

Summer 2021 Practicum Abstracts – MPH Health Promotion Students

I. D. A. C.

Sunnybrook Research Institute

I completed my practicum with the Women's & Babies program at Sunnybrook. I worked on a research project looking at the treatment of gestational diabetes (GDM) in twin pregnancies. Evidence suggests that the management of GDM in singleton pregnancies may not be as beneficial in twin pregnancies. This research project explores this idea using a retrospective, observational method. My responsibilities included collecting data from different Hospital software and entering data into the project database consisting of 271 accounted twin pregnancies with a GDM diagnosis from 2000 to 2020 at the institution. Data collected consisted of maternal and neonatal data as well as GDM treatment and glycemic control information. I was able to work collaboratively with another summer student assigned to the project. We met virtually to discuss the status of the project and delegate work. I conducted a literature review to better understand and contextualize GDM in twins, and identify the gaps in knowledge that support the rationale of the project. I practiced information synthesizing and utilizing the library resources learned in first-year courses. For the search, I used the U of T's library resources, PubMed and MEDLINE. I had the opportunity to work on another project observing the level of antibodies present in patients with chronic kidney disease and on dialysis. The data collected would inform patients, clinicians, and the government of the efficacy of the COVID-19 vaccine for high-risk kidney disease populations. The data has led to research looking at a third booster vaccine dose for the dialysis population. My responsibilities were to call or email patients listed on a database of eligible patients to recruit for study and to verbally consent and schedule their study visits at the hospital with the study's research coordinator. Communicated with 319 patients.

N. M.

Public Health Agency of Canada - Health Equity Integration Team

For my practicum placement, I worked with the Health Equity Integration Team (HEIT) at the Public Health Agency of Canada (PHAC) on a variety of projects related to the application of Sex- and Gender-Based Analysis Plus (SGBA+) in research and practice. SGBA+ is an analytical process through which systemic inequalities are identified and assessed. By applying SGBA+, we can see how diverse groups of people experience policies, programs, and initiatives differently. My primary practicum project was to develop an evidence review on the effects of COVID-19 on the mental health of diverse population groups in Canada, focusing on health equity and SGBA+ considerations. To do this, I explored how COVID-19 has impacted positive mental health outcomes and reports of mental health conditions, which subpopulations have been disproportionately impacted and how, and the ways in which COVID-19 has affected access to mental health services. Key findings showed that visible minorities, youth aged 15-24, and gender diverse individuals are more likely to report the greatest declines in self-rated mental health, and that among Canadians aged 18+, symptoms of both anxiety and depression are higher among women, individuals aged 18-34, Indigenous groups, those with decreased income due to the pandemic, those who experienced trauma in their lifetime, and frontline workers. Other projects that I worked on

include: an SGBA+ analysis of the mobile application *ArriveCAN*, which was developed by the Government of Canada to ensure compliance with quarantine measures, the development of rapid literature review on the inequalities that exist among individuals with Autism Spectrum Disorder (ASD), collaboration towards the development of an SGBA+ training webinar for individuals and organizations who applied to PHAC's Healthy Canadians and Communities Fund, and ongoing participation in screening and reviewing applications to PHAC's Intersectoral Action Fund.

M. H. G.

University of Toronto - Physical Therapy Department

This narrative report examines my 16-week practicum placement experience as an MPH (Master of Public Health) SBHS Health Promotion student from the Dalla Lana School of Public Health, as a Research Assistant for the Coin Model of Privilege and Critical Allyship at the University of Toronto, Physical Therapy Department. This practicum was under the supervision of Co-Supervisors Dr. Stephanie Nixon and Dawn Maracle and in collaboration with their community partners at Canada's National Institute of the Blind (CNIB) over the course of four months from mid-May until mid-September 2021. The purpose of this practicum was to gain graduate level experience and enhance my knowledge, skills and research on inclusion, accessibility, and health (in)equity, social determinants of health and anti-oppressive praxis. The objective of this report is to reflect and explore the following sections: my accomplishments, practicum objectives, graduate courses, and practicum experience alignment; projects and impact. This report concludes with a discussion of the lessons learned from this practicum.

