

The following Motions and Documents were considered by the Board Learning, Research and Student Experience Committee during the Open Session of its June 7, 2022 meeting:

Agenda Title: **Termination of the ALES Specialization in the Master of Engineering**

APPROVED MOTION: THAT the Board Learning, Research and Student Experience Committee, on the recommendation of General Faculties Council, recommend that the Board of Governors approve the termination of the ALES specialization in the Master of Engineering, for implementation upon final approval.

Final Recommended Item: 4b.

Agenda Title: **Proposed Bachelor of Biomedicine Dual Degree, Faculty of Medicine and Dentistry and Wenzhou Medical University**

APPROVED MOTION: THAT the Board Learning, Research and Student Experience Committee, on the recommendation of General Faculties Council, recommend that the Board of Governors approve the proposed Bachelor of Biomedicine Dual Degree as set forth in the attachments and for implementation upon final approval.

Final Recommended Item: 4c.

Agenda Title: **Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan**

APPROVED MOTION: THAT the Board Learning, Research and Student Experience Committee endorse *Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan*, as set forth in Attachment 1.

Final Endorsed Item: 5.

Agenda Title: **Change of Status of Faculty of Extension**

APPROVED MOTION: THAT the Board Learning, Research and Student Experience Committee, on the recommendation of General Faculties Council, recommend that the Board of Governors rescind the Faculty status from the Faculty of Extension, effective upon final approval.

Final Recommended Item: 6.



**Governance Executive Summary
Action Item**

Agenda Title	Termination of the ALES Specialization in the Master of Engineering
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Motion

<p>THAT the Board Learning, Research and Student Experience Committee, on the recommendation of General Faculties Council, recommend that the Board of Governors approve the termination of the ALES specialization in the Master of Engineering, for implementation upon final approval.</p>

Item

Action Requested	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Recommendation
Proposed by	Leluo Guan, Associate Dean - Grad, ALES
Presenter(s)	Leluo Guan, Associate Dean - Grad, ALES Brooke Milne, Vice-Provost and Dean, FGSR

Details

Office of Administrative Responsibility	Provost and Vice-President (Academic)
The Purpose of the Proposal is <i>(please be specific)</i>	The proposal is before the committee because the ALES specialization in the MEng has been suspended for the past five years; this is the formal request to terminate the program.
Executive Summary <i>(outline the specific item – and remember your audience)</i>	<p>The program has been suspended for the past five years (with Ministerial approval of suspension); there are no students currently enrolled in the program.</p> <p>There are no operational risks or risks to students, as there are no students currently enrolled in the program.</p> <p>As noted in the attached documents, the Faculty of Engineering has expressed concerns over the offering of this program, as an MEng offered by another Faculty is confusing to students, the Association of Professional Engineers and Geoscientists of Alberta (APEGA), other accreditation bodies, and potential employers.</p>
Supplementary Notes and context	<i>As of June, 2019, the Board of Governors approves program suspensions and has delegated authority to General Faculties Council to approve program terminations, but because this suspension/termination process started prior to June 2019 under the former approval process, the Board will need to approve this termination</i>

Engagement and Routing (Include meeting dates)

<p>Consultation and Stakeholder Participation (parties who have seen the proposal and in what capacity)</p> <p><For information on the protocol see the Governance</p>	<p><u>Those who have been consulted:</u></p> <ul style="list-style-type: none"> • The suspension (and ultimate termination) of the program is supported by the Faculty of Agricultural, Life and Environmental Sciences, the Faculty of Engineering, the Department of AFNS, and APEGA. The suspension was approved by the Ministry of Advanced Education on November 2, 2016. • As the termination of the program was referred to in the suspension proposal, and this program has been in suspension,
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Item No. 4b

Resources section Student Participation Protocol >	<p>students are aware of the Department of AFNS not offering the program in the past five years.</p> <ul style="list-style-type: none"> ● See below for the approval route for all formal consultations.
Approval Route (Governance) (including meeting dates)	<ul style="list-style-type: none"> ● GPST - October 4, 2021 ● ALES Faculty Council - December 9, 2021 ● Approval from the Engineering Associate Dean (as suggested by uofA Governance, the termination truly rests with ALES) - Support noted by Tian Tang, Associate Dean - Grad, Engineering (December 14, 2021) ● PRC - January 12, 2021 ● FGSR Council - January 26, 2022 ● Programs Committee - February 10, 2022 ● GFC Academic Planning Committee – recommendation (March 9, 2022) ● General Faculties Council – recommendation (March 21, 2022) ● Board Learning, Research and Student Experience Committee – recommendation (April 29, 2022) ● Board of Governors – approval (May 13, 2022)

Strategic Alignment

Alignment with <i>For the Public Good</i>	<p>21. OBJECTIVE Encourage continuous improvement in administrative, governance, planning, and stewardship systems, procedures, and policies that enable students, faculty, staff, and the institution as a whole to achieve shared strategic goals.</p> <p>22. OBJECTIVE Secure and steward financial resources to sustain, enhance, promote, and facilitate the university’s core mission and strategic goals.</p> <p>iii. Ensure responsible and accountable stewardship of the university’s resources and demonstrate to government, donors, alumni, and community members the efficient and careful use of public and donor funds.</p>			
Alignment with Core Risk Area	<p>Please note below the specific institutional risk(s) this proposal is addressing.</p> <table border="0" data-bbox="570 1371 1542 1581"> <tr> <td data-bbox="570 1371 1089 1581"> <p>X Enrolment Management</p> <p><input type="checkbox"/> Faculty and Staff</p> <p><input type="checkbox"/> Funding and Resource Management</p> <p><input type="checkbox"/> IT Services, Software and Hardware</p> <p><input type="checkbox"/> Leadership and Change</p> <p><input type="checkbox"/> Physical Infrastructure</p> </td> <td data-bbox="1089 1371 1542 1581"> <p>X Relationship with Stakeholders</p> <p><input type="checkbox"/> Reputation</p> <p><input type="checkbox"/> Research Enterprise</p> <p><input type="checkbox"/> Safety</p> <p>X Student Success</p> </td> </tr> </table>		<p>X Enrolment Management</p> <p><input type="checkbox"/> Faculty and Staff</p> <p><input type="checkbox"/> Funding and Resource Management</p> <p><input type="checkbox"/> IT Services, Software and Hardware</p> <p><input type="checkbox"/> Leadership and Change</p> <p><input type="checkbox"/> Physical Infrastructure</p>	<p>X Relationship with Stakeholders</p> <p><input type="checkbox"/> Reputation</p> <p><input type="checkbox"/> Research Enterprise</p> <p><input type="checkbox"/> Safety</p> <p>X Student Success</p>
<p>X Enrolment Management</p> <p><input type="checkbox"/> Faculty and Staff</p> <p><input type="checkbox"/> Funding and Resource Management</p> <p><input type="checkbox"/> IT Services, Software and Hardware</p> <p><input type="checkbox"/> Leadership and Change</p> <p><input type="checkbox"/> Physical Infrastructure</p>	<p>X Relationship with Stakeholders</p> <p><input type="checkbox"/> Reputation</p> <p><input type="checkbox"/> Research Enterprise</p> <p><input type="checkbox"/> Safety</p> <p>X Student Success</p>			
Legislative Compliance and jurisdiction	<p>Post-Secondary Learning Act UofA Calendar GFC Programs Committee General Faculties Council Faculty of Graduate Studies & Research ALES Faculty Council BLRSEC Terms of Reference – 2f.i.</p>			

1. Program Termination_ALES MEng - Updated Oct. 4 (4 pages)
2. Ministry Approval - MEng AFNS Suspension (1 page)

Prepared by: Leluo Guan, Associate Dean - Grad, Faculty of ALES (lguan@ualberta.ca)

Proposal Template: Program Termination

SECTION 1: PROPOSAL INFORMATION

1.1 Fill in the table below:

Institution	University of Alberta
Program/specialization name	Agricultural, Food, and Nutritional Science
Credential awarded	Master of Engineering
Proposed effective date of termination	July 1, 2022

1.2 Confirm whether:

- 1.2.1 This termination proposal was preceded by a ministry-approved suspension period.
- This ~~term~~ ination proposa l was not preceded by a ministry-approved suspension period.

1.2.1a If this proposal was preceded by a suspension, attach approval letter.

1.2.1b If this proposal was not preceded by a suspension, explain why ministry approval for a suspension was not sought prior to requesting a termination.

1.2.1c If not preceded by suspension, indicate when students were last admitted into the program/specialization.

- 1.2.2 No active students remain in the program.
- Active program students rem a in in the program.

SECTION 2: RATIONALE

2.1 Identify reason(s) for termination with supporting evidence (e.g., low student demand, declining labour market demand, institutional capacity, provincial priorities, etc.).

The program has been suspended for the past five years and there are no students currently enrolled in the program. The Faculty of Engineering has expressed concerns over the offering of this program. Normally, graduate degrees in engineering satisfy the criteria for professional engineering licensing through APEGA. However, this is only true if the degree is from an Engineering Faculty with accredited programs. There is a great deal of concern that having an MEng offered by another Faculty is confusing to students, the Association of Professional Engineers and Geoscientists of Alberta (APEGA), other accreditation bodies, and potential employers.

2.2 Provide specific information about which internal governance body approved the termination, and provide date of approval.

The suspension (and ultimate termination) of the program is supported by the Faculty of Agricultural, Life and Environmental Sciences, the Faculty of Engineering, the Department of AFNS, and APEGA. The suspension was approved by the Ministry of Advanced Education on November 2, 2016.

The termination proposal will go through internal approval bodies at the University of Alberta:

- Graduate Program Support Team - October 4, 2021
- ALES Faculty Council - December 9, 2021
- FGSR Policy Review Committee - January 12, 2021 (Anticipated)
- FGSR Council - January 26, 2021 (Anticipated)
- GFC Programs Committee - February 10, 2022 (Anticipated)
- GFC Academic Planning Committee
- General Faculties Council
- Board Learning, Research and Student Experience Committee
- Board of Governors

SECTION 3: ACCESS

3.1 Identify student access considerations and risks for Campus Alberta (include information about related programs or other avenues available to students to prepare for careers/employment and/or further educational opportunities).

There is no risk that students previously enrolled will return expecting to finish their degree, and no expected impacts on graduates of the program.

3.2 *If this program or specialization is unique in the province, describe the consultation(s) undertaken within Campus Alberta to investigate the feasibility of program/specialization transfer.*

As the MEng offered by the Department of AFNS is not accredited by APEGA, there will be no external impacts. In fact, it will ensure that employers and accreditation bodies are not confused by the credential.

3.3 *Describe the consultation process that occurred with students at your institution regarding this programming change.*

As the termination of the program was referred to in the suspension proposal, and this program has been in suspension, students are aware of the Department of AFNS not offering the program in the past five years.

SECTION 4: IMPACT

4.1 *Describe the consultation process that occurred with other stakeholders (e.g., advisory committees, regulatory bodies, employers, etc.) affected by this programming change.*

As the MEng offered by the Department of AFNS is not accredited by APEGA, there will be no external impacts. In fact, it will ensure that employers and accreditation bodies are not confused by the credential. The suspension (and ultimate termination) of the program is supported by the Faculty of Engineering and APEGA.

4.2 *Describe plans for communicating the termination decision to stakeholders, particularly regulatory bodies (if applicable) and other Campus Alberta institutions.*

The termination decision will be sent to the Faculty of Engineering and APEGA for their information. The Calendar will be updated to reflect the termination. As there is no external impact, no actions will be taken to communicate with other Campus Alberta institutions.

4.3 *Describe plans for reallocation of resources previously used for this program/specialization and identify budget and staffing impacts.*

There are no anticipated impacts on institutional operations and resources.

OTHER CONSIDERATIONS

Please indicate if there are additional factors you would like the ministry to consider when reviewing this proposal.

N/A

RECOMMENDATION (FOR DEPARTMENT USE)

Recommendation(s):

Rationale for Recommendation:

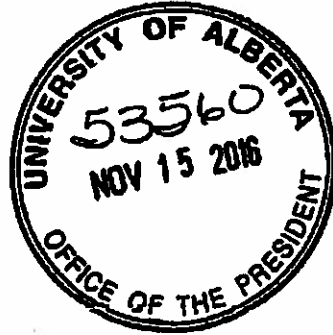
Reviewer(s):

Date Completed:



Deputy Minister
6th Floor, Commerce Place
10155 - 102 Street
Edmonton, Alberta T5J 4L5
Canada
Telephone 780-415-4744
Fax 780-422-1801
www.advancededucation.alberta.ca

November 2, 2016



AR 51067

Dr. David Turpin
President and Vice-Chancellor
University of Alberta
2-24 South Academic Building
Edmonton AB T6G 2G7

Dear Dr. Turpin:

Advanced Education has completed its review of the University of Alberta's proposal to suspend the Agricultural, Food, and Nutritional Science specialization in the Master of Engineering program. The department approves suspending admissions for the July 1, 2016 to June 30, 2021 term.

The department approves the suspension on the understanding that the Board of Governors or delegated institutional authority proposed suspension due to low enrolment and lack of program accreditation. Six months prior to the suspension end date, please advise the department through the Provider and Program Registry System of the university's plan to reactivate or terminate the specialization.

