This report presents the discussions held on March 5, 2019 at Sacred Space: Four Places Where The People Sit United 9700 Jasper Avenue, Edmonton.
## Immediate Next Steps

<table>
<thead>
<tr>
<th>What</th>
<th>By When</th>
<th>Who</th>
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<tbody>
<tr>
<td>Establish a Sub-Committee tasked with developing the first draft of an Action Plan.</td>
<td>April 15</td>
<td>Tibetha Kemble - Lead&lt;br&gt;Cassandra Felske-Durksen&lt;br&gt;Adam Mullan&lt;br&gt;Amanda Gerber&lt;br&gt;Jill Konkin&lt;br&gt;Shirley Schipper&lt;br&gt;Martin Dugas&lt;br&gt;Marilyn Buffalo&lt;br&gt;Jill Galipeau&lt;br&gt;Victor Do</td>
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<tr>
<td>Deliver the first draft of the Action Plan to the IHI sub-committee for review</td>
<td>June 15</td>
<td>Tibetha Kemble- Lead&lt;br&gt;Action Plan Sub-Committee</td>
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<tr>
<td>Present the March 5th Report to the Deans for information, discussion, dialogue, and engagement</td>
<td>Early May</td>
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<td>Report activities to date to the next Faculty Council meeting</td>
<td>May 21</td>
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<tr>
<td>Finalize the Action Plan; align with priorities in the Strategic Plan</td>
<td>August</td>
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<tr>
<td>Formal report to Faculty Council on Action Plan and Next Steps</td>
<td>September</td>
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<tr>
<td>Present Action Plan to Student body</td>
<td>TBD</td>
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# Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:30 - 8:45</td>
<td>Opening Prayer, Elder Marilyn Buffalo</td>
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<td><em>Context: Four Places Where the People Sit United (Heather Poitras, Communications Officer, Indigenous Services Canada)</em></td>
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<tr>
<td>8:45 - 9:00</td>
<td>Roundtable introductions (all)</td>
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<tr>
<td>9:00 - 9:15</td>
<td>Overview of the Day (Dr. Marie Delorme)</td>
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<tr>
<td>9:15 - 10:00</td>
<td>Understanding the present: What is the process now?</td>
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<tr>
<td></td>
<td>▪ Overview of Indigenous &amp; non-Indigenous Admissions processes</td>
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<td>▪ measurements/assessment used in the general and Indigenous admissions process.</td>
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<td>▪ Exploring validation of admissions selection tools.</td>
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<td>Lead: Dr. Sita Gourishankar</td>
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<tr>
<td>10:00 - 10:30</td>
<td>Experiences and Perspectives</td>
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<td></td>
<td>▪ Nicole Labine, 4th year Indigenous MD Program</td>
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<td></td>
<td>▪ Dr. Cara Bablitz</td>
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<tr>
<td>10:30 - 10:45</td>
<td>Break</td>
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<tr>
<td>10:45 - 12:00</td>
<td>Understanding the future: Exploring the removal of the upper limit</td>
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<td></td>
<td>▪ What happened? (i.e., shifts to admissions: who, what, when, where, why?)</td>
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<td></td>
<td>Lead: Dr. Shirley Schipper</td>
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<td></td>
<td>Why this, why now?</td>
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<td></td>
<td>▪ Understanding and responding to the shifts in Indigenous-applicant demographics</td>
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<td>Lead: Tibetha Kemble</td>
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<tr>
<td>12:00 - 1:00</td>
<td>Lunch</td>
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<td>1:00 - 1:45</td>
<td>What’s working? Group Discussion</td>
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<td>Facilitated by Dr. Marie Delorme</td>
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<tr>
<td>1:45 - 2:30</td>
<td>What’s missing? Needs Changing?</td>
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<td></td>
<td>▪ UBC Approach - Dr. Cassandra Felske-Durksen</td>
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<tr>
<td></td>
<td>▪ Group Discussion</td>
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<td></td>
<td>Facilitated by Dr. Marie Delorme</td>
</tr>
<tr>
<td>2:30 - 2:45</td>
<td>Break</td>
</tr>
<tr>
<td>2:45 - 4:00</td>
<td>Meaningful implementation of TRC Call to Action #23 (i)</td>
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</table>
The University of Alberta acknowledges that we are located on Treaty 6 territory, and respects the histories, languages, and cultures of First Nations, Metis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community.
• 1913 first class
• 1914 first female medical students enroll
• Initially only the first years of classroom education are offered and students had to go to other schools eg. Toronto or McGill for clinical training
• Years of success in innovation, education, research & technologies
• Leaders in diversity and inclusion: IHIP founded in 1988