A. S.

Métis Nation of Ontario

I completed my practicum with the Institute for Clinical Evaluative Sciences (IC/ES) and the Métis Nation of Ontario (MNO) under the supervision of Dr. Sarah Edwards. My work consisted of two projects 1) analysing qualitative interview data collected for the MNO's COVID-19 vaccine hesitancy study, and 2) a brief report describing the mental health of MNO citizen before and during the COVID-19 pandemic. The bulk of my work revolved around project 1 and was only able to complete the paperwork for project 2. I came into project 1 as interviews were wrapping up and contributed to the transcription, coding, and interpretation of the data, as well as drafting a manuscript for publication. I also contributed to other communications projects as they related to my work. During my time in this practicum, I was able to apply the course content we learned throughout the past year to my work. I also gained a clear sense of the reality of research work and how it differs from the more idealistic theory learned in the classroom. Moreover, as a Métis student who is a citizen of the MNO, I felt that I was able to make a real contribution to work that benefits my family, community, and nation. This practicum position is a great opportunity for Indigenous and non-Indigenous students to gain hands on experience working with an Indigenous governmental organization in a research role. This project was Métis-driven and specific and helped me better understand the ethical and structural processes in place to do good research and maintain a good relationship with the MNO and broader Métis community. Overall, it was an enjoyable and worthwhile experience working with a great team!

D. A. G.

Public Health Agency of Canada - Social Determinants of Health Division

The Public Health Agency of Canada (PHAC) is a federal agency dedicated towards empowering Canadians to improve their health, preventing disease and injuries, and promoting positive physical and mental health. This summer, I completed my practicum placement with the Agency's Health Equity Integration Team (HEIT). As a Student Policy Analyst, I supported the team's work in advancing knowledge and awareness of Sex- and Gender-Based Analysis (SGBA) Plus: an analytical process used to assess how federal initiatives, policies, and programs impact populations differently by first considering biological, social, and cultural differences between and within population groups (i.e. age, sex, gender, race, ethnicity, socioeconomic status). My main project in this respect was directed towards developing an SGBA Plus language inventory for PHAC's grants and contributions (Gs&Cs), to ensure that consistent language is used to describe SGBA Plus and health equity requirements throughout various components of these funding opportunities including solicitation and program evaluation documents. This project involved collecting 100+ solicitation and evaluation documents from 32 of PHAC's Gs&Cs funding programs, "mapping" said documents to assess the degree in which SGBA Plus and health equity considerations have been integrated, and summarizing these findings in a final report. Additional tasks I completed throughout this practicum included drafting and executing various internal communication messages to promote SGBA Plus throughout the Agency, conducting a scoping review addressing how the COVID-19 pandemic has exacerbated the already increasing rates of opioid-related harms and deaths across Canada, and leading internal team meetings including HEIT's Journal Club and weekly scoreboard meeting.

R. R. B.

Hospice Palliative Care Ontario - Quality Hospice Palliative Care Coalition of Ontario

I completed my practicum with Hospice Palliative Care Ontario (HPCO), a provincial association and unified voice for advancing quality hospice palliative care in the province. HPCO drives system-level change by informing policy, increasing public awareness, and providing effective palliative care education and resources. As a practicum student, I was a project coordinator for the Quality Hospice Palliative Care Coalition of Ontario (QHPCCO), for which HPCO is the secretariat. QHPCCO members are senior level leaders that represent health service providers, organizations and research institutions across Ontario in the palliative care field.

