

IFMSA UPDATE

2009 August Meeting in Ohrid, Macedonia



Delegates from CFMS and IFMS-QC promoting the bid to host the 2010 August meeting in Montreal

What is the IFMSA General Assembly?

The Global Health Program of the CFMS represents its membership at the international level biannually at week-long IFMSA General Assemblies (GAs), which take place in March and August. The meetings are comprised of presidents' sessions, evening plenary sessions, standing committee meetings, regional meetings, project presentations and fairs, theme events, as well as lots of social programs.

Presidents' Sessions and Evening Plenary Sessions

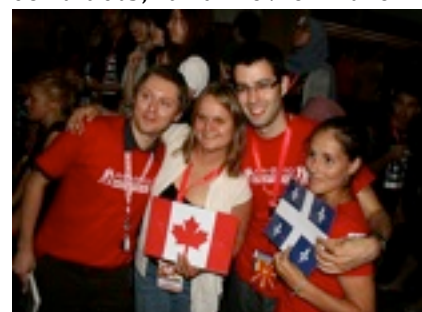
At morning Presidents' Sessions, acting presidents meet to review and discuss reports, bylaw

changes, policy statements, membership, elections, disciplinary measures, and other issues related to the general administration of the IFMSA. Time is allocated each afternoon for presidents to discuss decisions with their delegations, and motions are voted on during evening plenary sessions. Plenaries begin at 8:00pm and often continue until after midnight!

Standing Committee Meetings

There are six standing committees: medical education, public health, human rights and peace,

reproductive health and HIV/AIDS, as well as professional (clinical) and research exchanges. Members of standing committees share ideas through presentations and small group work. In addition, the standing committees on professional and research exchange administrate the IFMSA Exchange Program. At General Assemblies, they exchange forms for program participants, sign new contracts, and review their



IFMSA
International Federation of
Medical Students' Associations

Highlights

Our Delegation

Brianne Hudson, VP Global Health, U of A
Sarah Fung, NORSH, U of A
Ken Mendoza, NEO Jr., U of M
Michael Slatnik, NOGHE, Western
Shawn Mondoux, Ont. Regional Rep, U of O
Austin Gange, VP External Jr., U of O
Leslie Martin, GHL, U of O
Beverly Wudel, GHL, U of S
Leisha Hawker, GHA, Dalhousie
Sana Ghaznavi, U of A
Jacqueline Zhai, U of T

PAMSA Update

At the regional meetings of the Pan-American Medical Students' Associations (PAMSA), CFMS liaised with other members in the region. The next Regional Meeting in January 2010 will be held in Chile.

SCORA Update

Several CFMS delegates attended the Standing Committee on Reproductive Health Including HIV/AIDS (SCORA). Sarah Fung facilitated a SCORA session on the Greater Involvement of People Living with HIV/AIDS, which encouraged participants to consider how they can include people living with HIV/AIDS in all stages of their programs.

New IFMSA Team of Officials

President: Silva Rukavina (Croatia)
Secretary General: Chantal Fenech (Malta)
VP External: Minke van Minde (Netherlands)
VP Internal: Chijioke Kaduru (Ghana)
Treasurer: vacant
SCOME Director: vacant
SCOPE Director: Ali Cankut Tatliparmak (Turkey)
SCOPH Director: Louise Mulcahy (UK)
SCORA Director: Branislav Chrenka (Slovakia)
SCORE Director: Federica Balzarini (Italy)
SCORP Director: Mori Mansouri (UK)
Region Rep (Americas): Fiorella Barbagelata (Peru)
LOME: Robbert Duvivier (Netherlands)
LOPH: Florian Stigler (Austria)
LORA: Imene Ben Ameer (Tunisia)
LORP: Diego Lemmi (Italy)
LOSO: Lucia Carratala Castro (Spain - Catalonia)
LORMA: vacant
LO UNESCO: Maxime Moulin (France)
LO WHO: Vesna Jugovec (Slovenia)

Montreal victorious in bid to host August 2010 meeting

Sarah Fung, NORSH & IFMSA bid co-presenter



If the sea of red Montreal t-shirts was any indication, delegates from nearly every country were enthusiastic about holding next August's IFMSA GA in Montreal, Quebec. One of the most highly-anticipated events at each GA is the bid promotion and presentations of the candidates to host next year's GA. The Canadian team, a partnership between the CFMS-GHP and its Quebecois equivalent, IFMSA-Quebec, have been working for a full year to put together a professional, comprehensive proposal to showcase what Montreal has to offer the world.

The entire week was marked by delegates from around the world sporting over 200 unmistakable, bright-red Montreal AM2010 t-shirts. The Montreal AM2010 booth featured banner displays, pins, stickers, temporary tattoos, promotional booklets, and countless maple leaf cookies, with CFMS and IFMSA-Qc delegates promoting the bid throughout the GA. Indonesia was also bidding to host. The Canadian bid presentation was very

well-received and the team's hard work and dedication paid off with a decisive win (39/55), making the August Meeting 2010 in Montreal a reality.

Why Montreal? Montreal combines an inspirational setting, world-class facilities, professional organization, unforgettable nightlife, and a stimulating academic program. For more information, please visit <http://www.montrealam2010.com>.

Now that we have secured the GA for next August, the fun is only just beginning! CFMS and IFMSA-Qc are looking for enthusiastic, motivated people to join the team and help realize this vision. There are opportunities to get involved in sponsorship, theme development, logistics, greenification initiatives, and more. If you are interested in being involved in organizing this world-class event that will welcome approximately 700 medical students from around the world, please contact Brianne Hudson at brianne.hudson@cfms.org or Sarah Fung at norsh@cfms.org.

