

Part 1 – Identifying Information

Title of Project: Medical Students Initiative to Increase Representation of Low Income Canadians in Canadian Medical Schools

Part 2 – Project Description

There is a growing concern in the medical community that students from low socioeconomic backgrounds are underrepresented in Canadian medical schools. In 2002, only 15.4% of medical students came from households making an annual income less than \$40,000 even though this income group represented 39.7% of Canadian Households¹. Medical schools are now required to show attempts to increase diversity of their students on both economic and geographic levels. The CFMS has made a formal request to the Canadian Government to acknowledge the need to diversify the population of medical students. Their focus is mainly on changing the admission process and helping with the financial aspect of medical school applications. (See Attached Document for CFMS Lobby Day in Ottawa Poster – March 29, 2010). The same document summarizes the barriers encountered by students as multifactorial, including lower rates of application from underrepresented populations, application biases and financial obstacles.

Our program will tackle the issue of lower application rates of students coming from low socio economic backgrounds by showing our students that a career in medicine is accessible to them, and by encouraging them to pursue their dreams. The program consists of monthly sessions targeted at Grade 7 and 8 level students. This program will be free-of-charge and held in London community centers that are accessible to low-income families. Each session will be 1.5 hours long and will be run by medical students. Each session will consist of an educational component, an activity component, a snack, and a discussion period where a task for the next session will be assigned. The activities will have components of both general education and medically-related education initiatives.

The educational component will include topics like nutritional health, skin care, colds & flu etc. We want the students to gain some knowledge, while having fun, so our educational component will usually have a game as the learning tool. We will also include sessions that will increase the student's social capital such as instructions about proper clothing attire for interviews, body language, etc. For the Activity component, we will include casting, blood pressure taking, listening to heart sounds, and reflexes. In the discussion period we either propose questions or discuss questions students may have regarding medicine and health. We hope that through proper encouragement we can get students to reflect on issues, challenge themselves and approach problems in different ways.

As part of the sessions, we will also be encouraging the students to make and achieve small goals, which will be rewarded by us. Goal setting is a very important tool that many students do not use. We want to teach students these skills and encourage them to use it, but want to be more subtle about our approach. We have strategies to help the students develop these skills, without being explicitly taught it in a session.

Part 3- Selection Grading/Requirements

Why is your project innovative?

We are trying to address an identifiable need in a new way. Rather than change the admission process, or help with the financial aspect (issues which we hope will be tackled by medical schools in the near future), we are attempting to change the root of the problem. By exposing children to medicine and medical role models at a young age, we are hoping to not only affect students who are already high achievers, but also to motivate students who may think that such careers are beyond their reach, thus hoping to lead to an increase in the number of applications from students from low socioeconomic backgrounds. While there are existing programs geared at high school students, we feel that these tend to target students who have already had an interest in medicine in the first place. Our targets are both motivated and unmotivated students, in hopes that this program can spark an interest in both.

What is your objective with this initiative?

Our project aims to address some of the barriers students from low-income families face that prevent them from accessing medical school. The specific barriers that will be addressed through our program have been identified through research, they include lack of role models in medicine, lack of social capital (professional dress, language and behaviour), inaccurate perceptions of a career in medicine, over-estimation of post-secondary education costs, and lack of knowledge of available funding for educationⁱⁱ. Each session in our program will address one or more of these barriers. We will also impart skills for general positive development to the students by giving them opportunities to belong, providing opportunities for skill building and creating challenges that are meaningful and that encourage responsibilityⁱⁱⁱ (See Additional Information for specific Program Mission).

How will Medical Students be involved?

Medical students are crucial to the success of this initiative. They will be involved with planning the program, running the session and engaging the participants. Increasing interaction between the participants and medical students are essential for the program's goals. In addition, the students will be bringing their knowledge of medicine and the medical world into these sessions. The knowledge of medical students will be needed to draw out discussions about common health related problems and their impact on our participants. In addition, we plan on consulting some of the student clubs like B is for Book and Cooking with Kids in order to utilize their knowledge and make our sessions more effective. Overall, there are numerous opportunities for students to be involved and in many different capacities.

How do you plan on publicizing the initiative?