One of my projects was a ten-year review on the state of palliative care in the province, where I identified gaps using evidence-based strategies to inform future care practice. Another project was the Compassionate Care Act (Bill 3) Framework Response, a report that will be presented to the government by QHPCCO members to inform a new framework for palliative care in Ontario. Throughout the summer, I also engaged in advocacy to improve caregivers' rights and developed a strategic plan to create public health partnerships with HPCO. To successfully complete these projects, I engaged with several QHPCCO members and external stakeholders, and enhanced my project management,

knowledge translation, and health communication skills. One of the most valuable learning experiences during this practicum was engaging in policy development and advocacy within a complex provincial health system. I recommend this position to anyone looking to gain experience in system-level planning and policy, where you can apply and enhance health promotion competencies in a positive working environment. I am grateful to have contributed to pivotal work in the palliative care field, an area of health that is often overlooked or undervalued, to improve the lives of people with life-limiting conditions and their families.

D. G. B. H.

Dalla Lana School of Public Health - Centre for Global Health

Over the course of May to early August I completed my practicum at the Centre for Global Health (CGH) at the Dalla Lana School of Public Health. The purpose of the practicum was to support the further development of the Women in Global Health Leadership (WGHL) Fellowship for early to mid-career women in global health, expected to launch in the fall at the Moi University School of Public Health (MUSPH) in Kenya. My role entailed assessing the literature for best practices in pedagogical approaches to leadership using a gender and intersectionality lens; and reviewing academic and grey literature to assess competencies of similar women leadership programs in East Africa and evaluation frameworks to inform the overall program design as well as build on the existing evaluation framework. I synthesized the initial findings and presented it to the project team and a representative of MUSPH to receive further input and assistance in developing the program. In conjunction with the input received through on-going communication with the project team, these initial findings were used to contribute to the development of competencies and learning objectives for course content. Additionally, I supported the further development of the evaluation framework. I established process and outcome evaluation questions as well as constructed several baseline and follow-up surveys and focus group prompts for the evaluation component of the fellowship. Furthermore, I contributed to other projects at the CGH. I supported the development of two podcast episodes on the Sustainable Development Goals, conducted a pilot landscape analysis on Canadian institutions that do Global Health work to assess their gender-related policies and practices, contributed to the planning of the Decolonizing Methodologies Global Health series (i.e., researching topics and potential speakers), and assisted with work study student interviews.

P. R.

The Princess Margaret Cancer Centre - Cancer Strategy Division

I completed my summer practicum with the Cancer Strategy division at the Princess Margaret Cancer Centre within the University Health Network. In my role as a Strategy and Evaluation Analyst, I undertook three main projects, including (1) virtual care evaluation; (2) quarterly variance analyses of acute leukemia wait times; and (3) cancer survivorship. As part of the virtual care evaluation, I conducted quantitative and qualitative data analysis of the providers' and patients' evaluation survey results and interviews, assisted in qualitative interviewing with patients, and prepared reports summarizing findings. The purpose of the evaluation was to identify benefits and challenges of virtual

care in order to optimize the implementation process and make it a sustainable aspect of the future of cancer care, wherever appropriate. My work with regards to quarterly variance analyses of acute leukemia wait times involved reviewing quarterly datasets and presenting reports summarizing observed trends and results. My reviews involved identifying newly diagnosed acute leukemia patients whose wait times to receive their first induction chemotherapy did not meet metrics outlined by Cancer Care Ontario, wherein patients with a wait time of greater than five days are considered delayed. Following the identification of delayed patients within each quarter reviewed, I explored the reason for each delay in greater detail and classified it as either internal (hospital-related) or external (patient-related). Internal delay factors were then used to make relevant recommendations to the hospital to avoid similar delays in the future. Additionally, I carried out a year-over-year analysis to determine whether wait times for first induction chemotherapy were impacted due to the COVID-19 pandemic. Finally, with regards to the cancer survivorship project, the long-term goal was to create an evidence-informed survivorship program targeting all aspects of survivorship care from a multidisciplinary standpoint. I conducted a comprehensive literature review for evidence-based frameworks and care models surrounding cancer survivorship and created a current state assessment to highlight the various components required to build a survivorship program. Following this, I drafted a project plan which outlined a variety of steps, including engaging with specific stakeholders, defining deliverables, and creating a project timeline. Given that cancer survival rates are on the rise, there is a need for survivorship programs focused on cancer rehabilitation and wellness. These programs have the potential to improve physical and psychosocial outcomes for cancer survivors during the survivorship period, highlighting the significance of survivorship programs.