Under the Programs of Study Regulation, proposed changes to this specialization require ministry approval. This includes alterations to the specialization name, load, or duration, as well as the suspension of admissions, termination, reactivation, or transfer.

I appreciate the University of Alberta's commitment to high-quality programming, and your ongoing program review and renewal processes.

Sincerely,

A handwritten signature in black ink, appearing to read "Rod Skura".

Rod Skura
Deputy Minister

cc: Honourable Marlin Schmidt
Minister of Advanced Education

Michael Phair
Chair, Board of Governors, University of Alberta



**Governance Executive Summary
Action Item**

Agenda Title	Proposed Bachelor of Biomedicine Dual Degree, Faculty of Medicine and Dentistry and Wenzhou Medical University
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Motion

THAT the Board Learning, Research and Student Experience Committee, on the recommendation of General Faculties Council, recommend that the Board of Governors approve the proposed Bachelor of Biomedicine Dual Degree as set forth in the attachments and for implementation upon final approval.

Item

Action Requested	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Recommendation
Proposed by	Dr Brenda Hemmelgarn, Dean, Faculty of Medicine and Dentistry
Presenter(s)	Dr Tracey Hillier, Director, Alberta Institute, Wenzhou Medical University, Faculty of Medicine and Dentistry - MED International

Details

Office of Administrative Responsibility	Provost and Vice-President (Academic)
The Purpose of the Proposal is <i>(please be specific)</i>	The proposal is before the committee to seek approval of the Bachelor of Biomedicine Dual Degree Program.
Executive Summary <i>(outline the specific item – and remember your audience)</i>	<p>This dual degree program is a collaboration between Wenzhou Medical University (WMU) and the Alberta Institute within the Faculty of Medicine & Dentistry at the University of Alberta. The collaboration is part of the Alberta Institute Wenzhou Medical University (AIWMU) established in 2019.</p> <p>Students who complete all the required credits and meet the academic standards of both universities, will be granted the degrees from each institution. Students will be eligible for a Bachelor of Biomedicine from the University of Alberta after they complete the first four years of the program. They will be eligible for the Bachelor of Clinical Medicine degree from Wenzhou Medical University after all 5 years of the program have been completed. All 5 years of the program need to be successfully completed as a requirement for either degree to be issued.</p> <p>Students in this dual degree program will be taught by University of Alberta FoMD faculty during the first four years of the program, predominantly in years 3 and 4 for a total of 75 credits. They will be held to the same curricular expectations as undergraduate students in similar programs in the Faculty of Medicine and Dentistry including students in the MD Program. The curriculum will be delivered in a way that presents material in a progression from basic science to clinical application, building on foundational knowledge in a sequential way, which will nurture and support student inquiry as well as scholarly and creative activity. This program will emphasize lifelong learning, problem solving skills, teamwork, and collaboration.</p>



Item No. 4c

	<p>The initial contract with WMU for Alberta Institute is for 5 years, however, it is anticipated that the contract will extend beyond that as WMU has indicated that they anticipate long term demand and for the University of Alberta’s ongoing involvement in teaching the program once a dual degree program is approved.</p> <p>If for an unforeseen reason learner demand for the program diminishes, the agreement between the University of Alberta and Wenzhou Medical University includes the following provision “if the recruitment number in the Program falls below mutually agreed targets, both parties agree to assess the situation together and determine appropriate responses.”</p>
Supplementary Notes and context	<This section is for use by University Governance only to outline governance process.>

Engagement and Routing (Include meeting dates)

<p>Consultation and Stakeholder Participation (parties who have seen the proposal and in what capacity)</p> <p><For information on the protocol see the Governance Resources section Student Participation Protocol></p>	<p><u>Those who are actively participating:</u></p> <ul style="list-style-type: none"> • Deans Executive Council, Faculty of Medicine and Dentistry • Vice-Dean Faculty Affairs, Faculty of Medicine and Dentistry • Director Alberta Institute, Faculty of Medicine and Dentistry • Associate Dean International, Faculty of Medicine and Dentistry <p><u>Those who have been consulted:</u></p> <ul style="list-style-type: none"> • MD Program Curriculum and Program Committee (June 20, 2019; July 25, 2019; Sept 16, 2021) for discussion • Faculty Council, Faculty of Medicine and Dentistry (Sept 21, 2021) Motion Carried: Faculty Council supports the creation of a new Bachelor of Biomedicine degree program for students registered in the Alberta Institute at Wenzhou Medical University. • University of Alberta, Program Support Team (Oct 28, 2021) for discussion <p><u>Those who have been informed:</u></p> <ul style="list-style-type: none"> • Department Chairs Committee, Faculty of Medicine and Dentistry (Jan 13, 2021; Sept 8, 2021)
Approval Route (Governance) (including meeting dates)	<p>GFC Programs Committee - March 17, 2022 GFC Academic Planning Committee - March 23, 2022 General Faculties Council - May 2, 2022 Board Learning, Research and Student Engagement Committee – June 7, 2022 Board Committees and Board of Governors – June 17, 2022</p>

Strategic Alignment

Alignment with <i>For the Public Good</i>	<p>Please note the Institutional Strategic Plan objective(s)/strategies the proposal supports.</p> <p>GOAL: Build a diverse, inclusive community of exceptional students, faculty and staff from Alberta, Canada, and the world.</p> <p>OBJECTIVE 1: Build a diverse, inclusive community of exceptional undergraduate and graduate students from Edmonton, Alberta, Canada, and the world.</p>
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Item No. 4c

	<p>GOAL: Excel as individuals, and together, sustain a culture that fosters and champions distinction and distinctiveness in teaching, learning, research, and service.</p> <p>OBJECTIVE 12: Build a portfolio of signature research and teaching areas where the University of Alberta is or will be recognized as a global leader.</p> <p>OBJECTIVE 14: Inspire, model, and support excellence in teaching and learning.</p> <p>GOAL: Engage communities across our campuses, city and region, province, nation and the world to create reciprocal, mutually beneficial learning experiences, research projects, partnerships, and collaborations.</p> <p>OBJECTIVE 18: Seek, build, strengthen and sustain partnerships with local, national or international research agencies, governments, government ministries and agencies, universities, Indigenous communities, libraries, not-for-profits, industry, business, and community organizations.</p> <p>OBJECTIVE 22: Secure and steward financial resources to sustain, enhance, promote, and facilitate the university's core mission and strategic goals.</p>		
Alignment with Core Risk Area	<p>Please note below the specific institutional risk(s) this proposal is addressing.</p> <table border="0" data-bbox="570 926 1544 1136"> <tr> <td data-bbox="570 926 1089 1136"> <input type="checkbox"/> Enrolment Management <input type="checkbox"/> Faculty and Staff <input checked="" type="checkbox"/> Funding and Resource Management <input type="checkbox"/> IT Services, Software and Hardware <input checked="" type="checkbox"/> Leadership and Change <input type="checkbox"/> Physical Infrastructure </td> <td data-bbox="1089 926 1544 1136"> <input type="checkbox"/> Relationship with Stakeholders <input checked="" type="checkbox"/> Reputation <input type="checkbox"/> Research Enterprise <input type="checkbox"/> Safety <input type="checkbox"/> Student Success </td> </tr> </table>	<input type="checkbox"/> Enrolment Management <input type="checkbox"/> Faculty and Staff <input checked="" type="checkbox"/> Funding and Resource Management <input type="checkbox"/> IT Services, Software and Hardware <input checked="" type="checkbox"/> Leadership and Change <input type="checkbox"/> Physical Infrastructure	<input type="checkbox"/> Relationship with Stakeholders <input checked="" type="checkbox"/> Reputation <input type="checkbox"/> Research Enterprise <input type="checkbox"/> Safety <input type="checkbox"/> Student Success
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Legislative Compliance and jurisdiction	<p>Post-Secondary Learning Act GFC Programs Committee Terms of Reference GFC Academic Planning Committee Terms of Reference Board Learning, Research and Student Experience Committee Terms of Reference</p>		

Attachments

1. Undergraduate-degree-template-part-a Bachelor of Biomedicine Dual Degree Program (76 pages)
2. caqc-new-degree-proposal-template-part-b Bachelor of Biomedicine Dual Degree Program (51 pages)
3. Bachelor of Biomedicine UAL Library Impact Statement (2 pages)
4. External Review - Kong, Jiming (2 pages)
5. External Review - Choy, Patrick (2 pages)
6. Response to Reviews of the Proposal for a Bachelor of Biomedicine Dual Degree Program (2 pages)

Prepared by: Dr Tracey Hillier, Director Alberta Institute, Faculty of Medicine and Dentistry,
thillier@ualberta.ca

Proposal Template: New Bachelor’s Degree Programs and Specializations (Part A: System Co-ordination Review)

Complete this template for proposals for new bachelor’s degree programs or specializations. Institutions should:

- ensure that submission content is concise. Any additional information may be appended;
- indicate “not applicable” when questions are not relevant to a particular proposal; and
- ensure that applicable supporting documents are attached to the proposal.

SECTION A: PROPOSAL OVERVIEW

Basic Information *(Complete the table below)*

Institution	University of Alberta
Program Name	Dual Degree Program in Biomedicine
Specialization Name	Biomedicine
Credential Awarded	Bachelor of Biomedicine
Proposed Effective Date	August 1, 2022

Type of Initiative *(Answer the following questions)*

This is a proposal for (select one from the drop-down menu):

New program

SECTION B: OVERVIEW OF PROPOSED PROGRAM OF STUDY

1. Program Description *(Answer the following questions)*

a. Attach (as an appendix to this proposal) a concise program description document that includes:

- 3-4 sentence calendar description of the program,
- a proposed program of study including course names, descriptions, credits and prerequisites, by semester or year of study,
- program location (i.e., campus locations and/or off-site locations), and delivery mode (i.e., face-to-face, online, or blended), and
- program learning outcomes.

See Appendix A

b. Where applicable, identify planned collaborations with other post-secondary institutions, departments within the institution or other organizations that this program respectively facilitates or provides for.

This dual degree program is a collaboration between Wenzhou Medical University (WMU) and the Alberta Institute within the Faculty of Medicine & Dentistry at the University of Alberta. The collaboration is part of the Alberta Institute Wenzhou Medical University (AIWMU).

<p>Students who complete all of the required credits and meet the academic standards of both universities, will be granted the degrees from each institution. Students will be eligible for a Bachelor of Biomedicine from the University of Alberta after they complete the first four years of the program. They will be eligible for the Bachelor of Clinical Medicine degree from Wenzhou Medical University after all 5 years of the program have been completed. All 5 years of the program need to be successfully completed as a requirement for either degree to be issued.</p>
<p>Reviewer's Comment:</p>
<p>2. Work Integrated Learning (If applicable, answer the following questions)</p>
<p>a. Identify the number of placements required in the program (including type of work setting and duration/timing of activities).</p> <ul style="list-style-type: none"> Work Integrated Learning (WIL) is a key component of this program. WIL in the form of an unpaid observership will be arranged through the Faculty of Medicine and Dentistry during the required on-site summer course between years 2 and 3 of the program. The clinical internship WIL that is required in the 5th year of the program will take place in China at Wenzhou Medical University clinical sites. 60 placements are required each year.
<p>b. Summarize communications with employers (append applicable letters of support, minutes of program advisory committee meetings, etc.) showing that sufficient placements will be available when needed.</p> <ul style="list-style-type: none"> N/A
<p>c. Comment on whether/how work integrated learning placements in other programs (at the institution or at other institutions within the Alberta Adult Learning System) may be impacted as a result of this program.</p> <ul style="list-style-type: none"> As the 5th year Clinical Internship WIL occurs in China it will not impact WIL learning placements in other UAlberta programs. The WIL arranged through the Faculty of Medicine and Dentistry during the required summer course is timed when there is a nadir in the number of other clinical learners. New preceptors have been recruited to support this program. A benefit may occur if any of these preceptors later become available to support the learning of students in other programs.
<p>Endorsement of and/or Support for Program (If applicable)</p>
<p>a. Describe endorsement(s) from relevant professional organizations, regulatory bodies, advisory committees, employers, and/or industry.</p> <ul style="list-style-type: none"> N/A
<p>Reviewer's Comment:</p>

SECTION C: ENROLMENT PLANNING

1. (a) Projected Student Enrolment (Complete the table below as applicable).

Proposed Enrolment	1 st Year of Implementation	2 nd Year of Implementation	3 rd Year of Implementation	4 th Year of Implementation	Annual Ongoing
Total Headcount	60	120	180	240	240

● 1 st Year of Study	60	60	60	60	60
● 2 nd Year of Study	0	60	60	60	60
● 3 rd Year of Study	0	0	60	60	60
● 4 th Year of Study	0	0	0	60	60
● 5 th Year of Study	0	0	0	0	60
Anticipated No. of Graduates	0	0	0	60	60
Reviewer's Comment:					

a. Indicate the percentage of international students in the enrolment projections and provide a brief rationale regarding how the percentage was established.

100% of the students will all be international students. The percentage is derived from the nature of the program which only enrolls students admitted to Wenzhou Medical University.

Reviewer's Comment:

2. Learner and Labour Market Demand (Answer the following questions)

a. Provide evidence of labour market demand for graduates, detailing how such demand was forecasted and substantiated regionally and provincially. (Append supporting documentation, as appropriate.)