Class size 162, based on government funding
• 85% of the positions are reserved for Alberta residents
• 15% of the positions are for Non-Alberta

Aboriginal Students who are of Aboriginal identity within the meaning of the Constitution Act, 1982, Section 35(2) will be considered in this category:
• Up to five positions within quota for the MD program to qualified Aboriginal applicants over and above Aboriginal applicants who were admitted in the regular process.
• Candidates will meet minimum admission requirements as outlined in Doctor of Medicine (MD) and the approval by the Faculty of Medicine and Dentistry Admissions Committee.
• Aboriginal student applicants and prospective pre-medical students should contact the Administrator, Indigenous Health Initiatives Program for individual counseling and career planning.

Rural Applicants
• Up to ten positions within quota for the MD program to qualified Rural applicants over and above the Rural applicants who were admitted in the regular process.
• Candidates will meet normal minimum admission requirements as outlined in Doctor of Medicine (MD) and the approval by the Faculty of Medicine and Dentistry Admissions Committee.
Academic Requirements
• Baccalaureate degree prior to admission.
• Minimum cumulative GPA (cGPA) of 3.3 for Alberta residents or 3.5 for Non-Alberta residents and a minimum of 4.0 transferable. At least one academic year (Sept-April or comparable) must be 4.0.

Medical College Admission Test (MCAT):
• All applicants must take the MCAT. The MCAT is electronic and there are several writings throughout the year.

Non-Academic Requirements
• Letters of Reference
• Interview
• Spoken English Requirement
• Personal Requirements
  Admission to the MD Program is based on academic performance as well as non-academic experiences and personal qualities. There is no discrimination with respect to the applicant’s gender or age in the selection process.
• Additional Assessments
  After the application deadline closes, applicants who successfully submitted their Secondary Medicine Application and met the minimum requirements may be required to do additional assessments as determined by the Admissions Committee. Such assessments may include:
  • Situational Judgement Test (SJT).

Applicants must complete two applications when applying to the MD Program:

1. U of A General Undergraduate Application
   (supported by Office of the Registrar)
   • Personal Information
   • Contact Information
   • Citizenship Information
   • Cumulative GPA (calculated by Office of the Registrar)
   • MCAT
   • Additional Testing (SJT, CASPer)
   • Other Information (i.e., self-declared, other schools)
   • Geographic Origin (i.e., confluence residency & rurality)
   • Reference Letters
   • Personal Activities (employment, leadership, volunteer, life experience, additional comments)
   • Other Education (i.e., high school, first in family)
University of Calgary

- no separate stream or additional process

**University of BC (shared with permission from AD Dr. Shrizad)**

- No quota but can accept up to 5-6% of class via indigenous pathway which is approximately 14 students out of total of 288
- James Andrew – Indigenous Student Admissions Manager
- Indigenous Admissions Subcommittee - advisory
- Proof of being Indigenous
- Applicants who have met minimum requirements and score above a minimum percentile cut-off set by Admissions for MMI are forwarded for review to subcommittee; in addition any other comments/flags for discussion are provided to the subcommittee for review
- Essay and interview reviewed by coordinator and subcommittee for cultural connection
- Recommendations made to Admissions committee who consider the recommendations in their decision towards final selection after detailed review of each candidate
Verifications: PA & Reference Letters
- Implemented a new electronic system to verify all activities entered by applicant
- ~15,000 items verified

MMI Working Group
- Reviewed current question creation process
- Made the following suggestions:
  - Using the AAMC core competencies, adopt a blueprint
  - Go out to broader diverse group to get questions, use blueprint to guide creation
  - Use committee to refine the questions
  - Then have it reviewed for cultural sensitivity/safety by Indigenous colleagues and colleague with expertise in working with low SES populations
- Discussed incorporation of panel interview which would include a public member
- Implemented both cultural safety and bias training for interviewers

PA Working Group
- Reviewed the current Personal Activity (PA) categories and scoring rubric and made recommendations to the MD Admissions Committee