L. R.

Public Health Ontario

Within a relatively new Health Equity Team, I had the privilege of mobilizing organizational momentum in health justice issues in a supportive environment at Public Health Ontario. My work was anchored around two orientations; first, in an advisory capacity to support internal or external public health partners, and secondly, in research to support the development of PHO knowledge products.

I contributed to several consultation requests from the Ontario Ministry of Health and other governmental bodies in my advisory role. For example, I reviewed the interdepartmental Canadian Health Information Forum's (CHIF) final report on the unintended consequences of COVID-19 measures from an equity lens. I also advised various PHO functional areas on equitable language use and analyses when using the Ontario Marginalization index. Collaborative work on the latter evolved into an internal tool to assist epidemiologists apply a socio-ecological lens to their quantitative analyses.

I also engaged in two research projects; 1) a rapid evidence review on critical social critiques of marginalization indices and their unintentional harm to communities; and 2) a jurisdictional scan on public health measures taken to address anti-Black racism (ABR) since December 2019. Ever since calls for racial justice have punctuated an evolving pandemic context, my primary research in ABR aimed to showcase public health performance and accountability to values of health equity and social justice in the North American context. After screening over 1,770 grey and peer-reviewed articles across various

databases, the 76 articles retained indicate increasing institutional accountability to ABR through organizational change (e.g., representative hiring, anti-racism training), policy (criminal justice law reform), COVID-19 data disaggregation, and fiscal investments (e.g. community-based grants), among others. However, greater critical social thought is needed to meaningfully challenge the status quo. I look forward to exploring opportunities for publication and creative knowledge translation with PHO into the academic year.

J. M.

Women's College Research Institute - Violence Against Women

In my position as a summer student at the Women's College Hospital Research Institute, I had the opportunity to participate in diverse knowledge transfer and research activities with a focus on gender-based violence. I analysed grey and academic literature about the social and neurobiological factors that inform reactions to sexual assault with the goal of promoting learning modules for social service and healthcare professionals and combating rape myths. I worked with the team to write and publish this as an Op-Ed in the Toronto Star. I also created promotional material for the modules and initiated the development of a contact list of interdisciplinary stakeholders who could utilize and promote them. Additionally, I led a team in the creation of a webinar that summarised the long-term health impacts of gendered violence - specifically intimate partner violence and sexual assault - and presented it to staff and managers from the Ministry of Children, Community, and Social Services' Ontario Disability Support Program (ODSP). The goal of this activity was to influence decisions about individual ODSP case management as well as broader institutional policy. I worked with another practicum student and our supervisors on a scoping review of empirical research regarding sex trafficking of women in Canada. This project included background research, development of a search strategy, screening and the creation of a manuscript and academic poster. Upon publication, the results of this review will help to inform future research and the development of anti-trafficking policies and programs.

A. L. B.

Centre for Addiction and Mental Health - Education Department

The Centre for Addiction and Mental Health (CAMH) Education Department focuses on research in the field of mental health and on the delivery of current, evidence-based health information. In my role, I primarily supported CAMH's Patient and Family Learning Space (PFLS), a new space for patients, families, staff, and community members to easily access educational resources and workshops related to mental health and addictions. Users of the PFLS can also receive support navigating care systems and discover appropriate community-based social resources. Additionally, I had the opportunity to contribute to a research proposal about COVID-19 vaccine beliefs and hesitations among youth experiencing early psychosis. My specific contributions and projects include: (1) developing, editing and/or updating public-facing educational materials, including an infographic to be used in the CAMH vaccine clinic, a pamphlet related to medical driver's licence suspensions, a pamphlet about Fetal Alcohol Spectrum Disorder, the "When a family member chooses not to seek help" pamphlet, and the "When a family member is thinking about suicide" pamphlet; (2) creating a collection development

policy intended to facilitate the PFLS' decision-making process when vetting third-party consumer health information; (3) updating and editing the "Suicide Assessment and Prevention Handbook"; (4) supporting the development of a Physician and Allied Health Professional evaluation survey, a PFLS referral form, and a work plan for the PFLS; and (5) participating in the development of the COVID-19 vaccine research proposal and two related grant applications. Overall, this placement has allowed me to, both independently and collaboratively, work on a multitude of diverse projects, enhancing my skills in research and knowledge translation.