Graduates of this program will not be proceeding to work within the province of Alberta. It is anticipated that after graduation they will proceed to graduate programs to pursue research or clinical medicine residency programs in China. Labour market demand has been determined by WMU in its aim to educate a cadre of physicians who have an international perspective on health care, leadership and medical education.

b. Identify which stakeholder groups were consulted regarding demand/need for this program:

<input checked="" type="checkbox"/> Student/learners	<input type="checkbox"/> Employers and professional associations
<input checked="" type="checkbox"/> Faculty	<input type="checkbox"/> Community organizations
<input checked="" type="checkbox"/> Program advisory committee	<input type="checkbox"/> Other post-secondary institutions
<input type="checkbox"/> Regulator and/or accreditation bodies	<input checked="" type="checkbox"/> Other (please identify)

We have worked with the University of Alberta International office on this proposal and consulted with the Office of the Provost. As well, this proposal has been discussed by the Dean's Executive Committee of the FoMD, the MD Curriculum and Program Committee, Department Chairs Committee and Faculty Council. Students and Faculty at WMU have also been invited to provide feedback. The curriculum and program have been approved by WMU and its governing bodies.

c. Briefly discuss the results of the identified consultations and attach supporting documentation (e.g., minutes of meetings, letters of support, etc.), when available.

The joint program was initiated by the Faculty of Medicine & Dentistry and the FoMD International Office. Discussions across the faculty have been ongoing. The program has been discussed at the MD Program and Curriculum and Program Committee (MDCPC) on June 20, 2019; July 25, 2019 and September 16, 2021. The MDCPC membership includes faculty members, staff, and students from the MD Program.

The program was discussed at an FoMD Department Chairs meeting January 13, 2021 and September 8, 2021 and discussed and approved at the Faculty Council meeting September 21, 2021.

See attached Appendix B

d. Provide evidence of learner demand for this program. How was this demand determined? (Append supporting evidence, as appropriate e.g., survey results, waitlists, demand in similar programs at other institutions etc.)

Learner demand for the Alberta Institute Program was initially determined by WMU. The Alberta Institute at WMU has been accepting students into a collaborative medical program for the past two years and there has been a significant increase in learner demand over the past year. The ranking and mean exam scores of students accepted into the program in 2021 have improved compared with those accepted in 2020.

Including a degree from the University of Alberta as part of the Alberta Institute Program is expected to make the program even more attractive to applicants.

Students targeted for admission in this dual degree will be from China. While other programs at the University of Alberta are targeted at students from China, this is the only program targeted at medical students. Domestic students from Alberta and Canada will not be eligible for this program.

e. Identify and discuss any additional factors that may impact learner demand for this proposed program.

- N/A

f. Briefly describe how the enrolment plan aligns with the anticipated demand for this program, taking into account the identified labour market demand and other Alberta program providers.

- N/A

g. Comment on the overall sustainability of learner demand for this program over the longer term.

The initial contract with WMU for Alberta Institute is for 5 years, however, it is anticipated that the contract will extend beyond that as WMU has indicated that they anticipate long term demand and for the University of Alberta's ongoing involvement in teaching the program once a dual degree program is approved.

If for an unforeseen reason learner demand falls, the agreement between the University of Alberta and Wenzhou Medical University includes the following "if the recruitment

number in the Program falls below mutually agreed targets, both parties agree to assess the situation together and determine appropriate responses.”

Reviewer’s Comment:

SECTION D: GRADUATE OUTCOMES AND PATHWAYS

1. Employment Outcomes *(Answer the following questions)*

- a. For what types of career paths (including entrepreneurial and/or self-employment paths) and employment opportunities does the proposed program/specialization prepare graduates?
 None of the graduates of this program will directly enter the labour force in Alberta or in Canada after graduation. It is anticipated that following graduation students will proceed to graduate programs to pursue research or clinical medicine residency programs in China. Graduates of the program will have additional leadership skills, international experience and a broad perspective on health care and medical education.
- b. In cases of regulated professions, how was the regulatory body consulted and what feedback did it provide in terms of labour market factors?
 N/A Graduates of this program will not be regulated by regulatory bodies in Alberta or Canada.
- c. Identify existing or planned program or institutional supports that enable transition from post-secondary institution to work for graduates.
 N/A

Reviewer’s Comment:

2. Learner Pathways

- a. To what extent will learners be able to transfer credits to and from other post-secondary institutions?
 WMU will accept transfer credits for all courses as part of the Dual Degree Program
- b. What types of further studies, if not within the same field, would graduates be most likely to pursue?
 It is anticipated that following graduation from this Program, students will proceed directly to clinical medicine residency programs in China. Alternatively the students would be well prepared to pursue graduate studies and research in health and medicine.

Reviewer’s Comment:

3. Societal and Community Benefits *(if applicable)*

- a. In cases where labor market demand is not the primary reason for this program, identify anticipated benefits from implementation of the proposed program to the wellbeing of communities in Alberta, particular those that your institutions serves:
 Implementation of this program will strengthen the partnerships between University of Alberta and Wenzhou Medical University and connect to the University of Alberta’s strategic plan which encourages members of the UofA community to engage communities around the world to create reciprocal, mutually beneficial learning experiences, research projects, partnerships, and collaborations.
 The additional revenues received as a result of this program will be used to support social accountability initiatives, Global Health programming, International and Northern

electives support, bursaries for students from populations underrepresented in medicine and strategic recruitment outreach initiatives to attract more diverse students into medicine. This funding will specifically support the University and the Faculty response to the Truth and Reconciliation Report recommendation to increase the number of Aboriginal professionals working in the health-care field.

Reviewer’s Comment:

SECTION E: FINANCIAL VIABILITY AND SUSTAINABILITY

1. Budget and Funding Sources (Answer the following questions)

- a. Describe how the institution plans to finance the program, (e.g. tuition, grants etc.):
The program will be funded through a contractual agreement with Wenzhou Medical University
- b. Discuss risk mitigation plans should full revenue(s) not be achieved or should costs exceed amounts budgeted.

The revenues will be achieved through a contractual agreement with WMU. No money will move from UAlberta to WMU. The costs to deliver the program have been determined based on known costs for delivery of the Preclerkship Curriculum of the University of Alberta Medical School Program. As per the agreement between the University of Alberta and Wenzhou Medical University, “if the recruitment number in the Program falls below mutually-agreed targets, both parties agree to assess the situation together and determine appropriate responses.”

Reviewer’s Comment:

2. Tuition and Student Cost Considerations (Answer the following questions)

- a. Document tuition and fee projections for students (specify domestic student tuition fees, international student tuition fees, compulsory student fees, and other costs likely to be incurred by students (texts, equipment etc.). Provide rationale where appropriate such as comparisons with similar programs. (Consult with the Ministry as needed.):

There are no similar programs in the Campus Alberta system.
 The program will be based on an exchange model for student tuition.
 Wenzhou Medical University will transfer \$1,000,000 in the first year and \$2,000,000.00 annually for years 2-5, to the Faculty of Medicine and Dentistry to run the program.
 Students will incur additional costs for books and computers.

- b. Does the proposed program align with the Tuition and Fees Regulation? Yes; or No
- c. Please elaborate on above answer, if necessary.

Ref:

<https://www.ualberta.ca/international/international-relations/international-agreements/shared-credential-agreement-development-guidelines1.html>

Reviewer's Comment:

SECTION F: INSTITUTIONAL IMPACT

1. Institutional Capacity (*Answer the following questions*)

a. Briefly describe how the proposed program aligns with the institution's mandate and government priorities.

The Alberta Institute joint initiative between WMU and UAlberta aligns with the University of Alberta's strategic plan in several ways. First, it will allow the medical program to build and support an integrated, cross-institutional strategy that demonstrates and enhances the UofA's story internationally, while building and strengthening collaborations and partnerships with an international university. This initiative also advances University of Alberta International's vision to connect the university to the rest of the world and ensure that the UofA is seen as one of the leading universities in the world. Finally, the proposed program fulfills one of the Faculty of Medicine & Dentistry goals to attract and maintain international and global partners by collaborating with a prestigious medical university in China to deliver high quality and innovative curriculum to their students.

This partnership is the first collaboratively designed international medical school program in China. Implementation of this program will strengthen the partnerships between University of Alberta and Wenzhou Medical University and connect to the University of Alberta's strategic plan which encourages members of the UofA community to engage communities around the world to create reciprocal, mutually beneficial learning experiences, research projects, partnerships, and collaborations.

b. To what extent does the program build on the institution's existing programs, infrastructure, resources and experience from offering programs in related fields?

Students in year 3 and 4 of the program will be in a parallel curriculum to the preclerkship curriculum for the medical students at the University of Alberta. Much of their program will be delivered (by UofA faculty) at a distance, with some faculty members teaching certain elements of courses in person at WMU. WMU will cover the cost for travel and accommodations for those faculty. In this way, the proposed Dual Degree Program builds upon the existing curricular materials developed for the pre-clerkship component of the MD Program. The program leadership will work with willing lecturers to adapt existing recorded lecture materials to be repurposed and leveraged in support of this proposed program. Students from WMU will participate in an in-person summer course in Edmonton between years 2 and 3 of their program to augment and enrich the online learning experience.

The existing curriculum delivery systems within the Faculty of Medicine and Dentistry are designed to run a parallel program such as this in a distributed fashion. Small group sessions are designed with materials that are available electronically. An extensive faculty development program has been developed to support this initiative. University of

Alberta facilitators will train faculty from WMU to deliver those sessions in person. We have assessment and evaluation systems that will allow us to assess student learning and evaluate the program at a distance. The Faculty of Medicine & Dentistry at the University of Alberta is well positioned and has the necessary experience to deliver the required courses to students in this program.

Reviewer's Comment:

2. Internal Review and Approval

a. Indicate which internal governance body recommended approval and specify date of approval.

Within the Faculty of Medicine this Program has been approved by:
Faculty Council September 21, 2021

Within the University:
GFC Programs Committee TBD
Academic Planning Committee TBD

For the new credential
The Board of Governors (The Board Learning, Research and Student Engagement Committee will need to recommend date TBD)

Reviewer's Comment:

SECTION G: SYSTEM IMPACT

1. Program/Specialization Duplication *(Answer the following questions)*

a. Does the proposed program/specialization potentially duplicate existing programming in the Alberta Adult Learning System? Yes; or No

b. If yes, list these programs.
N/A

c. If proposed program/specialization potentially constitutes program duplication, explain why such duplication is appropriate and beneficial in this circumstance.
N/A. This proposed dual degree program does not duplicate an existing program.

Reviewer's Comment:

SECTION H: OTHER CONSIDERATIONS

Other considerations

a. Are there other factors or considerations the Ministry should take into account when reviewing this proposal?

b. The Alberta Institute WMU was established as a joint medical education training program between WMU and the University of Alberta with the signing of Articles of Association in October, 2019. The first cohort of students began the program in September 2020. After a highly successful first year, learner demand has increased and the reputation of the

program is positive. The rigor of the proposed Dual Degree program meets the standard expected for a UAlberta Bachelor Degree. The creation of a Dual Degree Program will bring value and further interest to the Alberta Institute WMU Program enhancing desirability and sustainability. This initiative has the capacity to enhance the reputation of the Faculty of Medicine and Dentistry and the University of Alberta with international partners. It could possibly be scaled in the future to work at other universities and in other countries.

Reviewer's Comment:

RECOMMENDATION (FOR DEPARTMENT USE)

Recommendation(s):

Rationale for Recommendation:

Reviewer(s):

Date Completed:

Appendix A Program Description

Provide a 3-4 sentence calendar description of the program.

This dual degree program is a collaboration between Wenzhou Medical University (WMU) and the Faculty of Medicine & Dentistry at the University of Alberta as part of the Alberta Institute Wenzhou Medical University (AIWMU). Students who complete all of the required credits and meet the academic standards of both universities, will be granted the degrees from each institution. Students from WMU will be eligible for a Bachelor of Biomedicine from the University of Alberta after they complete the first four years of the program. They will be eligible for the Bachelor of Clinical Medicine degree from Wenzhou Medical University after all 5 years of the program have been completed.

