

**“Come Walk in our Moccasins”**  
**Indigenous Program Mini-Medical School 2020**  
**University of Ottawa Faculty of Medicine**



Thinking about medicine as a career? Want to meet and talk with our current medical students? Join us for our next session of “Come and Walk in our Moccasins”!

“Come Walk in our Moccasins” is a recruiting strategy created by the [Indigenous Program](#) to encourage First Nations, Métis and Inuit people to apply to the University of Ottawa Faculty of Medicine. Since its inception in January 2010, we have

welcomed over 260 Indigenous participants, encouraging them to pursue their dream of becoming a doctor.

We invite Indigenous youth, post-secondary and mature students to take part in a day in medical school that is organized and presented by our own Indigenous and non-Indigenous medical students – many of whom are members of our Indigenous Health Interest Group.

Mini-Med participants explore one aspect of human health using the Case Based Learning method and hands-on activities that are similar to those completed by our medical students. Our Indigenous medical students discuss their personal journeys to being accepted into medical school and their experiences in the MD program. Dr. Darlene Kitty, our Indigenous Program Director, shares what it is like to be an Indigenous physician practicing in a remote community, as well as the many other opportunities in the profession. The Mini-Med School also welcomes participation by a local Elder and explores the importance of integrating Indigenous culture into health care.

“Come Walk in Our Moccasins” offers an important mentorship opportunity to aspiring Indigenous medical students. After every session, the Indigenous Program has assisted participants who have made the decision to contact the Admissions office and apply to dedicated admissions program for candidates of Indigenous ancestry or the Anglophone / Francophone streams.

Photos of the 2015 Mini-Medical school can be found here:

<https://www.flickr.com/photos/136496186@N07/albums/72157661437967820>

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**Indigenous Program Mini-Medical School 2020**

**Dates**

We have scheduled two sessions of the Mini-Med school for winter 2020. The first session, on Saturday January 25, 2020, is intended for **post-secondary students and adults**. The second session, on Saturday, February 22, 2020, is geared to students from **Grades 7 to 12 and youth**. Each session will take place between 8:15 am and 4:15 pm.

**Fees**

There is no registration fee to attend.

**Location and Directions**

The Mini-Med will take place at the Faculty of Medicine at Roger Guindon Hall (RGN), 451 Smyth Road, Ottawa, Ontario, K1H 8M5. A map is attached, or you may view maps online here:

<http://maps.uottawa.ca/> or <https://goo.gl/maps/r3CpjaRyqfP2>. Please note that our building is located near the Ottawa General Hospital, and is not at the uOttawa campus downtown.

**Parking**

Parking is available in the lot H, directly beside Roger Guindon Hall (RGN). Enter through the visitor gate and take a ticket. We will provide parking passes to be used upon exiting the lot. To exit, insert the ticket first, followed by the yellow parking pass. Information on the RGN/Alta Vista parking lots is here:

<http://www.uottawa.ca/parking/parking-services/parking-maps>

**Public Transportation**

Roger Guindon Hall is served by OC Transpo Route 45, which [departs from Hurdman Station](#); the bus stop closest to our building is #1591, “RING ROAD / REHABILITATION/CENTRE”. Route 55, departing from Elmvale or Lees Station stops in on the Ring Road front of the General Hospital at stop #1806. Please check the [OC Transpo website](#) to determine the bus departure station and time that is most convenient for you. If you need help finding us once you have arrived by bus, please call or text the Coordinator and a volunteer will be sent to escort you to the Faculty of Medicine.

**Schedule of activities (see page 5 for full Agenda)**

Students are asked to arrive between 7:45 a.m. and 8:00 a.m. at Roger Guindon Hall. Volunteers will be stationed at the main doors to help direct you to Room 2149, where most of the day’s activities will take place. Here you will sign in, meet the other participants, and partake in the continental breakfast, which will be provided.

The day will start at 8:15 a.m., when our invited Elder will do the Opening Prayer and a smudge. If you have any sensitivity to smudging, please let us know so that we can accommodate this.