R. H. M.

Centre for Addiction and Mental Health - Education Department

As the largest mental health teaching hospital in Canada, The Centre for Addiction and Mental Health provides care to patients, families, and the community while also supporting research and education in the field of mental health. The CAMH Education Department, and specifically the Patient and Family Education team, strives to develop health information and resource materials for patients, families, and clinicians. These materials serve as knowledge translation tools to help patients and their families to better understand diagnoses, to learn about available treatments and therapies, to promote health, and to provide guidance for navigating complex health systems and social resources. During the 16-week practicum for the Master of Public Health (Health Promotion) program, specific projects included developing patient-facing literature for medical driver's licence suspensions and Fetal Alcohol Spectrum Disorder, as well as editing and updating family-facing literature for when a loved one is thinking about suicide and when a loved one is unwilling to seek help. Other projects included collaborating on programming ideas based on focus group feedback for CAMH's new Patient and Family Learning Space, a public space devoted to those who wish to learn about and connect to mental health resources. Finally, the CAMH Education department embarked on a qualitative research study to explore COVID-19 vaccine beliefs among transitional-aged youth who have experienced psychosis, allowing for participation in the development of the research proposal and grant application processes.

A. R.

Sinai Health System - Psychiatry

For my first practicum, I was a research assistant with the SUMMIT Trial at Mount Sinai Hospital. The Scaling Up Maternal Mental health by Increasing access to Treatment (SUMMIT) Trial is an international, multi-site, randomized trial studying different methods of delivering a psychological treatment for depression and anxiety in pregnant and post-partum women. The treatment, called Behavioural Activation (BA), is an evidence-based and cost-effective treatment for peripartum depression and anxiety. SUMMIT is investigating the effectiveness of BA when delivered by specialist vs. non-specialist providers, and when delivered in-person vs. via telemedicine. My main role with SUMMIT was to work with the qualitative research team to conduct an analysis of patient satisfaction among participants in the study. I analyzed participant responses to Client Satisfaction Questionnaires (CSQs) to determine what SUMMIT participants liked, disliked, or would change about their therapy. I also included race and ethnicity in my analysis of patient satisfaction, to determine whether participants of different racial and

ethnic groups report different experiences and barriers to care. This analysis can be used to reduce barriers to maternal mental healthcare and improve the cultural sensitivity of therapy for perinatal women. I am continuing to work with SUMMIT in a volunteer capacity to contribute to further analyses and manuscripts.

E. M. D.

Fred Victor

Over the course of May to August 2021, I had the opportunity to complete my first student practicum at Fred Victor, working in the Health Promotion and program development team. Fred Victor is a non-profit, charitable organization and has been operating in Toronto for more than 125 years. Its mission is to improve the health, income and housing of people experiencing poverty and homelessness. Through collaboration with other community organizations in Toronto, the agency offers a wide array of health programs and activities.

During my time at Fred Victor, I was responsible for facilitating peer support groups twice a week. These groups have been taking place in-person for years, however due to COVID-19, they have been moved online. Virtual meetings have been an adjustment for everyone involved, as it is a challenge to bring the same beneficial aspects of in-person peer support to virtual peer support. Thus, a significant portion of my practicum was spent developing appropriate materials to meet the groups' needs. This included creating a comfort agreement, where we discussed guidelines for virtual meetings, and finding activities for us to partake in during group, such as TED talks, meditations, and online games. Additionally, I was responsible for ensuring group members were referred to appropriate resources when needed, such as therapy.