Proposed program of study including course names, credits and year of study (specific course descriptions and objectives follow)

Year in Program	Courses	Credits
Years 1 and 2	Courses Taught by Wenzhou Medical University	
	English Medical English	9
	Medical chemistry Molecular and cellular biology Normal structure and function of human body Biological basis of disease	22
	Modern Chinese History, Politics, Education & Fundamentals of Law	12
	Introduction to medicine Traditional Chinese Medicine Medical Ethics Social medicine and health service management Social Practice Policies Physical and Psychological Health Education Sanitary regulation Hygiene	17
	Courses Taught by University of Alberta	
	Health Systems Science 1	3
	Health Systems Science 2A	3
	Summer School: Health Systems Science 2B	4
	Year 3	Courses Taught by University of Alberta
Foundations Medicine		9
Endocrinology & Metabolism		6
Cardiovascular Medicine		5
Pulmonary Medicine		3
Renal Medicine		3
Health Systems Science 3		4

Year 4	Courses Taught by University of Alberta	
	Gastroenterology & Nutrition	5
	Reproductive Medicine & Urology	6
	Musculoskeletal System	6
	Neurosciences and Organs of Special Senses	9
	Psychiatry	3
	Oncology	3
Year 5	Clinical Courses Taught by Wenzhou Medical University	
	Internal Medicine	16
	Surgery	16
	Obstetrics and Gynecology	6
	Pediatrics	6
	Community Medicine	2
	Radiology and ECG	2

Overview UAlberta courses taught for Alberta Institute WMU dual degree program

*** There are no prerequisites for the courses for students admitted into the program

COURSE NAMES	Credits	COURSE NAMES	Credits
Year 1		Year 2	
Health Systems Science	3	Health Systems Science	3
Summer Program	4		
Year 3		Year 4	
Foundations Medicine	9	Gastroenterology & Nutrition	5
Endocrinology & Metabolism	6	Reproductive Medicine & Urology	6
Cardiovascular Medicine	5	Musculoskeletal System	6
Pulmonary Medicine	3	Neurosciences and Organs of Special Senses	9
Renal Medicine	3	Psychiatry	3
Health Systems Science	4	Oncology	3
		Health Systems Science	3

Summary Course Descriptions

COURSE NAME	COURSE DESCRIPTION	Year
Health Systems Science 1	Health systems science is a foundational platform and framework for the study and understanding of how care is delivered for patients and populations within systems of medical care, how health professionals work together to deliver that care, and how the health system can improve patient care and health care delivery. This	Year 1

	<p>course introduces core domains including health care structures and processes; health care policy, economics, and management; clinical informatics and health information technology; population and public health; value-based care; health system improvement and systems thinking.</p>	
Health Systems Science 2	<p>Health systems science is a foundational platform and framework for the study and understanding of how care is delivered for patients and populations within systems of medical care, how health professionals work together to deliver that care, and how the health system can improve patient care and health care delivery. This course builds upon core domains introduced in Health Systems Science 1 including: health care structures and processes; health care policy, economics, and management; clinical informatics and health information technology; population and public health; value-based care; health system improvement and systems thinking.</p>	Year 2
Foundations of Health and Medicine	<p>The Foundations of Medicine course serves as a foundation for future learning and practice. This course will focus on integrating basic principles of medical and biological sciences as the foundation for the curriculum.</p>	Year 3
Endocrinology & Metabolism	<p>During the Endocrinology and Metabolism course, students will learn how the endocrine system integrates with the rest of the body. The course covers the different endocrine glands: how the hormones have profound effects on the cells and tissues of the body; and the feedback loops that are important in hormonal regulation. Students will have a chance to learn about basic endocrine anatomy, physiology, pathology and biochemistry, as well as clinical aspects of endocrine diseases. Discovery learning, team-based learning, in-class review sessions and self-study materials cover major endocrine topics.</p>	Year 3
Cardiovascular Medicine	<p>The Cardiology course will serve as a foundation for future learning and practice. The goal is to provide students with an introduction to the fundamentals of cardiology medicine. Topics to be covered include the</p> <ul style="list-style-type: none"> ● basic structure and function of the cardiovascular system 	Year 3

	<ul style="list-style-type: none"> ● clinical picture of ventricular or valvular diseases, electrical diseases of the heart, including an approach to ECG reading ● coronary and aortic / peripheral arterial diseases ● congenital heart diseases ● myocardial and pericardial disease 	
Pulmonary Medicine	The Pulmonary serves as a foundation for future learning and practice. The goal is to provide students with an introduction to the fundamentals of pulmonary medicine.	Year 3
Renal Medicine	<p>The Renal course will serve as a foundation for future learning and practice. The goal is to provide students with an introduction to the fundamentals of renal medicine.</p> <p>Topics to be covered include:</p> <ul style="list-style-type: none"> ● Basic anatomy, physiology, embryology and pathology of the renal system; ● Acute and chronic renal failure; ● Pharmacology of the kidney; ● Diseases of the glomerulus; ● Tubulointerstitial disease; ● Renovascular disease; ● Pediatric nephrology; and ● Hereditary and cystic renal disease 	Year 3
Health Systems Science 3	Health systems science is a foundational platform and framework for the study and understanding of how care is delivered for patients and populations within systems of medical care, how health professionals work together to deliver that care, and how the health system can improve patient care and health care delivery. This course builds upon core domains introduced in Health Systems Science 1 and 2 including: health care structures and processes; health care policy, economics, and management; clinical informatics and health information technology; population and public health; value-based care; health system improvement and systems thinking.	Year 3
Gastroenterology & Nutrition	<p>The Gastroenterology and Nutrition Course will serve as a foundation for future learning and practice. The goal is to provide students with an introduction to the fundamentals of gastroenterology.</p> <p>Topics to be covered include:</p> <ul style="list-style-type: none"> ● The structure and function of the gastrointestinal tract 	Year 4

	<ul style="list-style-type: none"> ● Gastrointestinal health and nutrition ● Common diseases of the gastrointestinal tract ● Fundamentals of gastrointestinal disease management ● The impact of gastrointestinal disease on patients and society. 	
Reproductive Medicine & Urology	<p>The Reproductive Medicine and Urology Course that provides students with a strong knowledge base in the fundamentals of reproductive medicine, urology. Topics to be covered include:</p> <ul style="list-style-type: none"> ● An overview of the anatomy, pathophysiology, presentation, diagnosis and treatment of common gynecologic, obstetric (including genetic), urologic, and sexually transmitted illnesses. 	Year 4
Musculoskeletal System	<p>The Musculoskeletal System course provides students with a strong knowledge base in the fundamentals of musculoskeletal medicine. The anatomy, embryology, histology and physiology of the musculoskeletal system and skin are studied. An approach to common and important conditions and disorders of the musculoskeletal system and skin are covered from the perspectives of rheumatology, physical medicine and rehabilitation, orthopedics, dermatology, plastic surgery, pediatrics and family medicine.</p>	Year 4
Neurosciences and Organs of Special Senses	<p>The Neurosciences and Organs of Special Senses course provides students with a foundation in the areas of Neurology, Neurosurgery, Ophthalmology, ENT and Developmental Pediatrics. Throughout the course, students will learn the approach to a patient with common symptoms or important problems; the elements of the neurological, eye, and head and neck exam, as well as perform a developmental assessment; to develop the ability to localize lesions, all while being able to recognize serious processes requiring urgent referral.</p>	Year 4
Psychiatry	<p>The Psychiatry course provides students with foundational knowledge regarding mental health and illness. Students will learn how to describe why mental health is important and the cost to society of mental illness. They will also learn to describe the stigma of mental illness and its impact on physician health.</p>	Year 4

Oncology	The Oncology course is designed to help students to understand the principles of oncology and recognize the importance of a multidisciplinary approach to cancer care while caring for patients with cancer.	Year 4
Health Systems Science 4	Health systems science is a foundational platform and framework for the study and understanding of how care is delivered delivery for patients and populations within systems of medical care, how health professionals work together to deliver that care, and how the health system can improve patient care and health care delivery. This course builds upon core domains introduced in Health Systems Science 1, 2 and 3 including: health care structures and processes; health care policy, economics, and management; clinical informatics and health information technology; population and public health; value-based care; health system improvement and systems thinking.	Year 4

Course Objectives by course:

Foundations of Medicine

Course Objectives

Medical expert

- Explain fundamentals of key topics (anatomy, physiology, histology, genetics, pharmacology, immunology, embryology, microbiology)
- Describe a patient-centered approach to problem solving and clinical decision-making.
- Apply basic principles of hematology, pathology/laboratory medicine, medical genetics and infectious disease from basic science to clinical application.
- Demonstrate understanding of infectious diseases in the context of global health issues.

Communicator

- Demonstrate the ability to be facilitative in communication and interaction with others.
- Gather information about a patient's beliefs, concerns, expectations and illness experience.
- Explain the importance of effective patient-centered communication in the patient-physician relationship and its effect on patient outcomes.
- Deliver information in a professional manner and in such a way that is understandable, encourages discussion and participation in decision-making.
- Discuss patient encounters and the importance of treating patients with respect and maintaining patient confidentiality.
- Demonstrate awareness and sensitivity to human differences, including differences in age, gender, disability, sexual orientation, ethnicity, and cultural background, socioeconomic or psychosocial factors.
- Provide and be receptive to constructive and professional feedback to and from peers and preceptors about their communication practices and group work interactions.

Collaborator

- Describe the role and responsibilities of other healthcare professionals. ● Recognize one's own differences, biases, assumptions and limitations that may contribute to inter-professional tension.
- Work collaboratively with others.
- Explain how to work effectively in a team to achieve an appropriate outcome. ● Interact respectfully and professionally with small group and team members and describe the value of team members

Leader

- Make proficient use of technology assisted learning as it is deployed in this course. ● Explain the role of the physician with regards to helping patients navigate the healthcare system.
- Discuss the concept of resource allocation in the management of the individual patient's healthcare within the whole health system.

Scholar

- Facilitate the learning of self and others in various small-group and team-based settings.

- Demonstrate ability to engage in self-directed learning based on reflective practice and life-long learning principles.
- Understand how to formulate a clinical question and search the literature using the library website and other resources.
- Research the information required (including evidence-based resources and other resources) in order to prepare for presenting possible diagnostic and management options for discussion.
- Begin to critically appraise retrieved evidence and information and demonstrate integration of new learning.
- Apply the concepts of validity, importance and applicability to help clinicians answer clinical questions and patients' questions regarding therapy, harm, diagnosis, prognosis, and screening.
- Provide and receive effective feedback.

Health advocate

- Recognize different points of view regarding culture, religion, beliefs, illness, disease, medicine, and medical practices and discuss in an open and non-judgmental manner.
- Describe how different social determinants of health influence how the patient copes with an illness, influences health, disease and disability, influences access to health care services and how they may or may not receive support.
- Identify emerging and ongoing issues for populations who are vulnerable.
- Identify points of influence in the healthcare system and its structure.
- Explain the concept of social accountability, principles of community engagement in responding to the needs of the community.

Professional

- Adhere to the Wenzhou Medical University and University of Alberta, Faculty of Medicine and Dentistry Code of Conduct and to the Professional Standards for Students in the Faculty of Medicine and Dentistry.
- Define professionalism as the key values required in the profession, including honesty, integrity, maintaining appropriate patient boundaries, maintaining confidentiality, and a commitment to patient well-being.
- Define professionalism in the context of medical school, and within the medical profession, and to apply its principles to all activities, including during assignments, small group interactions, examinations, self-assessment, peer-assessment, faculty assessment, online in social media etc.
- Discuss the importance of context in the interpretation of professionalism.
- Describe how each physician has the obligation to actively maintain professional competence participate in peer/colleague assessment and self-assessment as applicable.
- Explain how self-reflection facilitates the student's professional identity formation, and shapes their approach to all patients.
- Discuss basic legal and ethical challenges that physicians face in practice, and begin to apply key concepts to navigate these challenges.
- Give constructive and professional feedback and assessment to their peers and colleagues about attitudes, behaviors, practices and group work interactions in a structured manner.
- Demonstrate a sense of responsibility: taking initiative, carrying out assigned duties exhibiting dependability and self-direction.

- Demonstrate punctuality.
- Recognize and appropriately respond to ethical issues encountered during the course. ●
- Recognize factors such as fatigue, stress, and competing demands/roles that impact on personal and professional performance. Seek assistance when professional or personal performance is compromised.
- Contribute to Team Based Learning (TBL) and Discovery Learning (DL) and small group discussion in a respectful manner.

Endocrinology & Metabolism

Course Objectives

Medical expert

- Obtain a history related to an endocrine case.
- Explain symptoms and signs encountered in common endocrine diseases:
 - polyuria and polydipsia
 - fatigue
 - weight loss
 - fractures and reduced bone density
 - hypertension/hypotension
 - weight gain/obesity
 - hirsutism
 - changes in growth and development
 - changes in pubertal onset or progression
 - erectile dysfunction, gynecomastia
 - nausea, headache, palpitations and sweating
 - vomiting
 - hypercalcemia/hypocalcemia
 - adrenal insufficiency
 - hypoglycemia/ hyperglycemia
 - hyperthyroidism/hypothyroidism
 - hypogonadism in males
 - panhypopituitarism
- Identify appropriate laboratory and imaging investigations used in the diagnosis and management of endocrine diseases.
- Explain the origin and biology of common endocrine disorders throughout the life span.
- Develop a reasonable systematic approach to the diagnosis and management of possible endocrine causes of common clinical presentations.
- Explain complications of diabetes.
- Describe nutritional principles as they apply to management of diabetes.

Communicator

- Demonstrate the ability to be facilitative with peers, patients, families, caregivers, community resources and interdisciplinary team members.
- Gather information about a patient's beliefs, concerns, expectations and illness experience.

- Explain the importance of effective patient-centered communication in the patient-physician relationship and its effect on patient outcomes.
- Recognize and demonstrate best practice on how the verbal and non-verbal cues affect the patient-physician relationship and patient outcomes.
- Deliver information in a professional, patient-centered manner and in such a way that is understandable and encourages discussion and participation in decision-making.
- Discuss patient encounters and the importance of treating patients with respect and maintaining patient confidentiality.
- Demonstrate awareness and sensitivity to human differences, including differences in age, gender, disability, sexual orientation, ethnicity, cultural background, socioeconomic or psychosocial factors.
- Provide and be receptive to constructive and professional feedback to and from peers and preceptors about their communication practices and group work interactions.

