policy papers and

guidelines addressing the relation between physicians and the pharmaceutical industry.<sup>3–6</sup> In addition, the governing board for continuing medical education (CME) and most medical journals enforce a disclosure policy. Nonetheless, more is required.

Although the most recent 2007 CMA guidelines state that “the [disclosure] principles in these guidelines apply to physicians-in-training as well as to practising physicians” and that “medical curricula should deal explicitly with the guidelines by including educational sessions on conflict of interest and physician–industry interactions,” they do not expressly require lecturers to disclose industry ties.<sup>4</sup>

As well, the CME/CPD section of the guidelines is limited to “addressing primarily medical education initiatives designed for practising physicians” and “educational events (such as noon-hour rounds and journal clubs) which are held as part of medical or residency training.”<sup>4</sup> The CMA does not opine on the issue of lecturer conflicts of interest in medical school education, stating only that “those physicians with ties to industry have an obligation to disclose those ties in any situation where they could reasonably be perceived as having the potential to influence their judgement.”<sup>4</sup> Although strict interpretation of this statement might encompass lecturing to medical students, ultimately it is left to the individual physician to determine whether their relation with the pharmaceutical industry may affect their judgement.

Regrettably, the BCMA has gone no further than the CMA. In the 2007 paper *A Prescription for Quality*, the BCMA simply offers its “support [for] the CMA guidelines on appropriate relationships between physicians and the pharmaceutical industry and encourage other health care providers to adopt similar guidelines.”<sup>5</sup> Likewise, the RCPSC has only adopted the *CMA Code of Ethics and the CMA Guidelines for Physicians in Interactions with Industry*.<sup>6</sup>

Considering the aforementioned policies, or lack thereof, it is not surprising that medical schools have been left to develop their own guidelines concerning lecturer conflicts of interest.

Moreover, most medical faculties across Canada lack formal policies or guidelines regarding disclosure by lectur-

ers of potential conflicts of interest notwithstanding the acknowledged importance of evidence-based medicine.

The education of physicians and other health care professionals must be conducted with the highest integrity and scientific objectivity and in the absence of bias. The medical profession is charged with the duty of optimizing the public's health by thinking critically and applying proven evidence-based principals. Accordingly, future physicians are trained to carry out this duty. Without disclosure in the training process, an excellent opportunity to allow students to develop their critical thinking skills is lost. Furthermore, a disservice is done to the profession by inadvertently feeding an ever-growing public skepticism toward the influence of industry on physician decision-making.

Given the existing relations between the pharmaceutical industry and so many practising clinicians and teachers, it would be unreasonable to suggest that those with ties be excluded from teaching positions. However, as students, we have both the responsibility and power to put pressure on our various faculties to institute, monitor and enforce disclosure policies at the undergraduate level that are in line with the standards of CME and journal submission. ♦

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# The Medicine Monster

**Brent Thoma**

University of Saskatchewan  
Class of 2009

**A**t some point since my return from a year off that was completely devoid of all things related to medicine, I was eaten by the Medicine Monster.

The Medicine Monster is a beast that slowly consumes those that allow their lives to be absorbed by medicine and its derivatives. When I was asked "What do you do outside of medicine?" the other day, I was quite confident that I had a great answer coming right up. I had always been very well-rounded you see, but ... then I thought about it. And I thought about it ... And I thought about it ...

Of course, as a medical student I knew that medicine was definitely going to be a big part of my life. However, had I been asked this question during my first year of medical school I would have talked about how involved I was with student politics, how I spent every weekend with my non-med friends and how I spent my last summer traveling. I probably would have brought up my plans to take a year off, run a half-marathon and learn to scuba dive, speak French, fly planes and bartend.

By comparison, these days I am even busier. However, I quit all of my previous activities that medicine could not accommodate and twisted the rest of them into my medical life. For example, I am still involved in student politics ... as President of the student medical society. I still enjoy traveling ... to medical conferences and meetings. When I need exercise ... I do something medically related instead, except when I'm having a particularly fat day and decide to play hockey ... for team medicine.

Further to all of that, the Medicine Monster has begun to eat into new areas of my life. When I want to procrastinate I dream up projects ... for the medical society. When I can't possibly pay attention in class ... I respond to medically-related e-mails. When I read the morning paper my first scan is a search for ... medically-related articles. I got involved in my community by taking on a leadership role ... at the student-run health clinic. I spent this past summer ... doing medical research for a physician. When I have free time, I enjoy hanging out with my girlfriend ... who is also in medicine and we always end up discussing ... medicine and medicine-related issues.

After going through all of this in my head, I came up with a response to the question: "I enjoy hanging out with my friends and family." That sounded good, if a little stereotypical, don't you think? Everyone digs the family man, but then I thought about this answer and realized that it was definitely a lie. I don't see my friends very often, hardly ever in fact and when I do, it is often at an event put on by the medical society.

And my family, I do come home every night to eat, sleep and change my clothes, but that couldn't possibly be classified as quality family time. Forget that "sounded good" part, even if I hadn't lied it was still a crappy answer.

Where was I asked this eye-opening question? Believe it or not, it was while I was being interviewed for a medical bursary by some doctors. Of course, I got the bursary.

Medicine Monster, I hope I tasted good ... and for the record, my puppy hates you. ♦

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a beast that slowly  
consumes those that  
allow their lives to be  
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and its derivatives.**

## Venus Life Trap



The picture was done with both pencil and digital media, and the final piece is a giclee (ink printed on canvas) at 60x40"

by Daniel Kozan  
University of Alberta  
Class of 2010

**T**he Venus Fly Trap grabs a hold of its prey and eats it alive, much like an addiction does to its victim. Addictions lure in the innocent with their respective appeals: gambling promises glamour and money, drugs and alcohol promise escape from everyday life. Similarly, the Venus Fly Trap tempts with its beauty.

The visual interest of the plant is meant to represent the initial appeal of addictions, but simultaneously hint at the morbidity associated with them through the gritty, pointillistic texture and cord-like branches, which represent the veins of an intravenous drug user.

## Farnese Hercules

Jonathan Lee  
Queen's University  
Class of 2010



# Light Painting



**Meiqi Guo**  
Queen's University  
Class of 2011

This photograph has not been digitally manipulated — it is done by a technique called light painting. The object(s) to be photographed are placed in a dark room, the camera is set to a very long exposure (>60s) and focused light sources are then selectively shone on the objects. Only what the light shines on appears in the final exposure. This light painting was actually created using a ophthalmoscope and a penlight as the light sources.

# Adam

**Jonathan Lee**  
Queen's University  
Class of 2010





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