The remainder of my practicum was spent contributing to a variety of projects the health promotions team is part of. This included sitting in on the Harm Reduction and Workers' Wellness Network (HRWWN) and navigational Committee, and the Canadian Association for Suicide Prevention (CASP). Additionally, I contributed to the research and preliminary draft for the Fred Victor Harm Reduction Calendar, as well as a literature review and comparative analysis on the international COVID-19 response for the development of a best practice guide.

E. L.

Dalla Lana School of Public Health

COVID-19, a disease caused by the SARS-CoV-2 virus, has drastically altered life as we know it since its emergence in late 2019. As a result, the opinions and expertise of Public Health Officials and related fields have been brought to the forefront of decision making. COVID-19 has been a pandemic of the unknown and collaborative efforts emerged to investigate, research, and produce findings that minimize the unknown and reduce unneeded suffering from COVID-19. Advanced age, BMI, biological sex, and underlying comorbidities were identified quickly as physiological components that increase the risk of adverse outcomes from COVID-19. However, unknown variance in symptoms still occurred, with young, healthy, and able-bodied individuals suffering from adverse outcomes due to COVID-19. Host genetics was proposed as an explanation to this unknown variance in severity, and I began to read nascent

literature on the subject. While analyzing the host genetics and COVID-19 literature and discussing findings with my preceptors, the epidemiological methodology of the currently published studies became the topic of our discussions. Due to the urgency of conducting research to uncover genetic variants impacting SARS-CoV-2/COVID-19 susceptibility and severity, there were often many methodological trade-offs made, ultimately limiting the applicability of the findings. These early host genetics and COVID-19 studies provide meaningful lessons on how to alter methodology moving forward in order to conduct more robust research and achieve more applicable findings. The main forms of methodological limitations fall into the three common forms of bias: selection bias, information bias, and external validity and generalizability. Addressing these limitations is crucial to improve research methodology and mitigate harm done by COVID-19.

C. H.

Dalla Lana School of Public Health

Issue/Objective: The practicum research involved mapping the terrain of Canadian global health philanthropy to identify relevant players and approaches, a challenging endeavour given the onerous rules governing Canadian registered charities (Silver, 2017). Drawing from a critical excavation of tax reporting data and relevant organizations' annual reports/websites, under the guidance of the practicum supervisor, I explored the size, scope, priorities and, where possible, modus operandi of leading Canadian global health philanthropies.

Methodology: Using the 2018 CRA charities dataset, I identified relevant philanthropies by analyzing the gifts made to charitable organizations with the highest foreign expenditures and that also operate global health programs. Additionally, I analyzed the 20 largest private foundations (by 2018 assets) to gauge their global health involvement.

Results: Preliminary findings from this research demonstrate the complexity of the global health charitable sector in Canada. The organizations that fund donees with global health projects include a variety of Canadian foundations and charitable organizations. By far the largest is the MasterCard Foundation, which in 2018 had assets of over 23 billion CAD; with its main global health program being Saving Lives and Livelihoods which enables the purchase and delivery of COVID-19 vaccines in Africa. The most prominent type of global health philanthropies (by the number of gifts for 2019) are private family foundations, such as the Trottier Family Foundation.

Discussion/conclusion: This research provides insight into Canadian philanthropies' involvement in global health, recognizing that Canadian tax regulations restrict overseas activities far more than is the case for other major donor countries. This study devised a new methodological approach to glean the global health involvement of Canadian philanthropies by examining their donations to Canadian charitable organizations active in global health.