Collaborator

- Discuss the role of gastroenterologists, general surgeons, dieticians, and other health professionals in the management of gastrointestinal disease in adult and children
- Describe the roles and responsibilities of other healthcare professionals.
- Recognize one's own differences, biases, assumptions and limitations that may contribute to interprofessional tension.
- Work collaboratively with others.
- Explain how to work effectively in a team to achieve an appropriate outcome.
- Interact respectfully and professionally with small group and team members and describe the value of team members.

Leader

- Explain the leadership role of the physician with regards to helping patients navigate the healthcare system.
- Discuss the concept of resource allocation in the management of the individual patient's healthcare within the whole health system.
- Discuss and begin to incorporate cost perspectives into clinical decision-making.
- Make proficient use of technology assisted learning as it is deployed in this course.

Scholar

- Facilitate the learning of self and others in various small-group and team-based settings.
- Demonstrate the ability to engage in self-directed learning based on reflective practice and life-long learning principles.
- Understand how to formulate a clinical question and search the literature using the library website and other resources.
- Identify the history of medical research as it applies to the discovery of insulin.
- Research the information required (including evidence-based resources and other resources) in order to prepare for presenting possible diagnostic and management options for discussion.
- Critically appraise retrieved evidence and information and demonstrate integration of new learning.

- Apply the concepts of validity, importance and applicability to help clinicians answer clinical questions and patients' questions regarding therapy, harm, diagnosis, prognosis, and screening.
- Provide and receive effective feedback.

Health advocate

- Recognize different points of view regarding culture, religion, beliefs, illness, disease, medicine, and medical practices and discuss in an open and non-judgmental manner.
- Describe how different social determinants of health influence how the patient copes with an illness, disease and disability; and how they affect access to health care services.
- Identify emerging and ongoing issues for populations who are vulnerable.
- Identify points of influence in the healthcare system and its structure.
- Explain the concept of social accountability and principles of community engagement in responding to the needs of the community.
- Understand factors contributing to the obesity epidemic and describe prevention and treatment strategies for obesity.

Professional

- Adhere to the Wenzhou Medical University and University of Alberta Faculty of Medicine and Dentistry Code of Conduct and to the Professional Standards for Students in the Faculty of Medicine and Dentistry.
- Define professionalism as the key values required in the profession, including honesty, integrity, maintaining appropriate patient boundaries, maintaining confidentiality, and a commitment to patient well-being.
- Define professionalism in the context of medical school, and within the medical profession, and apply its principles to all activities, including during assignments, small group interactions, examinations, self-assessment, peer-assessment, faculty assessment, online in social media, etc.
- Discuss the importance of context in the interpretation of professionalism.
- Discuss how each physician has the obligation to actively maintain professional competence and participate in peer/colleague assessment and self-assessment as applicable.
- Explain how self-reflection facilitates the student's professional identity formation and shapes their approach to all patients.
- Discuss basic legal and ethical challenges that physicians face in practice and begin to apply key concepts to navigate these challenges.
- Give constructive and professional feedback and assessment to their peers and colleagues about attitudes, behaviors, practices and group work interactions in a structured manner.
- Demonstrate a sense of responsibility: taking initiative, carrying out assigned duties, and exhibiting dependability and self-direction.
- Demonstrate punctuality.
- Recognize and appropriately respond to ethical issues encountered during the course.
- Recognize factors such as fatigue, stress, and competing demands/roles that impact on personal and professional performance. Seek assistance when professional or personal performance is compromised.
- Contribute to Discovery Learning (DL) discussion in a respectful manner.

Cardiovascular System

Course Objectives

Medical expert

- Describe the characteristics of cardiac anatomy & physiology of the cardiovascular system, normal heart function, how cardiovascular system adapts to various loads, heart dysfunction / failure, valve dysfunction and coronary artery disease.
- Demonstrate an understanding of endocardial diseases including valve diseases and basic arrhythmias and their effect on heart function.
- List the causes and definition of syncope, including the history and physical findings to suggest cause, and to differentiate from other causes of loss of consciousness.
- Demonstrate a systematic approach to the interpretation of electrocardiography (ECG), including rhythm interpretation, arrhythmias including their causes and classifications and use of anti-arrhythmic drugs.
- Correlate the embryology of great vessels and heart with congenital heart diseases including cyanotic and acyanotic causes.
- List the different types of cardiomyopathies and their causes: dilated, hypertrophic and restrictive (+rarer types).
- Demonstrate an understanding of atherosclerosis, coronary disease (stable and unstable), venous diseases, aortic syndromes and peripheral vascular disease including pathophysiology, signs, symptoms, diagnosis and management.
- Describe the clinical features, pathophysiology, investigations and principles of treatment of pericardial diseases including pericarditis, tamponade and pericardial constriction

Communicator

- Ability to formulate / challenge learning issues and research presented in discovery learning sessions

Collaborator

- Ability to work well in group format in discovery learning to help work through weekly discovery learning cases, encouraging group interaction and learning

Leader

Scholar

- Demonstrating ability to research learning issues raised during discovery learning but also in various labs / whole class learning

Health advocate

- Discuss the physical and psychosocial effects of cardiac disease on children and adults.

Professional

- Adhere to the WMU and University of Alberta, Faculty of Medicine and Dentistry Code of Conduct and to the Professional Standards for Students in the Faculty of Medicine and Dentistry.
- Give constructive and professional feedback and assessment to their peers and colleagues about attitudes, behaviors, practices and group work interactions in a structured manner.

- Demonstrate a sense of responsibility: taking initiative, carrying out assigned duties, exhibiting dependability and self-direction.
- Demonstrate punctuality.
- Recognize and appropriately respond to ethical issues encountered during the course.
- Recognize factors such as fatigue, stress, and competing demands/roles that impact on personal and professional performance. Seek assistance when professional or personal performance is compromised.
- Contribute to Discovery Learning (DL) discussion in a respectful manner.

Pulmonary System

Course Objectives

Medical expert

- Recognize a patient with life-threatening respiratory disease
- Discuss the potential communicability of specific respiratory disorders (as well as methods to prevent their spread within health care facilities and the community)
- Discuss the basic concepts of respiratory resuscitation, including airway management, ventilation and oxygenation
- Perform a physical examination focusing on the respiratory system
- Explain the pathophysiology of common respiratory physical signs
- Use physical findings to diagnose common respiratory disorders such as pleural effusion, consolidation, pneumothorax and pulmonary fibrosis
- Use data from an arterial blood gas to identify abnormalities of gas exchange
- Use data from an arterial blood gas to identify common acid-base disorders
- Interpret a spirogram and a simple pulmonary function test
- Demonstrate a systematic approach to the interpretation of a chest radiograph
- Identify normal anatomic structures on a chest radiograph and chest CT
- Identify chest radiograph manifestations of common respiratory pathology including atelectasis, COPD, lung nodules/masses, pleural effusion, pneumonia, pneumothorax and pulmonary edema
- Discuss the following procedures: airway management using a bag and mask device, thoracentesis and tube thoracostomy
- Describe the clinically relevant embryologic and fetal development of the respiratory system
- Explain how the respiratory system changes through the course of the human life cycle
- Describe the clinically relevant histology of the respiratory system
- Recognize clinically relevant anatomic components of the chest wall, pleural space, mediastinum, lung, neck and head
 - Demonstrate an understanding of surface anatomy of the respiratory system
 - Correlate anatomic knowledge with chest radiograph and chest CT images
 - Discuss the pharmacology of common respiratory medications such as
 - Short-Acting Beta-Agonists, Long-Acting Beta-Agonists, Short-Acting Anticholinergics, Long-Acting Muscarinic-Antagonists, Leukotriene-Receptor Antagonists and corticosteroids (Inhaled Corticosteroids, systemic steroids)
- Describe the etiology, pathophysiology, epidemiology, clinical manifestations, diagnosis, prevention and treatment of the following clinical conditions:

- Asthma
- COPD
- Common congenital disorders of the respiratory system
- Cystic Fibrosis
- Recognize and demonstrate an approach to the following symptoms/clinical presentations:
 - Chest pain (cardiac and non-cardiac)
 - Cough (acute and chronic)
 - Dyspnea
 - Hemoptysis
 - Sputum
 - Stridor
 - Wheeze
- Recognize respiratory conditions common to pediatric, adult and geriatric patients and populations (describe the etiology, pathophysiology, epidemiology, clinical manifestations, diagnosis, prevention and treatment of the following clinical conditions (refer to session-specific objectives for details):
 - Asthma
 - COPD
 - Common congenital disorders of the respiratory system
 - Cystic Fibrosis
 - Hyaline membrane disease (respiratory distress syndrome)
 - Idiopathic Pulmonary Fibrosis (as the most common example of interstitial lung disease)
 - Lung cancer
 - Occupational/environmental lung disease (asbestosis, occupational asthma) o Otitis media
 - Pleural effusion
 - Pneumonia
 - Pneumothorax
 - Respiratory failure
 - Sleep disordered breathing (snoring, obstructive sleep apnea, central sleep apnea, narcolepsy)
 - Tobacco addiction
 - Tuberculosis
 - Upper respiratory tract infections
 - Venous thromboembolic disease

Communicator

- Ability to formulate / challenge learning issues and research presented in discovery learning sessions

Collaborator

- Ability to work well in group format in discovery learning to help work through weekly discovery learning cases, encouraging group interaction and learning

Leader

- Managing time demands from course work

Scholar

- Demonstrating ability to research learning issues raised during discovery learning but also in various labs / whole class learning

Health advocate

- Consider the physical and psychosocial effects of cardiac disease on children and adults.

Professional

- Adhere to the WMU and University of Alberta, Faculty of Medicine and Dentistry Code of Conduct and to the Professional Standards for Students in the Faculty of Medicine and Dentistry.
- Give constructive and professional feedback and assessment to their peers and colleagues about attitudes, behaviors, practices and group work interactions in a structured manner.
- Demonstrate a sense of responsibility: taking initiative, carrying out assigned duties, exhibiting dependability and self-direction.
- Demonstrate punctuality.
- Recognize and appropriately respond to ethical issues encountered during the course.
- Recognize factors such as fatigue, stress, and competing demands/roles that impact on personal and professional performance. Seek assistance when professional or personal performance is compromised.
- Contribute to Discovery Learning (DL) discussion in a respectful manner.

Renal System

Course Objectives

Medical expert

- Describe features of the history and physical exam that are indicative of renal disease.
- Define the following signs and symptoms of renal disease: gross hematuria, peripheral edema, pulmonary edema, hypertension, flank pain, nocturia, foamy urine/proteinuria, costovertebral angle tenderness, abdominal masses, features of uremia.
- Identify methods used to screen for and investigate renal disease, including urinalysis and methods to assess GFR, urine culture, serum electrolytes, renal biopsy, and renal imaging.
- Demonstrate an approach to the following clinical presentations:
 - Hematuria
 - Proteinuria
 - Edema/Volume overload
 - Dysnatremias (hyponatremia and hypernatremia)
 - Hypokalemia and hyperkalemia
 - Acidosis and alkalosis
- Describe the pathophysiology, presenting signs and symptoms, differential diagnoses, clinical manifestations, complications, investigations and management for the following clinical conditions:
 - Acute renal failure

- Chronic renal failure in adults
- Hypertension
- Glomerulonephritis – nephritic
- Glomerulonephritis – nephrotic
- Diabetic nephropathy
- Tubulointerstitial disorders
- Vesicoureteric reflux (VUR) in children
- Pediatric chronic kidney disease (CKD)
- Hereditary and cystic renal disease
- Renovascular disease (RVD)
- Apply knowledge of early referral for education and access planning for dialysis patients
- Recognize the risks and disease prevention strategies for patients with ESKF.
- Describe the embryologic development of the genitourinary tract and some developmental abnormalities that could lead to congenital malformations of the kidneys, ureters and urinary bladder.
- Explain the histology of the nephron and how its structure relates to kidney function.
- Discuss the anatomy of the kidney and ureter.
- Discuss the physiology of the renal system, including:
 - GFR and tubular function
 - Sodium and water handling
 - Potassium handling
 - Acid base management
- Recognize the pathology associated with common renal diseases
- Discuss the relationship between pharmacology and renal function:
- Mechanism of action, clinical use, and side effects of diuretics drugs.
- Clearance and accumulation of medications: the impact of chronic kidney disease on drug pharmacokinetics and drug dosing, and common drug nephrotoxicity.
- Describe the basic science behind dialysis.

Communicator

- Demonstrate the ability to be facilitative with peers, patients, families, caregivers, community resources and interdisciplinary team members.
- Gather information about a patient’s beliefs, concerns, expectations and illness experience.
- Explain the importance of effective patient-centered communication in the patient-physician relationship and its effect on patient outcomes.
- Recognize and demonstrate best practice on how the verbal and non-verbal cues affect the patient-physician relationship and patient outcomes.
- Deliver information in a professional patient-centered manner and in such a way that is understandable, encourages discussion and participation in decision-making.
- Discuss patient encounters and the importance of treating patients with respect and maintaining patient confidentiality.
- Demonstrate awareness and sensitivity to human differences, including differences in age, gender, disability, sexual orientation, ethnicity, cultural background, socioeconomic or psychosocial factors.