For the rest of the morning, we will be learning about one system of the human body. Participants will be divided into working groups for Case Based Learning activities. There will also be a presentation by Dr. Darlene Kitty, our Indigenous Program Coordinator, who will discuss what it is like to work as an Indigenous physician in Chisasibi, her home community in James Bay.



In the afternoon we will visit the anatomy lab (this activity is optional), followed by a casting workshop and suturing workshop. There will be a panel discussion by our Indigenous Program students, who will share their experiences applying to the MD program, as well as what it is like to study medicine at the University of Ottawa. There will be time for questions and answers.

Participants will be asked to fill out an evaluation before the closing prayer by our invited Elder. The day should be done by 4:00 – 4:15 p.m.

**Meals**

A continental breakfast, lunch and two snack breaks will be provided. If you have food allergies or dietary requirements, please let us know as soon as possible. We will work with our caterers to accommodate these before the registration deadline. If accommodations are not possible, participants will be informed in advance.

**Dress**

As the casting activity involves water, plaster and dust, please wear suitable clothing. Some protective coverings will be provided.

**Forms**

✓ **Forms to be completed and returned to the Indigenous Program:**

	Registration Form
	Waiver and Assumption of Risks
	Consent to use photographic, video and audio recordings

In order to secure your spot, please sign, scan and return all completed forms by e-mail or fax to:

**Lisa Abel, Indigenous Program Coordinator**  
[mdindig@uottawa.ca](mailto:mdindig@uottawa.ca) | Phone: 613-562-5800 ext. 8687 | Fax: 613-562-5605

Bring your original signed forms with you on the day of the Mini-Med. For those participants under 18 years of age, the forms must be signed by a parent or legal guardian.





**“Come Walk in Our Moccasins”**  
**Indigenous Program Mini-Medical School**  
**Dates: January 25, 2020 or February 22, 2020**  
**Location: University of Ottawa Faculty of Medicine**  
**Roger Guindon Hall (RGN), [451 Smyth Road, Ottawa](#)**

**AGENDA**

<b>Time</b>	<b>Location</b>	<b>Activity</b>
7:45 – 8:15 a.m.	Roger Guindon Entrance – RGN 2149	Participants arrive. Registration table, Meet and Greet Continental Breakfast - Muffins, yogurt, fruit, juice, coffee, tea
8:15 – 8:45 a.m.	RGN 2149	Opening prayer and welcome by Indigenous Elder. Introductions.
8:45 – 9:15 a.m.	RGN 2149	Human Body System lecture
9:15 – 10:30 a.m.	CBL Rooms	Case-Based Learning Activity (small groups)
10:30 – 10:45 a.m.	RGN 2149	Break – refreshments available
10:45 – 11:30 a.m.	RGN 2149	Presentation – How to Apply to Medical School
11:30 – 12:30 p.m.	RGN 2149	Lunch (Sandwiches, salads, fruits/veggies, cookies, drinks) Concurrent Presentation: “My journey to practicing medicine in Chisasibi” by Dr. Darlene Kitty
12:30 – 1:15 p.m.	Anatomy Lab	Orientation to Anatomy Lab etiquette Visit to Anatomy Lab
1:15 – 2:00 p.m.	RGN 2149	Casting Workshop
2:00 – 2:15 p.m.	RGN 2149	Break – refreshments available
2:15 – 3:00 p.m.	RGN 2149	Suturing Workshop
3:00 – 3:40 p.m.	RGN 2149	Indigenous Program Student Testimonies and Q & A
3:40 – 4:00 p.m.	RGN 2149	Presentation of Certificates and Evaluations Closing Prayer
4:00 – 4:30 p.m.		Participants depart

**For more information, please contact: Lisa Abel, Indigenous Program Coordinator**  
**613-562-5800 ext. 8687 / [mdindig@uottawa.ca](mailto:mdindig@uottawa.ca)**