B. A. R.

Toronto General Hospital Research Institute

I completed my practicum at the University Health Network, Toronto General Hospital Research Institute, in the Gagliardi Laboratory. My project was a qualitative content analysis of government policies focused on dementia care. The objective of my project was to identify how government policies at various levels addressed patient-centred care and promoted an enhanced quality of life for people living with dementia and their caregivers. To investigate this issue, I used a framework developed from the Public Health Agency of Canada's (PHAC) "A Dementia Strategy for Canada: Together we Aspire", which focused on quality of life, and included 6 domains: stigma, dementia-inclusive communities, early diagnosis, access to patient-centred care, capacity of care providers, and caregiver supports. This project highlighted how provinces and territories across Canada address the key domains in PHAC's national dementia strategy in their own dementia policies, and subsequently, how they promote patient-centred care for people with dementia, and their caregivers.

I completed a number of tasks, such as: compiling a list of government websites to search for relevant policies; searching government websites and Google using keywords chosen in consultation with the research team; screening for relevant policies using titles and descriptions; refining the policy list by reviewing full-text items and applying PICO eligibility criteria; creating a master list of the final eligible policies; completing data extraction independently, using the given framework to map policy content; analyzed policy content based on important characteristics (i.e., aspect of care), as well as within the various framework domains, focusing on key trends and recommendations; and finally, drafted both the methods and results section of the manuscript, according to the guidelines of the chosen academic journal. Overall, I had a great learning experience, and learned a lot about the various stages of the qualitative research process.

E. H.

Women's College Research Institute

I completed my practicum at Women's College Research Institute (WCRI), Women's College Hospital, under the supervision of Dr. Janice Du Mont and Dr. Robin Mason, working on gender-based violence and sex trafficking research and dissemination. One project I worked on was a presentation for the Ministry of Children, Community and Social Services (MCCSS) on intimate partner violence (IPV) and sexual assault. I identified research on IPV and sexual assault, co-created slides and co-presented the research to over 80 staff and managers working in the delivery of the Ontario Disability Support Program (ODSP). I also took a leading role in coordinating and completing many steps of a systematic scoping review on sex trafficking in Canada. Working closely with my supervisors and another practicum student, I carried out the steps of the review, including the development of search strategies and screening tools, and completion of screening, data extraction, and thematic synthesis. I also contributed to a draft of a manuscript for publication in a scholarly journal. The findings of this review are significant as they can inform a program for research in sex trafficking in Canada. As a practicum student at WCRI I also had the opportunity to learn from the scientists and clinician-scientists working at WCRI through the hospital's Summer Student Research Program (SSRP), and participate in the Summer Student Research Week. I delivered a presentation on our scoping review to an audience of scientists at WCRI, and other students

in the program. Through my engagement with these projects, I developed valuable skills for conducting health promotion research and creating and presenting high-quality health communication materials.

T. L. P.

National Collaborating Centre for Methods and Tools

I completed my first practicum with the National Collaborating Centre for Methods and Tools (NCCMT), an organization guided by evidence-informed decision making in public health. As a MPH summer practicum student, I was tasked with supporting a scoping review on the structural determinants of health and conducting a systematic review on a subset of studies specific to structural racism. These projects were in collaboration with the National Collaborating Centre for Determinants of Health. Through these particular projects, I gained an introduction and invaluable experience into core research processes, such as screening, data extraction, synthesis, interpreting results, and writing findings. My opinions and insights were well-received throughout every step, and I was fortunate enough for my contributions to result in a manuscript that will be submitted to a peer-reviewed journal for publication.

In addition to my main project, the NCCMT provided an array of additional responsibilities that were central to my professional development and learning. Some responsibilities included chairing a team meeting and leading an equity discussion, as well as completing weekly critical appraisals of systematic reviews for Health Evidence™. The organization has many moving parts, so I was given an opportunity to speak to my interests and outline the transferable skills that I would like to acquire. Based on my interest in knowledge translation, I was granted relevant opportunities and guidance. Some of my knowledge translation tasks included creating high-level summaries of the organization's Online Learning Modules, synthesizing and simplifying research findings for a McMaster Optimal Aging Portal evidence summary, and contributing to two NCCMT Round-Up newsletters. Overall, the role provided me with a concrete, actionable project, as well as critical research skills and opportunities to advance in areas of personal interest in public health.