

IPAC-AFMC PRE-ADMISSIONS SUPPORT TOOLKIT

For First Nations, Inuit, Métis Students into Medicine

September 2007



**Indigenous
Physicians
Association of
Canada**

**Association des
Médecins
Indigènes du
Canada**



AFMC

The Association of Faculties
of Medicine of Canada

L'Association des facultés
de médecine du Canada



Introduction

In February 2007, Admissions deans/representatives from all 17 Canadian medical faculties gathered in Toronto along with Aboriginal coordinators/directors, Aboriginal medical students and members of the IPAC-AFMC Aboriginal health recruitment and retention subcommittee to draft a Pre-Admissions Support Toolkit for First Nations, Inuit, Métis Students into Medicine. Funding for this work was provided by First Nations, Inuit Health Branch, Health Canada.

This toolkit gives faculties a guideline of things that work to support First Nations, Inuit, Métis students' success in their application to medical school and during their medical education.

The toolkit itself can be used as a 'table of contents' to organize the information needed and wanted by First Nations, Inuit, Métis pre-med students and provides recommended activities to support their success. Ultimately, it is up to each faculty to implement the recommendations and provide the information requested in easily accessible formats. Doing so will also help support the cultural competency of medical learners and faculty within the school.

Also included is a summary of activities recommended at a national level, for individual faculties, and for marketing/recruitment by faculties.



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Pre-Admissions Support Toolkit

For First Nations, Inuit, Métis Students into Medicine

A. Admissions Information

- 1. Vision and Mission Statement specific to First Nations, Inuit, Métis student enrolment (university and/or college, faculty)**
- 2. Centralized Admissions Information Portals (e.g. IPAC, AFMC, CMFS, etc.)**
 - a. Create a centralized link to faculty websites and recommend each faculty dedicate at least a page to First Nations, Inuit, Métis admissions
 - i. Need to ensure Aboriginal access program information is kept up to date.
 - b. School application and criteria should be explicit on medical school websites.
 - c. Clearly list/promote a telephone number for potential students that do not have Internet access.
- 3. Admission Requirements for First Nations, Inuit, Métis students**
 - a. Dates and timelines of the admission cycle
 - i. Promote your willingness to discuss barriers to access with First Nations, Inuit, Métis communities (especially remote communities)
 - ii. Set a deadline for students to contact the faculty (and whom to contact) if they have barrier issues that need addressing.
 - iii. Tips on where to go to complete the application if you don't have direct access to a computer (especially for remote communities)
 - b. First Nations, Inuit, Métis ancestry (details of requirements for self declaration)
 - i. Criteria for proof of First Nations, Inuit, Métis identity: community culture connections; letter of support from a community; self declared criteria; return of service components; card identification.
 - c. Specific seats reserved for First Nations, Inuit, Métis students
 - d. Residency requirements
 - e. Details of Admission requirements to be met by self-declared First Nations, Inuit, Métis (e.g. Prerequisites, GPA, MCAT, community involvement, interview/format, references, other)



4. Application Statistics and Program Planning

- a. Historical window
- b. Future projections
- c. Information about current faculty research with First Nations, Inuit and Métis communities.

5. Answers to Commonly Asked Questions on Admissions

- a. How do I transfer from another university program into medical school?
- b. How will the medical faculty evaluate me? (MCAT percentage used, if at all; other criteria. Be transparent about your criteria)
- c. How will my application be processed as a self-identified First Nations, Inuit, Métis applicant?
- d. What are the pros & cons of self-identifying?(Student testimonials could be helpful)
- e. What is the faculty doing to support First Nations, Inuit, Métis students who are successful through the self-identification stream? (Faculty needs to educate all students on why there is a separate stream and how the process works)
- f. Can I use the supports available to First Nations, Inuit, Métis students even if I don't self-identify?
- g. What constitutes proof of ancestry and how will this be assessed? (It is appropriate to ask for proof, but the review process needs to be culturally sensitive. Make sure that your process is transparent to the applicants. It is offensive to First Nations, Inuit, Métis people to have one person decide if they are really Aboriginal or not. Faculty can consider creating a panel from local Aboriginal communities to assess this proof. Look at best practices as recommended by your local First Nations, Inuit, Métis communities and other faculties.)