- Provide and be receptive to constructive and professional feedback to and from peers and preceptors about their communication practices and group work interactions.

Collaborator

- Describe the role and responsibilities of other healthcare professionals.
- Recognize one's own differences, biases, assumptions and limitations that may contribute to interprofessional tension.
- Work collaboratively with others.
- Explain how to work effectively in a team to achieve an appropriate outcome.
- Interact respectfully and professionally with small group and team members and describe the value of team members.

Leader

- Make proficient use of technology assisted learning as it is deployed in this course.
- Explain the role of the physician with regards to helping patients navigate the healthcare system.
- Discuss the concept of resource allocation in the management of the individual patient's healthcare within the whole health system.
- Discuss and begin to incorporate the cost perspectives into clinical decision-making.

Scholar

- Facilitate the learning of self and others in various small-group and team-based settings.
- Demonstrate ability to engage in self-directed learning based on reflective practice and life-long learning principles.
- Understand how to formulate a clinical question and search the literature using the library website and other resources.
- Research the information required (including evidence-based resources and other resources) in order to prepare for presenting possible diagnostic and management options for discussion.
- Critically appraise retrieved evidence and information and demonstrate integration of new learning.
- Apply the concepts of validity, importance and applicability to help clinicians answer clinical questions and patients' questions regarding therapy, harm, diagnosis, prognosis, and screening.
- Provide and receive effective feedback.

Health advocate

- Recognize different points of view regarding culture, religion, beliefs, illness, disease, medicine, and medical practices and discuss in an open and non-judgmental manner. ● Describe how different social determinants of health influence how the patient copes with an illness, influences health, disease and disability, influences access to health care services and how they may or may not receive support.
- Identify emerging and ongoing issues for populations who are vulnerable.
- Identify points of influence in the healthcare system and its structure.
- Explain the concept of social accountability, principles of community engagement in responding to the needs of the community.

Professional

- Adhere to the WMU and University of Alberta, Faculty of Medicine and Dentistry Code of Conduct and to the Professional Standards for Students in the Faculty of Medicine and Dentistry.
- Define professionalism as the key values required in the profession, including honesty, integrity, maintaining appropriate patient boundaries, maintaining confidentiality, and a commitment to patient well-being.
- Define professionalism in the context of medical school, and within the medical profession, and to apply its principles to all activities, including during assignments, small group interactions, examinations, self-assessment, peer-assessment, faculty assessment, online in social media etc.
- Discuss the importance of context in the interpretation of professionalism.
- Discuss that self-regulation of the profession is a privilege and as such, each physician has the obligation to actively maintain professional competence participate in peer/colleague assessment and self-assessment as applicable.
- Explain how self-reflection facilitates the student's professional identity formation and shapes their approach to all patients.
- Discuss basic legal and ethical challenges that physicians face in practice and begin to apply key concepts to navigate these challenges.
- Give constructive and professional feedback and assessment to their peers and colleagues about attitudes, behaviors, practices and group work interactions in a structured manner.
- Demonstrate a sense of responsibility: taking initiative, carrying out assigned duties exhibiting dependability and self-direction.
- Demonstrate punctuality.
- Recognize and appropriately respond to ethical issues encountered during the course. ● Recognize factors such as fatigue, stress, and competing demands/roles that impact on personal and professional performance. Seek assistance when professional or personal performance is compromised.
- Contribute to Discovery Learning (DL) discussion in a respectful manner.

Gastroenterology & Nutrition

Course Objectives

Medical expert

- Describe the presentation, pathophysiology, clinical findings, diagnosis and management or treatment of the following disorders in adults:
 - Gastroesophageal reflux disease
 - Gastrointestinal bleeding
 - Acute and chronic liver disease
 - Viral hepatitis (A-E)
 - Non-viral hepatitis (including alcoholic hepatitis, hemochromatosis, Wilson's disease, primary biliary cirrhosis, autoimmune hepatitis, primary sclerosing cholangitis, NASH) o Cirrhosis and hepatic failure
 - Gallstone disease
 - Acute and chronic diarrhea
 - Acute and chronic pancreatitis

- Celiac disease
- Inflammatory bowel disease (Crohn's disease and ulcerative colitis)
- Diverticular disease
- Irritable bowel syndrome
- GI cancers (esophageal, gastric, pancreatic, colon)
- Rectal bleeding
- Acute abdominal pain
- Chronic lower abdominal pain
- Fecal incontinence
- Systemic disease that manifest in the oral cavity
- Adverse food reactions (food hypersensitivity/allergy and anaphylaxis, food intolerance)
- Describe the presentation, pathophysiology, clinical findings, diagnosis, and management or treatment of the following disorders in children:
 - Gastroesophageal reflux disease
 - Eosinophilic esophagitis
 - Peptic ulcer disease
 - Celiac disease
 - Congenital malformations (tracheoesophageal fistula, pyloric stenosis, intussusception, Meckel's diverticulum)
 - Neonatal jaundice and congenital liver abnormalities
 - Inflammatory bowel disease
 - Acute and chronic diarrhea
 - Constipation
 - Abdominal pain
 - Rectal bleeding
 - Adverse food reactions (food hypersensitivity/allergy and anaphylaxis, food intolerance)

Discuss principles of nutrition, and define and describe the following nutritional concepts:

- A normal diet
- Malnutrition measurement
- Indications for enteral or parenteral nutrition
- Describe principles of nutrition in the newborn, toddler and child, and discuss the following concepts:
 - Benefits of breastfeeding in infants
 - Nutrition monitoring, e.g., growth charts
- Describe the general guidelines for screening of colon cancer.
- List the immunizations available for viral hepatitis.
- Provide a comprehensive targeted GI-symptom medical history.
- Perform a physical examination for focusing on the GI system.
- Define and develop an approach to common presenting symptoms and signs of GI disease in adults and children, including:
 - Heartburn
 - dyspepsia
 - dysphagia

- chest pain
- odynophagia
- hematemesis
- hematochezia
- jaundice
- ascites
- hepatic encephalopathy
- biliary colic
- fatigue
- nausea
- vomiting
- abdominal pain
- diarrhea
- constipation
- anorexia
- weight loss
- anemia
- tenesmus
- fecal incontinence
- List the investigations, along with their main indicators, that are commonly used in gastroenterology, including endoscopy, radiography (abdominal x-rays, fluoroscopy studies, abdominal ultrasound, CT or MR), blood work, stool cultures, fecal occult blood testing, urea breath test.
- Develop a systematic approach to the interpretation of abdominal x-rays.
- Analyze and interpret liver function tests.
- Describe the physiology of the gastrointestinal system, including:
 - The oral cavity (salivary secretion)
 - Esophagus (esophageal motility)
 - Stomach (gastric motility and gastric acid secretion)
 - Small intestine (absorption of nutrients)
 - Large intestine (intestinal transport of fluid and electrolytes)
 - Liver (role in drug metabolism and bilirubin metabolism)
 - Pancreas (macronutrient digestion)
- Describe the anatomy and identify key structures of the abdomen, including the anterior and posterior abdominal walls, inguinal region, abdominal cavity, peritoneum and abdominal viscera, and retroperitoneal structures.
- Describe the embryological development of the abdominal cavity and gastrointestinal system and apply this knowledge to various congenital anomalies of the GI system.
- Describe the histology of the gastrointestinal tract, in particular the oral cavity, esophagus, and gastroesophageal junction.
- Describe the pharmacologic principles and the types of the drugs used in gastric acid suspension, laxatives and anti-diarrheal agents.

Communicator

- Demonstrate the ability to be facilitative with peers during the Gastroenterology and Nutrition course
- Discuss patient encounters and the importance of treating patients with respect and maintaining patient confidentiality.
- Demonstrate awareness and sensitivity to human differences, including differences in age, gender, disability, sexual orientation, ethnicity, cultural background, socioeconomic or psychosocial factors.
- Provide and be receptive to constructive and professional feedback to and from peers and preceptors about their communication practices and group work interactions.

Collaborator

- Discuss the role of gastroenterologists, general surgeons, dieticians, and other health professionals in the management of gastrointestinal disease in adult and children
- Describe the roles and responsibilities of other healthcare professionals.
- Recognize one's own differences, biases, assumptions and limitations that may contribute to interprofessional tension.
- Work collaboratively with others.
- Explain how to work effectively in a team to achieve an appropriate outcome.
- Interact respectfully and professionally with small group and team members and describe the value of team members.

Leader

- Make proficient use of technology assisted learning as it is deployed in this course.
- Describe the role of physician as a steward of resources when selecting investigations.

Scholar

- Facilitate the learning of self and others in various small-group and team-based settings.
- Demonstrate ability to engage in self-directed learning based on reflective practice and life-long learning principles.
- Understand how to formulate a clinical question and search the literature using the library website and other resources.
- Research the information required (including evidence-based resources and other resources) in order to prepare for presenting possible diagnostic and management options for discussion.
- Provide and receive effective feedback.

Health advocate

- Recognize the impact of acute diarrhea due to poor sanitation as a global health problem.
- Recognize different points of view regarding culture, religion, beliefs, illness, disease, medicine, and medical practices and discuss in an open and non-judgmental manner.

Professional

- Adhere to the WMU and University of Alberta, Faculty of Medicine and Dentistry Code of Conduct and to the Professional Standards for Students in the Faculty of Medicine and Dentistry.

- Give constructive and professional feedback and assessment to their peers and colleagues about attitudes, behaviors, practices and group work interactions in a structured manner.
- Demonstrate a sense of responsibility: taking initiative, carrying out assigned duties, exhibiting dependability and self-direction.
- Demonstrate punctuality.
- Recognize and appropriately respond to ethical issues encountered during the course.
- Recognize factors such as fatigue, stress, and competing demands/roles that impact on personal and professional performance. Seek assistance when professional or personal performance is compromised.
- Contribute to Discovery Learning (DL) discussion in a respectful manner.

Reproductive Medicine & Urology

Course Objectives

Medical expert

- Outline and perform the basic elements of a reproductive history in patients of both sexes.
 - Describe the indications and basic technique of procedures unique to reproductive medicine (pelvic examination, Pap smear, digital rectal examination, uncomplicated labour and delivery).
- Identify the differences between common benign and malignant scrotal lesions.
- List the presenting symptoms of and basic treatment principles in diagnosing genitourinary trauma (kidney, bladder & urethra).
- Demonstrate a basic understanding of the treatment of benign prostatic hyperplasia (BPH), prostate cancer and other common inflammatory disorders of the prostate.
- Demonstrate basic understanding of the diagnosis and treatment of common urologic malignancies (renal cell carcinoma, transitional cell carcinoma of the bladder, and testis cancer).
- Explain the basic causes and general treatment options for urinary incontinence.
- Learn to classify, diagnose and develop an approach to treatment of urinary tract infections (bacterial cystitis, pyelonephritis, epididymitis, and prostatitis).
- Recognize and discuss the basic diagnosis and management of common pediatric urologic diseases (nocturnal enuresis, vesicoureteral reflux, cryptorchidism, testicular torsion and hypospadias).
- Diagnose and manage basic clinical concepts in urinary calculus disease.
 - Outline the surgical and non-surgical management of prolapse and urinary incontinence.
 - Explain the pathogenesis and associated sequelae of endometriosis and describe the signs and symptoms, surgical findings, diagnosis and the management of endometriosis.
- Define chronic pelvic pain and discuss the incidence, causes, pathophysiology, diagnostic procedures, and management of the heterogeneous group of disorders.
- Define primary and secondary dysmenorrhea and describe the causes, evaluation and management of each.
- Define abnormal uterine bleeding and dysfunctional uterine bleeding, and describe the causes, pathophysiology, diagnosis and management options for each.
- Describe the physiologic changes in the hypothalamic-pituitary-ovarian axis related to the climacteric and menopause and the associated physical, emotional, and sexual signs and symptoms.