### Enterling Class Statistics C2022

<table>
<thead>
<tr>
<th>Whole Class*</th>
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<tbody>
<tr>
<td>Students</td>
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<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
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<tr>
<td>Age, Oldest</td>
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<tr>
<td>Age, Average</td>
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<tr>
<td>Age, Youngest</td>
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<tr>
<td>GPA: High</td>
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<tr>
<td>GPA: Average</td>
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<tr>
<td>MCAT: Low</td>
</tr>
<tr>
<td>MCAT: Average</td>
</tr>
<tr>
<td>MCAT: High</td>
</tr>
<tr>
<td>MCAT: CRPR: High</td>
</tr>
<tr>
<td>MCAT: CRPR: Average</td>
</tr>
<tr>
<td>MCAT: CRPR: Low</td>
</tr>
<tr>
<td>MCAT: CARE: High</td>
</tr>
<tr>
<td>MCAT: CARE: Average</td>
</tr>
<tr>
<td>MCAT: CARE: Low</td>
</tr>
<tr>
<td>MCAT: PPMB: High</td>
</tr>
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<td>MCAT: PPMB: Average</td>
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<td>MCAT: PPMB: Low</td>
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<tr>
<td>PA: High</td>
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<tr>
<td>PA: Average</td>
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<tr>
<td>Intervention: High</td>
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<tr>
<td>Intervention: Average</td>
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<tr>
<td>Intervention: Low</td>
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*863 Students*
Experiences and Perspectives

**Nicole Labine**

During my panel interview, I had the chance to explain my connection to the Indigenous community and my desire to represent my knowledge and perspective as an Indigenous individual. I was able to explain my research in Aboriginal traditional medicine and future aspirations.

I had the opportunity connected to a group of individuals that represent the Indigenous community at the University of Alberta. A critical part of the application process is to allow students to explain their resiliency in a safe environment. I don’t believe that the Multiple Mini Interview process provides Indigenous students with the chance to respond to cultural questions in a safe environment.

In my own experience with MMI’s, found that I had to place my response within the context of my life and culture. As a student, you are taking a risk on your interviewer being understanding of your story during a short interaction.

A critical part of the Indigenous application process is to know that students have a connection to culture and community that will allow them to succeed as an Indigenous applicant. To this day I continue to educate my preceptors and peers about Indigenous culture.

During my past two years as an interviewer with the Indigenous Health Initiatives Program, I have had the privilege of listening to multiple candidates share their stories. This process allows for the support of students in a safe environment and prevents people from possibly abusing the process. I’m proud of the candidates I have helped to select as I believe these individuals have the knowledge and understanding to educate and act as positive role models for Indigenous people.

**Dr. Cara Bablitz**

My name is Cara Bablitz. I am an Indigenous Physician and former graduate of the Indigenous Health Initiatives Program. My family is Metis from the Fort McMurray Waterways area.

I want to start by telling you about my friend whose name is Jordy. Jordy is an 18-year-old Indigenous male who grew up on the Peavine Metis Settlement. When Jordy was 9, I was working in High Prairie doing my family medicine rotation, and he was proud to show me his home. He slept on a bed in the kitchen and used his winter jacket as a blanket. Jordy’s Mom was actively using substances and when he was 14 he was removed and put into a foster care home. He ended up in a large group home. His social worker had a huge caseload and often cancelled appointments because of more urgent crisis situations. Jordy graduated from High School and on the day he turned 18 he was moved out to an apartment on his own. One day this past year, Jordy asked about a picture I had posted of Darcy Tailfeather’s family. He asked me who Darcy Tailfeathers was? I was proud to tell him the story of the beginning of the medical school program in Edmonton. I’ll share some of it today for those who have not heard, I think it will help to ground the conversation.

In 1988 the University of Alberta because a leader in Indigenous Health when they created quota spots for Indigenous students. The story however goes back one year, to 1987, and a young student named...
Darcy Tailfeathers from the Blood tribe. He was a charming man loved by his peers and family. Darcy was the first First Nations student at the University of Alberta Medical School.

Darcy was working in the Northern Alberta with a physician during medical school and was tragically killed in a car accident on the way home. Remarkably, his family kept the letter that the University of Alberta sent to them after his death. I would like to read an excerpt from that today. It is written by Dr. Anne Marie Hodes who played a vital role in this Native Health Care Careers Program as it was initially called. Dated Nov 30/1987. “I was saddened to have to meet you under such tragic circumstances. I would like you to know that all of us at the Faculty of Medicine share your grief at the untimely and unexpected death of Darcy who had touched all of our hearts during the brief time he spent with us.”