CFMS Exchange Program

Ken Mendoza, NEO

The CFMS Exchange Program is responsible for facilitating international clinical and research exchanges. At the August 2009 IFMSA meeting in Macedonia, we signed a total of 86 contracts with 30 different countries. Some of the new countries signed are Lithuania, Jordan, Greece, and Switzerland. There will more contracts signed between now and the 2010 March Meeting, especially with countries that were not able to send delegates to the 2009 August meeting.

Key developments produced by the exchange program are a student handbook and academic quality kits that will define what a good academic experience is and help to establish a standard for the exchanges. Students are required to fill out evaluation forms as part of their exchange and the statistical results will be used to improve our exchange program at both the local and international level.

Other notable successes from SCOPE/SCORE sessions include the creation of the Liaison Officer to Research and Medical Associations position and a policy statement exchanges should not be used as a means of fundraising.

2010-2011 Signed Contracts:



Advocacy in the CFMS: the Canadian perspective on an international activity

Presentation to the Standing Committee on Medical Education (SCOME)

Shawn Mondoux, Ontario Regional Representative and PAC Chair

Advocacy is a funny thing. It's like being a child again. You whine and complain repeatedly to the people who have influence over what you want until you get what you've demanded of them. Only in our case we have good arguments and we can only hope that politicians are as ethical as our parents were. Here, in Canada, we have created a culture where this strategic whining is not only acceptable, but encouraged and necessary. After all, as the age old adage goes, «ask and thou shall eventually, after a long period of asking, receive. »

But, as I was both shocked and then pleased to find out, advocacy is a very new and relatively foreign concept to many National Medical Organizations (NMOs) from across the pond, both the Atlantic and Pacific. The beauty of this issue is that they have just recently realized the effectiveness of this strategy and are generally looking to establish advocacy programs of their own. Luckily, as chair of the CFMS' Political Advocacy Committee (PAC), I was able to sit in with a committee whose hot topic this year seemed to be advocacy and found that the CFMS had something to offer to everybody around the table.

The Standing Committee on Medical Education (SCOME) represents a unique committee on the IFMSA stage because its members deal almost exclusively with internal national medical issues, but seek advice on the world stage. These are motivated people who are seeking to change the educational experience of their students for the best.

As a CFMS member, I was able to deliver a session on the basics of advocacy; team building, formalizing issues, pertinent research, asking for help and knowing your government. The goal of the session to plant the idea of lobbying and get the ball rolling in other NMOs. The session was incredibly well received and much dialogue was conducted with nations such as Australia, Finland and Poland, who are all at various stages of starting their own programs. The CFMS is currently providing information and savoir-faire to Poland to increase their political awareness and provide an initial platform for advocacy. As we move forward with the IFMSA, the CFMS and I feel as though advocacy will become a more important issue for both SCOME and the IFMSA in general. We believe that the CFMS will have much to offer and look forward to continuing our relationships with other NMOs to improve advocacy efforts worldwide!



Reproductive Health Training at IFMSA Schools

Jacqueline Zhai, University of Toronto

At the IFMSA August meeting in Ohrid, Macedonia, I conducted a survey study to evaluate the reproductive health training medical students receive at their respective schools. All medical student representatives at the conference, including more than 800 delegates from 85 countries, were invited to participate by filling out a 3-page survey. The survey included questions on specific reproductive health topics covered in the student's curriculum, length and teaching format of each topic, and student demographic information. We had a total return of 324 completed surveys over the course of one week.

The data collected are now under analysis for an assessment the quality of reproductive health education in medical curricula in different IFMSA regions. Demographic information will be used to examine the geographical, religious, and cultural determinants of the quality of training in reproductive health. The training a student receives is, in turn, an important determinant

of the student's competency in clinical settings. This competency is not only essential for dealing with intricate reproductive health issues in future clinical practice, but also in advocating on behalf of their patients in the society. Current literature indicates that sexual and reproductive health care, especially topics like abortion and fertility, are significantly under-represented in the basic medical curriculum in both developing and developed countries alike. Therefore, an evaluation of current reproductive health curricula and their social contexts is essential in identifying issues and barriers that need to be addressed. The IFMSA meeting was a great forum to conduct this research.

The study was met with welcoming enthusiasm and helpful input from many students around the world. It was a great learning experience as well. Lastly, I would like to say a special thanks to everyone on the CFMS and IFMSA-Quebec team who have helped with survey distribution and recruitment for the study to make this work!



Policy Statement on Indigenous Health

Beverly Wudel, GHL

There are an estimated 370 million Indigenous people living in over 70 countries worldwide, many of whom are at risk for poor health as a result of factors such as poverty and social marginalization. Given the global implications of these facts, GHAs Jennifer Baxter and Leisha Hawker, and GHL Beverly Wudel saw a need for the IFMSA to adopt a policy statement on the health of Indigenous peoples.

The policy statement included seven recommendations addressing the following issues: development of a strategy for improving the health of Indigenous peoples; a focus on the upstream determinants of health; delivery of holistic healthcare in a culturally safe manner; cultural safety training in medical school curricula; inclusion of Indigenous perspectives on health in medical school curricula; development of strategies to achieve equitable representation of Indigenous people in medical schools; and that research on Indigenous populations follow the principles of ownership, control, access, and possession of health data.

The IFMSA policy statement on the health of Indigenous peoples was adopted by the IFMSA during the plenary sessions of the August 2009 meeting. Jennifer, Beverly and Leisha will be presenting a similar policy statement for adoption by the CFMS at the AGM in September 2009.