B. Support Systems

6. Application Readiness Support

- a. Have a personal assessment done pre-application with the appropriate faculty representative to assess readiness, get counseling on their application; support application success.
- b. List and describe available supports (e.g., workshops, MCAT prep, tutorials, course upgrading, mentoring, shadowing, mock interviews)
- c. (If applicable) Writing the application letter
If deemed appropriate:
 - i. Provide a list of recommended topics to cover and/or a “common letter” that could be used as a sample for more in-depth discussion. Use criteria appropriate to the specific faculty
 - ii. An arms length process to advice and assist applicants would assist in relieving conflicts of interest.
 - iii. Tip: Have someone who knows you well review your application letter.
 - iv. Tip: If appropriate, include an autobiographic sketch that details a wider range of
- d. MCAT and/or other requirements
 - i. Useful tips
 - ii. Answers to commonly asked questions
- e. Medical students that they can talk to about the admissions process at your faculty. (Ensure that student wants to be contacted)

7. Completing the Application

(Advisor assistance as required)

- a. Checklist of application requirements
- b. (If deemed appropriate) Examples of successful applications
 - i. Need permission from students, but possibly showing themes covered or guidelines for personal statements.
- c. Online application forms
 - i. Clearly indicate who to contact for assistance if any portion of the application is not understandable by the user. This refers to language used, not the technology.



8. Preparing for the Interview

- a. Provide info about what the interview process will be like at your faculty
- b. MMI and interview workshops and preparation sessions
 - i. Provide mock interviews or a general session to talk/advise about the interview process. (Mock interviews may be considered too leading by the faculty, but students find it extremely helpful. Anything that can help eliminate “the unknown” so the student is comfortable. Look at what Western, Ottawa, UBC are doing in this area for models.)
 - ii. Tip: Network with current medical students to learn about the interview experience.
 - iii. If you can offer a summer program, providing generic mock interviews as part of the session would be good. If students have to travel to get to the session, try to provide as much as you can in the session to make it worthwhile for them to travel.
- c. Provide Do's & Don'ts tips
 - i. What to wear for interviews: dress neatly and professionally, describe. (You don't have to wear a dark suit). What are the faculty's expectations? Can the student come in their regalia?
 - ii. Develop a DVD of “good” and “bad” interviews (body language, eye contact, and differences between First Nations, Inuit, Métis and non-Aboriginal cultural values) that can be sent to students across the country. Can this be done by IPAC-AFMC as a national project?
- d. **First Nations, Inuit, Métis Admissions Group/Panel**
 - i. Look at what other faculties have done as models.
 - ii. Have a First Nations, Inuit, Métis Elder and a medical student who has gone through the process on the interview panel. First Nations, Inuit, Métis involvement in the interview has been articulated as having created an accommodating and comfortable process.
 - iii. Important to have First Nations, Inuit, Métis health issues as part of the admission process.
- e. Ensure culturally appropriate training for the faculty who do the interviewing
 - i. Create a list of resources to assist your faculty in this work: Your local Native Friendship Centre can provide links to local First Nations, Inuit, Métis organizations; talk with your university's Aboriginal Student Centre; talk with First Nations, Inuit, Métis coordinators/educators at your faculty and at other schools.