She goes on to share a story of Darcy....

“My last memory of Darcy is the day he made a grand entrance at our last Committee meeting 3 days before the accident. I think he deliberately came late because he knew the impression it would make on us when he finally breezed in his surgical greens with his stethoscope hanging out of his white coat, he looked so happy and confident that it really seemed that he was destined for great things. When we had finished congratulating him on becoming a real doctor at last, he turned to me with that wide mischievous grin and winked as if to stay, “well, how do you like your star!”

That’s the way I’ll always remember Darcy, as the brand-new Dr. Tailfeathers that he was transformed into that day brimming with happiness and self-confidence. He really was our star and some of the light has gone out of lives now that he’s gone.

I have no doubt that our program will continue despite our great loss. Other Indian students will follow his example and even surpass his expectations. But we want you to know that to those of us who knew and worked with Darcy, no one will ever take his place. He was and will remain forever our first and our best.

Sincerely Dr. Anne Marie Hodes.

After the Native Health Careers program was started, in improving the underrepresentation of Indigenous students in health care. As Dr. Hodes said many students followed Darcy’s example and hopefully even surpassed his expectations. I found an article in the CMAJ in 2000 which was titled “U of A proving popular with native students.”

So how do we establish ourselves as a leader on a national stage in Indigenous Admissions?

First I will tell you a bit about my journey.

My family is from the Peaysis band originally and took scrip the day after Louis Riel died so I identify as Metis. My Great Grandmother Philomena Cardinal attended a Mission School and moved to Fort McMurray so that my Grandmother and her siblings did not have to go to residential school. My family continues to live with the historical impacts of colonization and residential school. I am lucky that I come from a line of strong women including my Grandmother Florence, that placed value in our culture despite external influence and encouraged me to graduate University and apply for medical school in 2007. I was very intimidated to apply for medical school but was helped by the Program coordinator who supported me through the process. I can 100% say becoming a physician would not be possible for me without the IHI admissions process.
When you get into medical school you are quickly identified as one that got in with the quota. A classmate of mine was told on day 2 she was so lucky she had the “Aboriginal Advantage.” This continues through medical school, I remember having a canned explanation to those that questioned the quota spots. We had very few Indigenous Mentors and none in the higher Faculty to show what we could do. This continues with <1% of the Faculty that identified as Indigenous in the most recent diversity study. This Faculty Council Meetings has had discussions about Indigenous Admissions but without invited guests there is no one Indigenous at the meeting. So as a student, I navigated the system getting support from other Indigenous students and the Indigenous health Initiatives or IHI program

My best friend going through medical school was also Indigenous. During medical school her Mother overdosed on Tylenol and went into liver failure. To help with her hepatic encephalopathy they were giving her mother lactulose and she was often incontinent. One night when she was incontinent my friend called the nurse to help her change her. The nurse said to her, “She did this to herself, she can sit in it for a while.” My friend’s mother died in first year of medical school and she took less than a month off. Just over a year after, my friend had to return to this same medicine ward and complete her Internal Medicine rotation. She made it through medical school matching to her top residency program. I could tell you many more stories that demonstrate our students are resilient beyond measure. They bring with them their lived experiences and make caring and compassionate health care providers. Many have won awards including Dr. Nicole Cardinal who won the health horizons award and is making significant changes working in her home community, Saddle Lake.

I became a member of the IHI subcommittee in med school and after a short break while in residency, joined again as a practicing physician in November 2014. I further joined the admissions committee in October 2016.

Our Indigenous peoples in community are in crisis. The mortality rate is 15 years younger in Indigenous populations. The IHI committee must be guided by community and Indigenous peoples with the goal of Indigenous Health equity.

In 2016, I was disappointed that a review by the Faculty of Medicine and Dentistry was completed to change the Indigenous applications process and not one Indigenous person was consulted. I believe this was the start of a change in relationship between the Indigenous Health Initiatives subcommittee and the Admissions Committee. Since then there has been an atmosphere of mistrust. A letter was written by many Indigenous physicians including myself requesting a commitment to Indigenous Health and most importantly to Indigenous Communities and peoples who we are ultimately accountable to.