Posters will be displayed in co-operative housing community centers and the community centre where the sessions will be held, as well as any public schools we have access to. We will seek to involve guidance counsellors and teachers from these schools in the recruitment process, as they will be well equipped to refer us to children who meet our low socioeconomic status criteria.

Paediatricians (ie. Dr. Mark Awuku - Windsor) and family doctors (ie. Dr. Stewart Harris - London) that we are working with will also display brochures and posters for this program in their offices and be able to suggest possible participants. We will contact organizations working with low socioeconomic groups, such as the Boys and Girls Club of London, and discuss promotion possibilities with them.

We will try to maintain attendance by contacting the parents before each session to remind them of the date/time and to inform them of the future planned activities.

What additional resources are required for this project?

To make this program a success, there are a number of resources that are needed which will require funding. We need a space to run the program that is easily accessible to our target population. We will need several medical supplies, such as casting equipment, a skeleton etc, for the students to use and learn from. We will be playing games with the students which will require purchasing board games and card games. We would also like to give the children small prizes to encourage them to complete their assigned tasks, and give books like "Gifted Hands" to each student to encourage them to read. We will also be inviting two physicians who came from low-income households to speak to the students and encourage them. For a detailed list of additional resources please refer to our budget.

Part 4 – Detailed Budget

Proposed number of months = 6 month

Proposed number of students = 20 students

		Total
Room Rental	\$43/month	\$258
Advertisements		
Posters, Brochures, Information Package, Consent Forms		\$30
Activities		
Medical Equipment		
Casting	\$15/person	\$300
Reflex Hammers	\$5 each	\$15
Slings		\$5
Human Skeleton Model		\$20
Other		
Books	\$9.1/book/person	\$182
Operation Board Game	\$8 each	\$24
Pandemic Board Game	\$40 Each	\$40
Snacks	\$30/Month	\$180
Prizes	\$10/Month	\$60
Miscellaneous		
Pens, Papers, Markers		\$20
Total		1114

Part 5 – Detailed Timeline

Date	Description
Oct 15 th 2010	Background Research → Did a literature review on the issue, what kind of programs exist and their success.
Nov 1 st 2010	Found Faculty Adviser → Dr Awuku <ul style="list-style-type: none"> - He is the Associate Dean of Schulich School of Medicine, Windsor Campus and a paediatrician who is passionate about helping children realize their potential
Nov 19 th , 2010	Met with Linda Davies – Executive Director of London Community Resource Centre and founder of Cook it Up! Program. She launched a very successful program where she worked with youth from low socioeconomic status to teach food preparation and cooking skills <ul style="list-style-type: none"> - Discussed our program and received advice as to how to make our program effective
Nov 24 th	Contacted Director and confirmed program location at Stronach Community Centre.
Dec 9 th , 2010	Meeting with Dr Stewart Harris <ul style="list-style-type: none"> - Dr Harris is a local family physician with an interest in community health, who has been very successful in the past with community engagement with respect to diabetes awareness and prevention.
Dec 13 th , 2010	Start Advertising to local schools, co-operative housing, community centres and physician offices.
Jan 10 th , 2011	Start interviewing students to select the ones most likely to benefit from our program
Jan 19 th , 2010	Contact all selected applicants
Jan 26 th , 2010	First Session → Important Milestone <ul style="list-style-type: none"> - Session will need to be exciting, high energy and will likely be the most expensive since we want to sell the program to the students
Jan –Jun 2010	Program will run on a monthly basis. There will be 6 sessions in total.
Jun 15 th , 2010	Graduation from the Program <ul style="list-style-type: none"> - This will be the last session, and there will be a special ceremony to celebrate the achievements of the students.

Part 6 – Additional Information

Program Mission:

Our program will have several features of positive development settings which have been proven to be effective in promoting youth development in the age-group we are targetingⁱⁱ. They include:

Appropriate Structure:

- We will seek to have consistent rules and control over each session and a component of continuity and predictability from session to session.

Opportunities to Belong:

- We will seek to create opportunities for meaningful inclusion, regardless of gender, ethnicity, or disabilities and opportunities for social inclusion, engagement and integration.