- f. Opportunities for feedback on your interview
 - i. Provide feedback session one-on-one or group on how they did with their application.
- g. (If possible) Solicit feedback from candidates on the interview process to make it better.
- h. Tips
 - i. Look at pre-med information provided on the CFMS web site (www.cfms.org)
- i. Answers to commonly asked questions

9. Overview of Medical Faculty Program

- a. Introduction and curriculum by year
 - i. The students will be asked about the faculty's program in the interview, so an introduction would be helpful. Help them know what they can expect. Can this be standardized in one form so the student doesn't have to go to everyone's web site to find this information? Links to each web site in one place.
 - ii. If a faculty is planning a major change in their curriculum, do post/advertise this information.
- b. First Nations, Inuit, Métis content (e.g., lectures, electives, speakers, rounds, placements, etc...)
- c. Learning organization (e.g., problem based learning (PBL), organ based, etc.)
 - i. Provide example of PBL in the DVD or any in person sessions offered to First Nations, Inuit, Métis students.
- d. Flowchart showing the path from pre-med to post-med on a yearly basis and what the student can expect and should be considering each year. (Sample to be provided)
- e. Describe any opportunities to do clinical work in First Nations, Inuit, Métis communities or organizations. Rural, urban, remote northern.
- f. What is core and what are elective opportunities within the medical school.
- g. Describe types of non-academic areas- research, clinical externships; summer studentships. This will help them in their career.
- h. Tip: Students are encouraged to contact their advisor ASAP when beginning undergraduate studies
- i. Answers to commonly asked questions



10. Financing


- a. Costs (e.g., admission fees, tuition, books, supplies, equipment, living costs, etc.)
 - i. What are the costs of the materials/supplies I will need while at medical school? If funded by a band, the band needs to be provided with this info.
 - ii. Costs for travel to interviews and the application.
 - iii. Equipment cost – hidden and included in the tuition.
- b. Scholarships, Bursaries and Awards (Undergrad vs. Medicine, by year, local vs. national)
- c. Loans and descriptions of how they work (federal, provincial, bank line of credit, emergency)
- d. Band Funding, Métis Nation funding, scholarships, etc...
 - i. Detail who at the faculty the student can talk to about the different types of funding available (band/non-band/third party organization). Many of these are national/provincial that can be listed. Put listing where applicable from each faculty. (UBC has link to web site for First Nations, Inuit, Métis funding)
 - ii. This can be very complex and students need help navigating this. The financial officers at each faculty need to know this.
- e. Single parent considerations
- f. Summer research funding
- g. Costs/income after undergrad years.
 - i. Timeframe of when I will earn and pay off my debt.
 - ii. Provide average incomes of various specialties and costs of going through the program(s).
- h. Who can I talk to if I have financial barriers to deal with?
 - i. Wise financial counseling and support.



11. Cultural Support

- a. List of contacts and websites: explicit list of cultural support services – academic and social areas
 - i. National (e.g., IPAC, NAHO, FNIH, AFN, MNC, ITK)
 - ii. Provincial (e.g., Provincial Territorial Organization)
 - iii. Local (e.g., Elders onsite or in the local community, First Nations, Inuit, Métis health organizations, physicians, communities, Native
 - iv. Friendship Centers; local physicians they might be able to shadow with.)
 - v. College and Universities (e.g., Aboriginal Coordinators, ACADRE Centers, etc.)
 - vi. Info about other First Nations, Inuit, Métis student support services at your faculty – or how to make links with other First Nations, Inuit, Métis students at other faculties (if local cultural support doesn't exist at the faculty).
 - vii. Formalize social activity (ies) for First Nations, Inuit, Métis applicants and premed students. (See models at UBC and UWO)
 - viii. Admissions.
 - ix. Mentorship and Elder resources within the medical schools.
 - x. First Nations, Inuit, Métis reference groups and working committee – community acknowledgement – First Nations, Inuit, Métis Medical support services –
 - xi. List of informative web sites.
 - xii. Aboriginal web portal:
<http://www.aboriginalcanada.gc.ca/acp/site.nsf/en/index.html>
- b. Cultural safety and competencies (i.e., respecting and encouraging traditional knowledge, protocols, skills, attitudes, etc...)
 - i. Creating a culturally safe environment at the faculty.
 - ii. Cultural competency as part of curriculum: This will probably be part of accreditation for faculties. It would be good for faculties to talk about what they are doing in this area re: faculty training, admissions process, curriculum, non-Aboriginal students.
 - iii. Explanation for faculty of what is meant by cultural safety and competency for each of these areas. Use examples from faculties that have done work in these areas. IPAC-AFMC has a working definition of cultural safety available as part of the Aboriginal health curriculum framework they have developed for faculties.