Since rejoining the IHI subcommittee, I feel there is a lack of transparency in the admissions process. When I was a medical student this was not present, so I am left to wonder what has changed? Without access to full admissions information we are not fully able to advocate for and further support our students applying to the program. I have also had concerns about the colonial euro-normed approach used in admissions. For example, some of the “red flags” identified and comments on the MMI stations. I’m not sure if I am able to give specific examples of this because of a new confidentiality clause. When the new terms of reference were drafted, I was informed I am not able to share information back to the subcommittee without approval of each point by the admissions committee. This undercuts my role as a liaison between the two committees. I feel that even without the specifics, it’s important to say that I believe we have lost good candidates because of lack of cultural responsiveness.
Only through rebuilding meaningful relationships of trust and reciprocal accountability can we work to become leaders in Indigenous Health. This needs to be done not just as tokenism but as a true step towards reconciliation.

On a positive note, I would like to commend the Faculty Council on their recent decision to eliminate the upper limit of Indigenous students and increase the admission of Indigenous applicants into medicine. This is a good first step. It’s important to reframe that we are not taking spots away from students as many feel, but rather reclaiming the spots that have not been proportionally taken over many years by Indigenous people.

According to the 2016 Stat Canada census, of the 93,985 specialists and general practitioners in Canada, less than one per cent (760) identify as Aboriginal, but Indigenous people make up more than 4.5 per cent of the population. We have a lot of work to do.

In summary, the University of Alberta Faculty of Medicine and Dentistry needs to be leaders in addressing past and current injustices to Alberta’s Indigenous communities. We need to continue to inspire students like my friend Jordy to dream even beyond what they could imagine. Jordy has now completed his EMT course with hopes of further education and a career in health. Inspiring our youth and increasing the number of Indigenous health care providers will be the path to healthier communities and the way to eliminate health inequities for our people.

Hiy hiy.

Experiences and Perspectives - Group Discussion Highlights

- Cultural safety continues to be an issue.
- University culture that leads some to believe Indigenous students are given special consideration or advantage.
- A holistic admissions approach is necessary.
- Ensure decision makers are culturally aware, educated, and sensitive.
- Review the value attributed to personal score elements.
- Colonial structure of Canada disadvantages Indigenous people - we have to shift our perspective.
- Bringing people into a toxic environment does not change the environment; it destroys the people and favours the powered and privileged group; change has to happen for all.
Understanding the Future: Exploring Removal of The Upper Limit

Dr. Shirley Schipper

- We have the opportunity to be a leader in the University.
- Admissions processes should inform all elements of the academic experience from entry to the post-graduate experience.
- Now is the perfect time to examine how we admit students and what we mean by representation.
- Representation means having many voices around the tables; at the right tables; and in leadership.
- There is no such thing as the “Indigenous advantage”.
- Numbers based systems and outcomes are not sufficient; we must do things differently to move forward in a meaningful and impactful way.
- The process must be collaborative.
- The principles of accreditation must be equitable.

Tibetha Kemble

**Purpose & Objectives**

- Provide an overview of the trends in Indigenous admissions at the FoMCI.
- To help provide direction on where Indigenous Admissions might be headed over the next 5 years.
- To add clarity on applicant demographics and to build a deeper understanding of where shifts may take place in the short & long term.

**Aboriginal Peoples of Canada: First Nation, Inuit & Métis.**

- 3 distinct Aboriginal groups in Canada: First Nation, Métis, and Inuit.
- Reflects the distinct Nation-to-Nation relationship of the First Peoples with the Crown.
- Aboriginal peoples have collective rights which are distinct from all other Canadians who have individual rights. Aboriginal rights are both generic and specific.
- Site targets of assimilation by the state which sought to absorb Aboriginal peoples into the body politic of what is now known as Canada.

**Difference Matters…**

- Despite holding distinct status and rights, Indigenous peoples remain the most excluded & oppressed.
- Indigenous peoples are the site targets of constitutional policy decisions, and in many cases, racism.
- The vast data in social, economic, and health-related outcomes observed between Indigenous peoples and all others arises from this targeting and because of this difference.
- A focus on difference, and ensuring policy, processes, and procedures provide more — not the same — moves away from upholding the status quo.
- Why? Because we know that affording the “same” in terms of “opportunity” reproduces systemic inequality.