## REGISTRATION FORM

“Come Walk in Our Moccasins” Mini-Medical School

Hosted by the Indigenous Program at the University of Ottawa Faculty of Medicine

<b>Select one session:</b>	<b>Saturday, January 25, 2020</b> (Postsecondary/mature students)		<b>Saturday, February 22, 2020</b> (Students Grades 7 – 12, youth)
<b>Name:</b>			
<b>Age:</b>			
<b>Indigenous background</b> (circle all that apply):	Inuit	Métis	First Nation
<b>Mailing Address:</b>			
<b>Phone:</b>			
<b>E-mail:</b>			
<b>School Name:</b>			
<b>Grade / Year:</b>			
<b>Academic Program:</b> (Postsecondary)			
<b>Emergency Contact Person:</b>			
<b>Emergency Contact Phone:</b>			
<b>Food allergies and/or dietary preferences:*</b>			
<b>How did you hear about the Mini-Medical School?</b>			

\*We will work with our caterers to accommodate food allergies and dietary preferences. If this is not possible, participants will be informed in advance.

### Notice of collection of personal information

In accordance with the *Freedom of Information and Protection of Privacy Act* of Ontario and with University Policy 90, personal information is collected under the authority of the *University of Ottawa Act*, 1965. The personal information provided to the Indigenous Program at the University of Ottawa Faculty of Medicine will be used for purposes of and those consistent with the administration of the Mini-Medical school program; institutional planning and statistics; and marketing of University programs and activities that may be of interest to you. If you have questions about the collection, use and disclosure of your personal information in this notice, please contact the Indigenous Program Coordinator at (613) 562-5800 ext. 8687 or [mdindig@uOttawa.ca](mailto:mdindig@uOttawa.ca).

### Harassment, Discrimination and Sexual Violence

The University of Ottawa is committed to creating and maintaining an environment that promotes the understanding and respect for the dignity of the person as part of the University community and one that is free from harassment, discrimination and sexual violence. *University Policy 67a – Prevention of Harassment and Discrimination* and *University Policy 67b – Prevention of Sexual Violence* apply to all members of the University community, including participants of the “Come Walk in Our Moccasins” Mini-Medical School. Participants can report incidents of harassment, discrimination and sexual violence to a member of the Indigenous Program or to the Human Rights Office of the University of Ottawa at [respect@uottawa.ca](mailto:respect@uottawa.ca) or 613-562-5800, ext. 5222.





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## **INFORMED CONSENT**

### **Come Walk in our Moccasins Mini Medical School**

In order to ensure students and/or volunteers (to be known as Participants) are aware of the risks and hazards present in the experiential learning activity, the following information is provided on related risk, and health & safety concerns.

The volunteer work and associated activities: “**Mini Medical School**” (to be known as the “Activity”) occurring at **The University of Ottawa, Roger Guindon campus on** (DATE: \_\_\_\_\_) **IS NOT REQUIRED** on the Participant’s behalf to obtain course credit.

By signing this document the Participant agrees that the Participant will:

- Follow University procedures, report any incidents witnessed, and respect health and safety requirements in the areas visited.
- Participate in any hazard awareness training offered, and respect emergency situation directions.
- Not undertake any activity that was not discussed or reviewed with the Activity Supervisor without first obtaining permission.
- Agrees that it is the responsibility of the Participant to familiarise themselves with health and safety requirements applicable to the Activity.
- Understands and fully accepts that if the Participant fails to observe any conditions or rules established during the course of the Activity, that the Participant may be asked to leave the Activity.
- Understand and fully accepts that if the Participant chooses to participate in any other activity that is not part of the planned Activity that they are fully responsible for any injuries, losses or property damage that may result.

***I will comply with all instructions of the Activity instructor(s) respecting the Activity, and understand that my failure to do so may result in my immediate dismissal from the Activity;***

\_\_\_\_\_ (Initial here)

### **INFORMED CONSENT AND ASSUMPTION OF RISKS**

Risks, dangers and hazards are inherent in the Activity and may include, but are not limited to the following: Any manner of bodily injury, loss or property damage that may arise as a result of:

- Handling or use of lab tools, instruments, or mechanical equipment
- Use of or exposure to lasers or laser equipment for optical experimentation
- Presence or use of power generation including electricity
- Presence in and around a teaching lab environment
- Presence around and exposure to animals in a lab environment
- Use of, exposure to, or presence in or around biological materials
- Use of chemicals, gases, other liquids, common to a chemistry lab