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- c. Protocols and Importance of Identity**
 - i.** Have a session where you talk to the students about these issues and be frank about what they might experience and how to manage it. (See Racism and First Nations, Inuit, Métis specific issues)
 - ii.** Importance of maintaining connection with their community and heritage during medical school
 - iii.** Spiritual and cultural beliefs need to be observed.
 - d. Racism**
 - i.** Intra-student racism and racism between First Nations, Inuit, Métis Peoples themselves.
 - ii.** Non-Aboriginal to Aboriginal.
 - iii.** Policies or standards at the school that deal with racism and inequity.
 - iv.** What do I do if I experience racism with a professor? Whom do I talk to?
 - e. First Nations, Inuit, Métis specific issues**
 - i.** Wanting First Nations, Inuit, Métis curriculum in each of the modules
 - ii.** Importance for schools to recognize diversity between First Nations, Inuit, Métis communities – education of non-Aboriginal students and faculty.
 - iii.** Continued faculty education needed on First Nations, Inuit, Métis issues/knowledge. It's not the First Nations, Inuit, Métis student's role to educate the faculty.
 - iv.** How is the First Nations, Inuit, Métis stream being explained at the school to non-Aboriginal students? Be transparent to all students and explain the whys and impacts of the different assessments used.



12. Testimonials

- a. From Dean, Student Affairs, Admissions, etc...
 - i. Statement from the faculty dean and/or president on importance of First Nations, Inuit, Métis students to the faculty.
- b. From community leaders, Elders, members.
- c. From First Nations, Inuit, Métis medical students
 - i. From students who didn't make it the first time and what the student needed to do to improve.
 - ii. Highlight variety of First Nations, Inuit, Métis students coming from different academic backgrounds (arts, science, mature, with kids).
- d. From medical graduates
 - i. Specialists; multi-specialists; those who work in the community; those that don't work in the local community. Important to emphasize that all medical students contribute to their communities no matter where they wind up practicing. Show physicians who are in politics (on Senate) or do policy work.
- e. Faculty development component linked to the cultural competency and safety
 - i. From faculty on how the program changed their perspective.



Summary of Recommendations

IPAC-AFMC Workshop on Pre-Admissions Support
For First Nations, Inuit, Métis Students into Medicine
February 7 – 9, 2007

Possible national level projects/activities

Which of the following types of information can be centralized?

1. If each faculty dedicates at least a page on their web site to Aboriginal admissions, then IPAC-AFMC can create a centralized link to all of these individual sites.
2. Centralized location for all admissions processes/requirements/contacts.
3. Standardized introductions to each faculties' medical program – or a centralized link to each faculties' overview of their medical program on their web sites.
4. List of national and provincial organizations (bands/non-bands, etc.) who manage Aboriginal funding; and any other national funding sources. Faculties could link to the centralized list from their web sites and provide additional local information where appropriate.
5. National list of web sites for Aboriginal cultural and academic support services (IPAC, NAHO, NAOs, etc.)

Resources for premed students and medical faculty/interviewers

- DVD illustrating “good” and “bad” interviews (body language, eye contact, differences between Aboriginal and non-Aboriginal cultural values).
- Faculty development programs (Also part of IPAC-AFMC Aboriginal health curriculum development work)
 - Importance for schools to recognize diversity between First Nations, Inuit, Métis communities – education of non-Aboriginal students and faculty.
 - Continued faculty education needed on Aboriginal issues/knowledge.

MCAT Research

- Some medical faculties are not using the MCAT and some use with flexibility. Those who don't use it cite issues with cultural appropriateness and language barriers.
- Review literature, research being done on the usefulness of MCAT in the admissions process (OISE, Indian Affairs, AAMC).