**Difference Matters, continued…**

- Widespread resistance to the application of equity and substantive equality principles arises from, among other things, the misapplication and misinterpretation of Charter and Multiculturalism rights.
- All Canadians have “equal status”.
- All Canadians are “equal before and under the law”.
- It also arises from a narrative about the dispossession of Indigenous peoples that has, at its core, the understanding that history and difference don’t matter.
- In principle, this is true. In reality, history tells us otherwise.
- Indigenous peoples are the most grossly “disadvantaged” group in society.
- Acknowledging the disadvantage is inherent under s. 15(2) of the Charter and 15(1) (c) and (b) of the United Nations Human Rights Act.
- Signals that difference does matter - and that difference is a cause of widespread discrimination and inequality.
Indigenous Admissions
Looking Back, Moving Forward

A Look Back at Indigenous Admissions Trends
- 2019 +/- total graduates over 30 years.
  - Average 6-7 per year
- Most years = 2 admitted/graduated
  - Some years none
  - Some years 2 or less
- Majority of those admitted/graduated are Métis, followed by First Nation, non-Status, and Inuit.
  - Reflection of in situ relational barriers
  - Pouring of crucial resources
  - Eg. First Nation & Inuit on reservation/reserve basis + chronic underfunding of these
  - First Nation: non-Status: off-reserve + greater access to ID education + support systems and language
  - Eg. Métis - not funded by First, access only to provincial pkg + alt based funding

Application Trends: Indigenous Students

Distinctions-Based Application Trends: First Nation & Métis

Distinctions-Based Application Trends: Inuit & Non-Status

Indigenous Applications, Interviewed, Not-Interviewed

Indigenous Applications, Interviewed, Not-Interviewed

First Nation Applicants: Interview/Not-Interviewed
Indigenous Admissions Review: MD Program   March 5, 2019

Metis Applicants: Interviewed/Not Interviewed

Non-Status Applicants: Interviewed/Not Interviewed

Indigenous Admissions: Offers, Acceptances & Declines

What Do The Trends Illuminate?
- Some aspects of indigenous admissions are on the influence of FoMD. (Eg: can’t make someone submit an incomplete application etc)
- However, there are aspects of Indigenous admissions within our sphere of influence
  - Being responsive to shifts in larger changes in Indigenous & non-Indigenous communities
  - Reassuring the legacy of intergenerational/interconnected impacts of colonization through the lens of sustainable equality - equal does not mean “same”. Responsive to the legacy of colonial policy and its intergenerational/interconnected impacts.
- If we are to meet and respond to the priority health needs of the communities we serve, we are compelled to respond differently.

Look Ahead: Things to Consider

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<th>Total Aboriginal Identity Population</th>
<th>Full-time single identity</th>
<th>Metis single identity</th>
<th>Non-Status Identity Population</th>
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<td>1.5</td>
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<td>1.5</td>
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Look Ahead: To Consider, continued...
- Recent General Faculties Council approval on November 26, 2016
  - Focuses on academic eligibility requirements - unchanged at 3.3 cGPA and success of candidates at the Indigenous panel interview.
- Relationships/Partnerships are integral to the accountability of FoMD to this decision.
- Consideration of activities/initiatives that are working:
  - Student-led programs (e.g., for Indigenous students who take conditional acceptance into medical schools)
  - Explicit consideration of an applicant’s “by, for, and with Indigenous peoples”
  - Ensures student community needs versus static assessment tools that reinforce the norms and narrative behavior of curriculum processes — creating a new “normal”

Thanks

Questions?
The UBC Experience - Dr. Cassandra Felske-Durksen

Dr. Felske-Durksen shared her experience with UBC Admissions focusing on Indigenous Health and Indigenous Admissions.

Elements of Dr. Felske-Durksen’s oral presentation include:

- Process should reflect content.
- Recognize that the medical profession was an active participant in Indigenous genocide.
- UBC is Indigenizing their admissions process.
- There is accountability between the sub-committee and the admissions committee.
- The timing of sub-committee meetings coincides with application processes.
- The sub-committee is comprised of 15 people. 85% - 95% of the committee are Indigenous from year-to-year.
- The sub-committee as a whole reviews all applications and makes recommendations to the admissions committee.
- Meetings are at the First Peoples Learning House.
- Students interact informally with the sub-committee at the First Peoples Learning House.
- All applicants who have been recommended by the sub-committee have been successful in their applications.
- There is great opportunity in decolonizing discourse.
- Indigenization is bringing Indigenous control and using Indigenous ways of knowing and being.
What is Currently Working With the Process