- Define primary and secondary male and female infertility, describing for each the causes and approach to diagnosis and management.
- Describe the indications, contraindications, risks, and benefits of the treatments for menopause, including hormonal replacement, nutrition, exercise, and non-hormonal therapeutic options.
- Describe the rationale and methods of Pap smear screening for cervical dysplasia including colposcopy.
- Explain the typical management of cervical premalignant diseases.
- Explain the common course, diagnosis, and management of cervical cancer.
- Describe the symptoms, physical findings of uterine leiomyomas (fibroids) including methods of diagnosis and treatment.
- Outline the approach to the patient with postmenopausal vaginal bleeding.
- List the risk factors and symptoms/physical findings characteristic of endometrial carcinoma, the methods used in diagnosis and staging of the disease, and the typical disease course.
- List the differential diagnosis and management of the adnexal mass depending on age and mass characteristics.
- Describe the symptoms, physical findings, risk factors, diagnostic methods, histological classification of functional, benign and malignant ovarian tumors.
- Formulate an approach to investigation of medical complications [diseases] in pregnancy including the importance of appropriate testing for fetal health and well as monitoring of the maternal condition.
- Explain the initial and ongoing elements of antepartum care, including methods to diagnose pregnancy and establish gestational age; determination of obstetric risk status; techniques to assess fetal growth, maturity and well-being; appropriate diagnostic studies; antepartum patient education; antepartum nutritional needs; adverse effects of drugs.
- Outline the basic complications and management of early pregnancy including spontaneous abortion, ectopic pregnancy, and gestational trophoblastic disease.
- Describe how pregnancy affects or is affected by medical conditions such as diabetes mellitus, chronic hypertension, heart disease, recurrent pregnancy loss, previous genetic abnormalities, maternal age over 35, substance abuse, medications, nutrition and exercise, immunizations, and the workplace (including environmental hazards).
- Discuss the potential complications of late pregnancy including: Pregnancy induced hypertension, antepartum vaginal bleeding, intrauterine growth retardation (IUGR), SPROM, preterm labour, postdates pregnancy, small and large for dates gestations, multiple gestations, and isoimmunization.
- Develop a basic understanding of the principles and interpretation of antepartum and intrapartum fetal monitoring including ultrasound and fetal heart tracing.
- Outline a basic understanding of the mechanisms of labour and delivery and the common problems encountered including CPD, dystocia, breech presentation, shoulder dystocia, etc.
- Synthesize basic knowledge of the normal 3rd stage of labour and puerperium and lactation, and the types of problems that can develop including postpartum hemorrhage and postpartum fever.

- Apply basic knowledge of the diagnosis, prevention and treatment of specific infectious agents that are transmitted sexually including: N. gonorrhoea, C. trachomatis, T. pallidum, H. simplex, HIV, T. vaginalis, and HPV.
- Elicit and interpret information from the history and physical examination to diagnose common syndromes associated with STI's.
- Diagram the mode of action, effectiveness, advantages, disadvantages, contraindications and complications of the reversible and non-reversible methods of birth control.
- Diagram the indications, alternatives, methods and complications of therapeutic abortion.
- Outline the basic assessment of newborn status and immediate postpartum care of the newborn, including situations requiring immediate intervention.
- Describe the basic embryology from fertilization to complete organ development (within the male & female urogenital systems).
- Apply this knowledge to various congenital abnormalities of the genitourinary tract.
- Identify & describe the anatomy and histological appearance of the male and female reproductive systems, external genitalia and bladder.
- Demonstrate an understanding of female physiology through the stages of reproductive life, with an emphasis on the menstrual cycle and its dysfunction.
- Describe the physiologic changes that occur in the pregnant woman from fertilization to puerperium.
- Outline male reproductive physiology beginning from puberty to adulthood. · Describe the physiology of bladder function (filling & emptying).
- Discuss the predisposing factors, anatomy and neuromuscular pathophysiology of female pelvic prolapse.
- Describe the basic anatomy, histology, and function of the placenta.
- Outline the changes in pharmacodynamics occurring in a pregnant woman and neonate
- Describe how disease frequency varies amongst ethnic groups and be able to identify ethnic groups at increased risk for fetal genetic disorders or maternal medical conditions that impact pregnancy outcome.

Communicator

- Describe the considerations during initial counseling and support in situations involving potential or acute emotional reactions related to pregnancy loss, genitourinary surgery, and death/illness due to genitourinary cancer, sexual dysfunction, and abuse. · Demonstrate the ability to be facilitative with peers, patients, families, caregivers, community resources and interdisciplinary team members.
- Deliver information in a professional patient-centered manner and in such a way that is understandable, encourages discussion and participation in decision-making. · Discuss patient encounters and the importance of treating patients with respect and maintaining patient confidentiality.
- Demonstrate awareness and sensitivity to human differences, including differences in age, gender, disability, sexual orientation, ethnicity, cultural background, socioeconomic or psychosocial factors.
- Provide and be receptive to constructive and professional feedback to and from peers and preceptors about their communication practices and group work interactions.

Collaborator

- Outline the role of physicians, nurses, psychologists, social workers, midwives and other health professionals in managing the spectrum of genitourinary illness and maintaining reproductive health
- Discuss the role of the physician, nurse, midwife and other health professionals in the care of the normal healthy pregnant woman and her newborn
- Recognize one's own differences, biases, assumptions and limitations that may contribute to interprofessional tension.
- Work collaboratively with others.
- Explain how to work effectively in a team to achieve an appropriate outcome. · Interact respectfully and professionally with small group and team members and describe the value of team members.

Leader

- Make proficient use of technology assisted learning as it is deployed in this course. · Explain the Leader role of the physician with regards to helping patients navigate the healthcare system.
- Discuss the concept of resource allocation in the management of the individual patient's healthcare within the whole health system.

Scholar

- Facilitate the learning of self and others in various small-group and team-based settings. · Demonstrate ability to engage in self-directed learning based on reflective practice and life-long learning principles.
- Understand how to formulate a clinical question and search the literature using the library website and other resources.
- Research the information required (including evidence-based resources and other resources) in order to prepare for presenting possible diagnostic and management options for discussion.
- Critically appraise retrieved evidence and information and demonstrate integration of new learning.
- Apply the concepts of validity, importance and applicability to help clinicians answer clinical questions and patients' questions regarding therapy, harm, diagnosis, prognosis, and screening.
- Provide and receive effective feedback

Health advocate

- Demonstrate knowledge of the critical population and global health issues related to sexually transmitted infections, maternal and neonatal mortality, and Identify points of influence.
- Integrate knowledge of obstetrical health into health promotion and advocacy and identify points of influence in the healthcare system and its structure that could result in a decrease in worldwide maternal and neonatal mortality.
- Describe several options for mobilizing resources for the patient in need when concerning matters of reproductive health.

- Recognize different points of view regarding culture, religion, beliefs, illness, disease, medicine, and medical practices and discuss in an open and non-judgmental manner.
- Identify emerging and ongoing issues for populations who are vulnerable.

Professional

- Explain and demonstrate with integrity and respect the physician's responsibility in caring for ethical matters in reproductive medicine (age of consent, therapeutic abortion, fetal rights, etc.).
- Demonstrate honesty and responsibility when caring for a patient with matters pertaining to reproductive health.
- Demonstrate respect and dignity when dealing with the psychosocial effects of genitourinary health and disease (such as puberty, pregnancy, contraception, malignancy or sexually transmitted illness).
- Be aware of his / her own attitude toward unique health problems involving reproductive health and disease.
- Discuss the principles of patient autonomy and decision making in reproductive medicine especially around the issues of contraception, abortion and intrapartum care.
- Apply key medical, ethical and legal principles to hypothetical clinical scenarios in reproductive medicine especially around the issues of contraception, abortion and intrapartum care.
- Respect patients' religious, moral, and ethical beliefs and biases, in regard to prenatal diagnostic tests and recognize the ethical, moral, and psychological implications of a positive prenatal screen.
- Explain and demonstrate with integrity and respect the physician's responsibility in caring for ethical matters in reproductive medicine (age of consent, therapeutic abortion, fetal rights, etc.)
- Demonstrate respect and dignity when dealing with the psychosocial effects of genitourinary health and disease (such as puberty, pregnancy, contraception, malignancy or sexually transmitted illness).
- Demonstrate punctuality.
- Give constructive and professional feedback and assessment to their peers and colleagues about attitudes, behaviors, practices and group work interactions in a structured manner.
- Demonstrate a sense of responsibility: taking initiative, carrying out assigned duties exhibiting dependability and self-direction.
- Recognize factors such as fatigue, stress, and competing demands/roles that impact on personal and professional performance. Seek assistance when professional or personal performance is compromised.
- Contribute to Discovery Learning (DL) discussion in a respectful manner.

Musculoskeletal System

Course Objectives

The over-arching objectives for this course include the following:

- Understand the structure and function of the musculoskeletal system (including bone, joint, muscle, peripheral nerves, and skin) in terms of the anatomy, embryology, physiology, and pathophysiology of common musculoskeletal conditions.
- Develop a general approach to the clinical diagnosis of musculoskeletal and dermatological conditions, including but not limited to describing classifications and underlying mechanisms of musculoskeletal pain, identifying pertinent symptoms and clinical courses of typical presentations, and correlating pertinent physical examination findings with the underlying anatomy and pathophysiology.
- Develop an evidence-based and general approach to the use of appropriate investigation modalities with an understanding of indications and contraindications for use of different tests (blood work, imaging, pathology, etc.)
- Describe appropriate management options including conservative treatment, medications, and surgical interventions for common musculoskeletal and dermatological conditions.

Medical Expert

Describe structure and function of the MSK system and skin particularly as they underlie normal processes and disease states

- Anatomy (including bones, joints, muscles and mechanics of movement, cutaneous and muscle nerve supply, vascular supply) of the musculoskeletal system:
 - Axilla and brachial plexus
 - Shoulder region
 - Arm, forearm and hand
 - Back
 - Gluteal region
 - Hip and thigh
 - Leg and foot
- Embryology:
- Outline the Embryological development of the limbs
- Physiology structure and organization of cartilage, bone, muscle and skin:
- Explain how the bone remodeling cycle occurs and apply this knowledge to relevant clinical scenarios (e.g., fracture healing stages, approximate fracture healing times, osteoporosis)
- Explain the skeletal muscle contractile cycle
- Describe the structure and function of the skin (including definition of the terms macule, papule, nodule, plaque, vesicle, cyst, ulcer)
- Describe a general approach to MSK pain including
- Describe the general classification of musculoskeletal diseases and compare and contrast the terms articular and non-articular MSK pain
- Compare and contrast inflammatory, mechanical, infectious, crystalline, traumatic, neoplastic and metabolic categories MSK pain
- Categorize joint pain using the terms non-articular pain, monoarthritis, oligoarthritis and polyarthritis; and acute arthritis, acute episodic arthritis and chronic arthritis
- Demonstrate an approach to broad musculoskeletal or skin presentations, including:
 - Joint pain

- Limp
- Neck/back pain
- Soft tissue pain
- Trauma
- Skin conditions and rash:
- Define and explain the relevance of common symptoms and signs encountered in MSK and rheumatologic histories and physical examinations including
- Constitutional and systemic symptoms (including weight loss, fever, fatigue)
- MSK symptoms (including morning stiffness, loss of function, loss of movement, arthralgia, proximal muscle weakness, limp and/or abnormal gait, joint crepitus, decreased range of motion, joint tenderness and effusions)
- Obtain a functional history (including definitions of impairment, disability and handicap, basic ADLs, instrumental ADLs)
- Perform common MSK examinations including:
 - Screening MSK Examination (including the Look, Move, Feel general approach and the GALS (gait arms legs spine) screening exam)
 - Orthopedic examination of the newborn
 - Knee Exam
 - Hip Exam
 - Shoulder Exam
 - Back exam
 - Neck exam
- Describe the clinical features, pathophysiology, investigations and principles of treatment of key MSK and skin diseases and
- Compare and contrast the clinical features of common and/or serious injuries and indications for referral to a specialist for:
- Rheumatologic Problems:
 - Osteoarthritis
 - Rheumatoid arthritis
 - Seronegative spondyloarthropathies (including ankylosing spondylitis, psoriatic arthritis, reactive arthritis (Reiter's syndrome), arthritis of inflammatory bowel disease)
 - Systemic Lupus Erythematosus (SLE)
 - Connective tissue diseases (including dermatomyositis and polymyositis, Sjogren's Syndrome, Scleroderma (systemic sclerosis))
 - Vasculitis (including temporal arteritis/giant cell arteritis)
 - Polymyalgia rheumatic
 - Fibromyalgia
 - Tendonitis, bursitis and overuse syndromes
 - Crystal-induced arthritis (including gout and pseudogout)
 - Septic arthritis
 - Axial disorders (including urgent back pain, mechanical back pain, neurological back pain, red flag back pain, soft tissue neck pain and whiplash disorder)

- Musculoskeletal presentations or complications of common endocrine, neurologic, hematologic and infectious diseases
- Orthopedic problems including: Fractures of the upper and lower extremities (including clavicle fracture, humerus, scaphoid fracture, radial fracture, femur fracture, Tibial/Fibular fracture)
- Describe fracture patterns, list the classification of fractures and list the potential complications of fractures, including those that are life-threatening (e.g, ARDS, shock, associated injuries), limb-threatening (e.g., arterial injury, compartment syndrome) and chronic (e.g., reflex sympathetic dystrophy, non-union, nerve injury)
- Dislocations, subluxations, sprains, ligament injuries
- Tendon injury or rupture
- Muscle trauma/injury, including muscle strain
- Specific shoulder problems (e.g., rotator cuff, frozen shoulder)
- Specific knee trauma and conditions (e.g., meniscal pathology, ligament injuries)
- Common orthopedic problems of the ankles and feet (e.g., hallux valgus, plantar fasciitis)
- Common and/or important bone tumors (including recognition of basic patterns of aggressive vs. non-aggressive lesions clinically and on standard radiographs)
- Pediatric problems
 - Scoliosis
 - Orthopedic problems of the newborn, infant and child (including developmental dysplasia of the hip, Legg Calve Perthes disease, slipped capital femoral epiphysis, genu varum and genu valgus, club foot , in-toeing and out-toeing and osteomyelitis)
 - Pediatric fractures and growth plate injuries
 - Pediatric Inflammatory Joint and muscle diseases (including recognition of how pediatric joint and muscle diseases such as juvenile idiopathic arthritis, juvenile ankylosing spondylitis and juvenile dermatomyositis differ in presentation and clinical course from disease in the adult)
 - Pediatric soft tissue and overuse syndromes (including apophysitis, patellofemoral syndrome)