Maintain and support networks

- Maintain network of Admissions representatives/Aboriginal coordinators to continue discussion/sharing between the faculties.
- Explore with other health professions how to partner around Aboriginal student recruitment and retention, curriculum.
- List of First Nations, Inuit, Métis faculty who are doing work on Aboriginal health. (To be conducted through IPAC-AFMC Aboriginal health curriculum development work)

Suggestions for medical faculties

1. Orientation day for First Nations, Inuit, Métis medical students to try and keep them connected to the program, other supports.
2. Where spaces are distributed for self-identified Aboriginal students in a province/region, best to let the students decide where they want to go and not prescribe.
3. Faculty involved in interviews need to be trained on culturally sensitive language, body language and their own stereotypes before working with the students.
4. Good to have Aboriginal Coordinator physically located where the students are. Ideally, we'd like to see an Aboriginal coordination team at each faculty.
5. Each faculty needs to identify someone (internally known and externally) who will be the contact (if it's not already a staffed position) to provide info on pre-admissions support to First Nations, Inuit, Métis students.
6. Student should be able to self-identify to the schools they want and not to every one of them.
7. About MCAT
If applicable, faculties can have an internal discussion to consider the role of the MCAT in their admissions process.
8. Have a question about Aboriginal health as part of the admissions process/interview for all students applying to medicine. This would demonstrate that Aboriginal health is a priority for the school. If this isn't possible, do this for the First Nations, Inuit, Métis stream of students.
9. Participant feedback from those First Nations, Inuit, Métis students who were and weren't successful in the admissions process.



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10. Faculties who don't currently admit students from out of province could look at those who do and how this is successful with First Nations, Inuit, Métis students.
 - i. All Indigenous people are residents of each province no matter where they come from technically.
 11. Faculties can coordinate/financially support successful enrichment programs where they already exist, rather than reinvent it locally.(i.e., NOSM sends students to UBC program)
 12. Formalize social activity(ies) for First Nations, Inuit, Métis applicants. This helps applicants feel welcome, meet potential mentors, network. This could be open to First Nations, Inuit, Métis premed students as well.
 13. Allow medical students and residents to do their electives in First Nations, Inuit, Métis communities.
 14. Common application process.



Suggestions for faculty recruitment/marketing

1. Advertise your faculty pre-admission and other First Nations, Inuit, Métis programs through Aboriginal newspapers and Spirit and Youth Magazine.
[<http://www.saymag.com/canada/>] Look at Aboriginal services within your own university to find best ways to connect with your local First Nations, Inuit, Métis communities.
2. Medical faculties can promote their programs and support services available to First Nations, Inuit, Métis students by promoting to the general Aboriginal student body within the entire university. This will bring the information to a wider audience.
3. Recruitment information needs to highlight First Nations, Inuit, Métis programs including medical school opportunities.
4. Intra-university information sharing is important regarding what programs and support exist within the universities.
5. Links with National Aboriginal Organizations are under utilized in establishing links and disseminating medical school information to First Nations, Inuit, Métis communities, especially northern and remote areas.
6. APTN and northern Television commercials – advertising medical careers, talk shows.
 - i. Educate the parents to support a pursuit of medical careers.
7. Health sciences public service announcements (PSA)
8. Aboriginal radio campaign
9. First Nations, Inuit, Métis students/residents should be encouraged and allowed to be role models in their communities.
10. Support/partner in local initiatives to promote sciences/medicine in elementary education, i.e. grade four and five health curriculum:
 - i. Experiential and observation learning with elementary schools – cow’s heart dissection, X-rays – white coats- something tangible to take home with them – except for the cow’s heart.
 - ii. T-shirts with stethoscopes printed on it.
11. Mini med schools with inclusion of Indigenous Elders and Healers.
 - i. Look at premed program developed by Six Nations Polytechnic with McMaster University.