- We value community connection and culture in the interview process
- Opportunity for community representation and engagement of the broader community
- Support for students
- Tibetha Kimble's role
- There is an eagerness to learn more; to gain understanding and knowledge of the history of Indigenous people
- This initiative has stimulated discussions in other areas
- Faculty Council voted to increase number of Indigenous students in the medical school; discussion stimulated in other areas
- Recruitment numbers have improved in the last 2 years
- Transparency has improved
- Process is compliant with accreditation standards
- We are coming together to share ideas
- IHI Sub-committee Indigenous representation
- Indigenous representative on the Admissions Committee
- Support of FOMD leadership and national bodies - sharing of best practices and new processes
Meaningful Implementation of TRC Call to Action #23 (i)

The participants brainstormed ways that the Faculty could address the TRC Call to Action 23 (i).

A sub-committee lead by Tibetha Kemble has been tasked with utilizing these discussions to develop a draft plan of action.

<table>
<thead>
<tr>
<th>Ensure all aspects of our approach to Indigenous students are culturally-appropriate and valid</th>
<th>Address applicant barriers</th>
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</table>
| · Engage Indigenous community  
· Engage Indigenous graduates  
· Provide "space" within the faculty and admissions to engage community and students "in a good way"  
· Recognize that systemic racism exists in the academy, name it, and proactively address it; capture and report incidents; protect those who report incidents; reframe the term "professionalism" so it is not used as a punitive measure  
· Commitment, direction, and resources must come from the most senior levels of the University  
· Facilitate conversations with Indigenous students to fully understand their experiences  
· Advocate for the full involvement of Indigenous faculty, staff, and students in all aspects of addressing systemic issues  
· It is the responsibility of non-Indigenous people in the University to speak up, to open up spaces, and to meaningfully make a difference | · Determine specific reasons why Indigenous students have been unsuccessful in gaining admittance; and how these issues can be mitigated going forward  
· Provide supports for unsuccessful applicants for future success: coaching on the application process  
· Personal questions on applications are sometimes inappropriate - these need to be reconsidered (e.g. CASPER); provide feedback on concerns to external vendors  
· Elevate the role of the advisory committee in relation to decisions of the admissions committee  
· Revisit the validity of the admissions cut-point  
· Conduct an in-depth review of all admissions processes and tests and make changes to address those which disadvantage Indigenous applicants  
· Provide a safe and supportive environment for students |

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<tr>
<th>Address student barriers</th>
<th>Ensure Indigenous representation on all committees / initiatives</th>
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| · Recognize and address the reality and long-term impact of micro-aggressions experienced by students  
· Retention: post-grads and academic appointments  
· Educate the academy to dispel myths relating to Indigenous admissions processes  
· Engage a paid, full-time Elder as a resource for students  
· Provide a safe and supportive environment for students  
· Review and remove systemic racism from all program policies and procedures | · Ensure decision-makers are culturally aware  
· Representation means having many voices around the tables; at the right tables; and in leadership; representation is not tokenism; prioritize Indigenous voices  
· Committees must have more influence than simply 'advisory'  
· Address and rectify opposition in the Admissions Committee  
· Consider the difference between a selection committee and an Indigenous policy/process committee  
· Re-examine committee structures; adjust where required  
· Establish Indigenous chairs for committees |
### Meaningful University support

- Make the choice to make a difference
- Provide faculty with the right information to understand the why and how; education should be mandatory; continuous education; education is everyone’s responsibility and the burden should not be on Indigenous people
- Provide new funding and structured supports
- Recognize and proactively address structural racism in the academy
- Name the "unspoken curriculum" relating to Indigenous people
- The Institution must collaborate with Alberta Health and Alberta Health Services to address and remove discriminatory and racist policies and procedures; also collaborate with other Universities

### Build relationships with Indigenous communities and people

- Create a welcoming environment for Indigenous applicants and students
- Engage with secondary students and schools to encourage applications
- Engage external Indigenous practitioners with the University: advisors, mentors, committees, decision-making
- Establish a formal outreach process to encourage Indigenous students to apply to Medicine; partner with Indigenous communities on the students' journey
- Create a bridging program for students to transition from undergrad to medicine

### Establish success measurements of applicants

- Value attributed to personal scores
- Value and appropriateness of MCAT
- Community / cultural connection up to and throughout programs