***I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, illness, death, property damage or loss, resulting therefrom.***

\_\_\_\_\_ (Initial here)





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## **INFORMED CONSENT**

### **Come Walk in our Moccasins Mini Medical School**

***The Participant acknowledges and further accepts the responsibility of discussing their participation in the Activity with their physician and obtaining adequate medical, health, dental, travel and all other forms of insurance that may apply. The Participant agrees to inform the University if a pre-existing medical condition can increase the risks normally associated with any Activity being undertaken.***

\_\_\_\_\_ (Initial here)

***I am in good health and physical condition, such that I will not be overtaxed by the physical demands of the Activity. If I suffer from allergies and/or medical conditions and/or disabilities that could in any way affect my full participation in the Activity or pose risks to myself and/or others, it is my responsibility to inform the Activity instructor(s) fully about them well in advance of the Activity;***

\_\_\_\_\_ (Initial here)

***In the event of any illness or injury or other form of incapacity that I may suffer during the Activity, or of my unexplained or otherwise suspicious disappearance from the Activity, I hereby authorize the University and/or Supervisor(s) to (a) secure such advice and services, including medical and/or emergency advice and services, as they in their sole discretion may deem necessary for my health and safety and I shall be financially responsible for such advice and services; and (b) collect, use, and disclose all my personal information, including my personal health information, that they in their sole discretion may deem necessary under the circumstances for my health and safety;***

\_\_\_\_\_ (Initial here)

***The Activity instructor(s) and/or the University may make visual and/or audio recordings of me and may use these recordings solely for educational or promotional purposes in relation to the University, and/or any unit of the University in perpetuity without compensation.***

\_\_\_\_\_ (Initial here)

### **ACTIVITY SUPERVISOR**

We, **Dr. Darlene Kitty and Lisa Abel** are the persons responsible for the Participant during the course of the Activity.

- I have informed the Participant on the matters set out in this consent form.
- I have informed the Dean or Director of the Activity.
- I agree to assume full responsibility for supervising the Participant during the Activity.
- I agree to notify the Dean or Director, Protections Services, and the Office of Risk Management (as applicable) of any incident or significant matter/emergency relating to the Participant's conduct during the Activity.
- I have ensured the Participant has received an overview of the risks involved and safety precautions before the start of the Activity.

Signature

Date



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## **INFORMED CONSENT**

### **Come Walk in our Moccasins Mini Medical School**

<b>Persons over 18 years of age</b>	<b>Children under 18 years of age</b>
<p><b>I ACCEPT AND FULLY ASSUME</b> all such health and safety risks, dangers and hazards which may be associated with my participation.</p> <p>Upon the University's request, <b>I AGREE</b> to leave the Activity should I fail to follow the University's instructions or directions or if there is any health and safety infraction.</p>          <p>Student number of Participant: _____</p> <p>_____ Signature of Participant</p> <p>_____ Print name of Participant</p> <p>_____ Telephone at home/cellular phone</p>	<p><b>I CONSENT</b> to the Participant's presence at the University of Ottawa and <b>I ACCEPT AND FULLY ASSUME</b> all such health and safety risks, dangers and hazards which may be associated with his or her participation.</p> <p>Upon the University's request, <b>I AGREE</b> to pick up the Participant should he or she fail to follow the University's instructions or directions or if there is any health and safety infraction.</p> <p>I the undersigned declare that I am the parent or legal guardian of the Participant identified below. I agree to inform the Participant about the guidelines of this program and the University of Ottawa requirements.</p>          <p>_____ Print name of Parent/Legal Guardian (Children under 18 years of age)</p> <p>_____ Signature of Parent/Legal Guardian (Children under 18 years of age)</p> <p>_____ Print name of Participant</p> <p>_____ Telephone number at work:</p> <p>_____ Telephone at home/cellular phone</p>
<b>Important For All Participants</b>	
<p>_____ Name of other emergency contact</p> <p>_____ Name of University Employee Supervising Participant</p>	<p>Telephone number _____</p> <p>Telephone number _____</p>