Support for Efficacy and Mattering:

- We will seek to support youth on their road to autonomy and build their awareness of the difference they can make in their community.
- We will seek to create challenges for them that are meaningful and that encourage responsibility and focus on improvement rather than current performance.

Opportunities for Skill Building:

- We will seek to provide opportunities for skill building including physical, intellectual, psychological, emotional and social skills.
- We will seek to provide opportunities for youth to develop social and cultural capital for a future in professional occupations. These goals are particularly designed to help children and their parents overcome some of the specific barriers that have been cited in the literature as contributors to the gross misrepresentation of medical students from low socioeconomic backgrounds:

Pilot Session:

The pilot session is planned over a 2 hour period. Subsequent sessions will be 1.5 hours.

6:00 – 6:15 Introduction and Program Overview

6:15 – 6:35 Icebreaker activities

- Shufflebum – an activity where everyone sits in a circle in chairs. One person stands in the middle of the circle and attempts to get into the empty chair while the remaining people in the seats move around into the empty spot.
- Name game – a ball will be passed around, whoever receives the ball must say their name and then the name of the person they want to pass it to.
- Tangled Up (optional) – a game where everyone’s arms are tangled up and everyone has to cooperate to get each person untangled.

6:35 – 6:40 Snack

6:40 – 7:00 Dr. Awuku

- Dr. Awuku, a paediatrician and the acting Dean of Schulich School of Medicine (Windsor campus), will speak to the children about his own personal story and the barriers he had to overcome to become a doctor and the rewards of being a doctor.

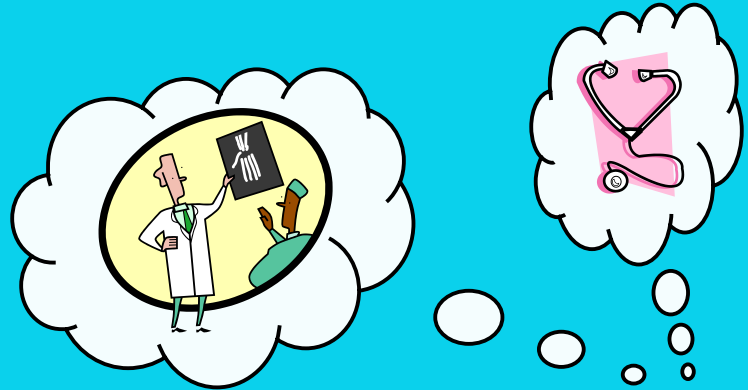
7:00 – 7:45 Casting Session

- This session will allow children to learn how to cast and use casting materials on each other to create a wrist cast. The cast will be cut off by the medical students before the end of the session. Once dry, kids can sign each other’s casts or decorate them and bring them home

7:45 – 8:00 Regroup and Task Assignment

- Everyone will gather as a group and we will assign them a task. If they complete the task upon their return to the next session they will receive a small reward.
- Task for Session 1: Bring a discussion topic relevant to medicine. E.G. If they had a relative who had a surgery they can talk about how they felt, they may also bring an interesting news item that is medically related.

I wonder what it would be like...to be a real doctor...



Come find out!

REACH



REACH is a program for students in Grade 7 and Grade 8 to learn what it's like to be a doctor. You'll get the chance to put **casts** on each other, listen to your **heart beat**, meet **real doctors**, make friends and much, much more!

Each and every session will be packed with fun activities about a different theme in medicine. Even if you've never thought about becoming a doctor it's a great place to meet new friends and learn about what doctors do!

WHEN?

Sessions will be held once a month starting from **January 2011 - July 2011** from **6:00 p.m. - 7:30 p.m.** Snacks will be provided.

WHERE?

Stronach Community Recreation Centre

For registration contact: REACH@gmail.com

ⁱ Collier, R. Medical school admission targets urged for rural and low-income Canadians. *CMAJ* 182(8). (May 2010)

ⁱⁱ Bowen WG and Bok D. *The Shape of the River: Long-Term Consequences of Considering Race in College and University Admissions*. Princeton University Press, 1998, 512 pp

ⁱⁱⁱ Greenhalgh T, Seyan K, Boynton P. "Not a university type': focus group study of social class, ethnic, and sex differences in school pupils' perceptions about medical school." *BMJ*;328:7455 (June 2006), 1541-1547