### Establish success measurements of the Indigenous Sub-Committee

- Retention rates
- Interview processes
- Community-driven measurements
- Distinction based applications: FNMI
- The number of applicants who accept offers and the reasons why they accepted (e.g. feeling welcome; space for Indigenous students)

### Ensure completeness and integrity of Indigenous-focused data

- Due diligence on consistency and validity of data
- Correlation of MMI to student performance
- Research approaches used by other post-secondary institutions
- Access the most current data on Indigenous high school graduation rates
Participant Expectations of the Day

- Listen, provide suggestions on how to make this work within accreditation standards and the review
- Establishing better communications
- Fulsome discussion; better understanding of next steps
- Better understanding; guidance to help with next steps
- Facilitate better communication
- Learn how we can work together
- Establish a dialogue to move us forward; understand needs
- Listen, learn, collaborate to help with admission of Indigenous students; look beyond the MD program; look at post-graduate medical education and all health sciences disciplines to expand opportunities
- To hold space for this meaningful dialogue
- Ultimately we are accountable to students; meaningful dialogue to support students; building relationships based on trust; emerge with new action items to move forward
- Facilitate communication between committees; out of the box action items to increase Aboriginal medical professionals
- Kindness, healing, learning
- Listen, learn, move towards collaborative shared goals
- Learn more about the process; work towards changes to develop and promote a safe culture for Indigenous and non-Indigenous people in the faculty
- High expectations for results of the day; focus on prevention and healthy, traditional lifestyles; focus on the positive and how we can collaborate translated as “I have a lot to teach you, but you must listen, love, look behind you, remove your veil”; stop talking and start doing in partnership
- Help create space in practice
- Find understanding and common ground to work together
- Kindness, healing, learning, and understanding
- Hold 7 Generations in mind; working together; doing things differently; seeing through different lens
### Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
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<tbody>
<tr>
<td>Adam Mullan</td>
<td>Student representative</td>
</tr>
<tr>
<td>Amanda Gerber</td>
<td>IHIP Elected Student Representative</td>
</tr>
<tr>
<td>Dr. Barbara Ballermann*</td>
<td>Chair, Department of Medicine</td>
</tr>
<tr>
<td>Dr. Cara Bablitz</td>
<td>Elected Faculty representative - MD Admissions and IH Admissions</td>
</tr>
<tr>
<td>Dr. Cassandra Felske-Durksen</td>
<td>Faculty member - Family Medicine</td>
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<tr>
<td>Dr. Adrienne Wright</td>
<td>Elected Faculty representative</td>
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<tr>
<td>Dr. Alan Underhill</td>
<td>Elected Faculty representative</td>
</tr>
<tr>
<td>Dr. Amy Dambrowitz</td>
<td>Registrar, University of Alberta</td>
</tr>
<tr>
<td>Dr. Anil Abraham Joy</td>
<td>Elected Faculty representative</td>
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<tr>
<td>Dr. Bryan Dicken</td>
<td>Elected Faculty representative</td>
</tr>
<tr>
<td>Dr. Hollis Lai</td>
<td>Assistant Dean of Education Quality and Accreditation, Faculty of Medicine &amp; Dentistry</td>
</tr>
<tr>
<td>Dr. Jill Galipeau</td>
<td>Elected Faculty Representative - IH Admissions</td>
</tr>
<tr>
<td>Dr. Jill Konkin</td>
<td>Associate Dean, Division of Community Engagement</td>
</tr>
<tr>
<td>Jodi Hawthorne</td>
<td>Admissions and Academic Records Coordinator, MD Program</td>
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<tr>
<td>Kenton Boutillier</td>
<td>IHIP Administrator</td>
</tr>
<tr>
<td>Marilyn Buffalo</td>
<td>Elder</td>
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<tr>
<td>Martin Dugas</td>
<td>Public member</td>
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<tr>
<td>Murray Diduck</td>
<td>Program Director, MD Program</td>
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<tr>
<td>Nicole Labine</td>
<td>IHIP Elected Student Representative</td>
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<tr>
<td>Dr. Shirley Schipper</td>
<td>Vice Dean, Education</td>
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<tr>
<td>Dr. Sita Gourishankar</td>
<td>Assistant Dean, Admissions</td>
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<tr>
<td>Tibetha Kemble</td>
<td>Director, Indigenous Health</td>
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<tr>
<td>Victor Do</td>
<td>Student Representative</td>
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<tr>
<td>*Regrets</td>
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### Facilitation and Report:

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