Skin Conditions

- Erythematous skin lesions (including flushing, urticaria, erythema)
- multiforme, vasculitis, chronic wounds, erythema nodosum)
- Leg ulcers
- Skin infections (including common bacterial, common viral, superficial fungal, necrotizing fasciitis)
- Benign skin tumors (including seborrheic keratosis, benign melanocytic tumors)
- Common hair disorders
- Skin cancers (including melanoma, basal cell carcinoma, actinic keratosis, squamous cell carcinoma)
- Psoriasis
- Warts
- Acne vulgaris
- Atopic dermatitis /eczema

- Burn injuries
- Common skin manifestations of systemic diseases (including diabetes mellitus, hyper and hypo thyroidism, kidney and liver diseases, SLE, dermatomyositis, scleroderma)

Develop an approach to the interpretation of common and/or important investigations that are used in the evaluation of musculoskeletal or skin disease, along with their main indications, including:

- Blood work (including interpretation of ESR, CRP, rheumatoid factor, CK, ANA and synovial fluid analysis)
- Diagnostic imaging (including interpretation of simple plain radiographs and description of indications for CT, MRI, ultrasound, arthroscopy, arthrography and bone scans)
- Electromyography (EMG), nerve conduction studies (NCS)
- Pathology (e.g., muscle biopsy, temporal artery biopsy, skin biopsy)
- KOH preparation
- Develop an approach to key principles of management of common MSK diseases
- Outline the mechanism of action, indications, common and serious side effects of medications used in the treatment of musculoskeletal disease (e.g., non-steroidal anti-inflammatory medications (NSAIDs), acetaminophen, steroids and key disease modifying medications)
- Explain the importance of lifestyle modifications and physical therapies in the management of MSK disorders
- Discuss the role of physical activity in promoting a healthy lifestyle in musculoskeletal disorders
- List the steps involved in rehabilitation of musculoskeletal injuries and write an appropriate prescription for rehabilitation therapy
- Define the term orthosis and compare and contrast the functions of orthoses in MSK management plans
- Describe the use and potential impact of complementary and alternative practices in the treatment of musculoskeletal disease

Describe the characteristics of common bacteria, viruses, parasites and fungi that cause human infections.

- Correlate the structure and virulence factors of these organisms with their ability to cause infections.
- List the mechanism of action, spectrum of activity and side effects of commonly used antimicrobials and the basic means by which microorganisms may develop resistance to these agents.
- Describe the organization of the immune system and show understanding of its function in protection against infection including the consequences of immune deficiency and immune dysregulation (hypersensitivity and autoimmunity)
- Describe the basic events underlying the inflammatory response.
- Demonstrate understanding of infectious diseases in the context of global health issues
- Demonstrate a basic understanding of blood cells and transfusions.

Communicator

- Communicate effectively with patients expressing musculoskeletal system concerns · Demonstrate consideration for the patient’s comfort during physical examination of musculoskeletal system
- Discuss the potential ways in which lives of patients with musculoskeletal problems are affected by their conditions.
- Demonstrate the ability to be facilitative with peers, patients, families, caregivers, community resources and interdisciplinary team members.
- Gather information about a patient’s beliefs, concerns, expectations and illness experience.
- Explain the importance of effective patient-centered communication in the patient-physician relationship and its effect on patient outcomes.
- Recognize and demonstrate best practice on how the verbal and non-verbal cues affect the patient-physician relationship and patient outcomes.
- Deliver information in a professional patient-centered manner and in such a way that is understandable, encourages discussion and participation in decision-making. Discuss patient encounters and the importance of treating patients with respect and maintaining patient confidentiality.
- Demonstrate awareness and sensitivity to human differences, including differences in age, gender, disability, sexual orientation, ethnicity, cultural background, socioeconomic or psychosocial factors.
- Provide and be receptive to constructive and professional feedback to and from peers and preceptors about their communication practices and group work interactions.

Collaborator

- Describe and briefly outline the roles of health care professionals involved in the treatment of musculoskeletal and skin diseases, and the importance of interprofessional collaboration:
 - Family medicine physician
 - Rheumatologist (adult and pediatric)
 - Orthopedic surgeon (adult and pediatric)
 - Physical medicine and rehabilitation specialist (physiatrist)
 - Sport and Exercise Medicine Physician
 - Physical therapist
 - Occupational therapist
 - Dermatologist
 - Plastic surgeon
- Recognize one’s own differences, biases, assumptions and limitations that may contribute to interprofessional tension.
- Work collaboratively with others.
- Explain how to work effectively in a team to achieve an appropriate outcome. · Interact respectfully and professionally with small group and team members and describe the value of team members.

Leader

- Make proficient use of technology assisted learning as it is deployed in this course. · Explain the Leader role of the physician with regards to helping patients navigate the healthcare system.
- Discuss the concept of resource allocation in the management of the individual patient's healthcare within the whole health system.
- Discuss and begin to incorporate the cost perspectives into clinical decision-making.

Scholar

- Facilitate the learning of self and others in various small-group and team-based settings. · Demonstrate ability to engage in self-directed learning based on reflective practice and life-long learning principles.
- Understand how to formulate a clinical question and search the literature using the library website and other resources.
- Research the information required (including evidence-based resources and other resources) in order to prepare for presenting possible diagnostic and management options for discussion.
- Critically appraise retrieved evidence and information and demonstrate integration of new learning.
- Apply the concepts of validity, importance and applicability to help clinicians answer clinical questions and patients' questions regarding therapy, harm, diagnosis, prognosis, and screening.
- Provide and receive effective feedback

Health advocate

- Recognize different points of view regarding culture, religion, beliefs, illness, disease, medicine, and medical practices and discuss in an open and non-judgmental manner.
- Describe how different social determinants of health influence how the patient copes with an illness, influences health, disease and disability, influences access to health care services and how they may or may not receive support.
- Identify emerging and ongoing issues for populations who are vulnerable.
- Identify points of influence in the healthcare system and its structure.
- Explain the concept of social accountability, principles of community engagement in responding to the needs of the community.

Professional

- Adhere to the WMU and University of Alberta, Faculty of Medicine and Dentistry Code of Conduct and to the Professional Standards for Students in the Faculty of Medicine and Dentistry.
- Define professionalism as the key values required in the profession, including honesty, integrity, maintaining appropriate patient boundaries, maintaining confidentiality, and a commitment to patient well-being.
- Define professionalism in the context of medical school, and within the medical profession, and to apply its principles to all activities, including during assignments,

- small group interactions, examinations, self-assessment, peer-assessment, faculty assessment, online in social media etc.
- Discuss the importance of context in the interpretation of professionalism.
 - Discuss that each physician has the obligation to actively maintain professional competence participate in peer/colleague assessment and self-assessment as applicable.
 - Explain how self-reflection facilitates the student's professional identity formation and shapes their approach to all patients.
 - Discuss basic legal and ethical challenges that physicians face in practice and begin to apply key concepts to navigate these challenges.
 - Give constructive and professional feedback and assessment to their peers and colleagues about attitudes, behaviors, practices and group work interactions in a structured manner.
 - Demonstrate a sense of responsibility: taking initiative, carrying out assigned duties exhibiting dependability and self-direction.
 - Demonstrate punctuality.
 - Recognize and appropriately respond to ethical issues encountered during the course.
 - Recognize factors such as fatigue, stress, and competing demands/roles that impact on personal and professional performance
 - Seek assistance when professional or personal performance is compromised.
 - Contribute to Discovery Learning (DL) discussion in a respectful manner.

Psychiatry

Course Objectives

Medical expert

- List DSM-5 definition criteria and important symptoms for schizophrenia, bipolar 1 and 2 disorders, major depressive disorder, anxiety disorders (social phobia, panic disorder, agoraphobia, and generalized anxiety disorder), obsessive-compulsive disorder, post-traumatic stress disorder, and the eating disorders (anorexia nervosa, bulimia nervosa).
- Describe for each disorder the:
 - Epidemiology
 - Etiology
 - Pathophysiology
- Describe investigations for a patient presenting with symptoms of each disorder.
- Discuss medication treatment for each disorder, emphasizing recent Canadian guidelines, and name the first-line treatments.
- Describe the serious and common side effects of medication treatments.
- Describe the monitoring and management of side effect common to the medication treatments.
- Discuss alternative & psychosocial treatments for each disorder.
- Discuss prognosis in each disorder.
- In terms of DSM-5 definition criteria and treatment, discuss disorders specific to:
 - child psychiatry
 - geriatric psychiatry
 - personality

- sleep-wake
 - sexual dysfunctions
 - gender dysphoria
 - substance-related
 - somatic symptoms
- Discuss ADHD as it relates to adults in terms of diagnosis and treatment.
 - Demonstrate awareness of how cultural diversity affects the diagnosis and treatment of mental illnesses.
 - Prioritize the management of a patient presenting with a mental health concern as the chief complaint.
 - Describe and perform a psychiatric interview, mental status examination, risk assessment, and formulation of a patient.
 - Evaluate the literature and create a 10-minute presentation and exam question on a topic of interest.
 - Describe how neuroanatomy relates to function and clinical problems.

Communicator

- Demonstrate the ability to be facilitative with peers, patients, families, caregivers, community resources and interdisciplinary team members.
- Gather information about a patient's beliefs, concerns, expectations and illness experience.
- Explain the importance of effective patient-centered communication in the patient-physician relationship and its effect on patient outcomes.
- Recognize and demonstrate best practice on how the verbal and non-verbal cues affect the patient-physician relationship and patient outcomes.
- Deliver information in a professional patient-centered manner and in such a way that is understandable, encourages discussion and participation in decision-making.
- Discuss patient encounters and the importance of treating patients with respect and maintaining patient confidentiality.
- Demonstrate awareness and sensitivity to human differences, including differences in age, gender, disability, sexual orientation, ethnicity, cultural background, socioeconomic or psychosocial factors.
- Provide and be receptive to constructive and professional feedback to and from peers and preceptors about their communication practices and group work interactions.

Collaborator

- Describe the role and responsibilities of other healthcare professionals.
- Recognize one's own differences, biases, assumptions and limitations that may contribute to interprofessional tension.
- Work collaboratively with others.
- Explain how to work effectively in a team to achieve an appropriate outcome.
- Interact respectfully and professionally with small group and team members and describe the value of team members.
- Make proficient use of technology assisted learning as it is deployed in this course.
- Explain the Leader role of the physician with regards to helping patients navigate the healthcare system.

- Discuss the concept of resource allocation in the management of the individual patient's healthcare within the whole health system.
- Discuss and begin to incorporate the cost perspectives into clinical decision-making.

Scholar

- Facilitate the learning of self and others in various small-group and team-based settings.
- Demonstrate ability to engage in self-directed learning based on reflective practice and life-long learning principles.
- Understand how to formulate a clinical question and search the literature using the library website and other resources.
- Research the information required (including evidence-based resources and other resources) in order to prepare for presenting possible diagnostic and management options for discussion.
- Critically appraise retrieved evidence and information and demonstrate integration of new learning.
- Apply the concepts of validity, importance and applicability to help clinicians answer clinical questions and patients' questions regarding therapy, harm, diagnosis, prognosis, and screening.
- Provide and receive effective feedback

Health advocate

- Recognize different points of view regarding culture, religion, beliefs, illness, disease, medicine, and medical practices and discuss in an open and non-judgmental manner.
- Describe how different social determinants of health influence how the patient copes with an illness, influences health, disease and disability, influences access to health care services and how they may or may not receive support.
- Identify emerging and ongoing issues for populations who are vulnerable.
- Identify points of influence in the healthcare system and its structure.
- Explain the concept of social accountability, principles of community engagement in responding to the needs of the community.

Professional

- Adhere to the WMU and University of Alberta, Faculty of Medicine and Dentistry Code of Conduct and to the Professional Standards for Students in the Faculty of Medicine and Dentistry.
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- Define professionalism in the context of medical school, and within the medical profession, and to apply its principles to all activities, including during assignments, small group interactions, examinations, self-assessment, peer-assessment, faculty assessment, online in social media etc.
- Discuss the importance of context in the interpretation of professionalism.
- Discuss how each physician has the obligation to actively maintain professional competence participate in peer/colleague assessment and self-assessment as applicable.

- Explain how self-reflection facilitates the student’s professional identity formation and shapes their approach to all patients.
- Discuss basic legal and ethical challenges that physicians face in practice and begin to apply key concepts to navigate these challenges.
- Give constructive and professional feedback and assessment to their peers and colleagues about attitudes, behaviors, practices and group work interactions in a structured manner.
- Demonstrate a sense of responsibility: taking initiative, carrying out assigned duties exhibiting dependability and self-direction.
- Demonstrate punctuality.
- Recognize and appropriately respond to ethical issues encountered during the course. ● Recognize factors such as fatigue, stress, and competing demands/roles that impact on personal and professional performance. Seek assistance when professional or personal performance is compromised.
- Contribute to Discovery Learning (DL) and Team based learning (TBL) discussion in a respectful manner.

Neurosciences & Organs of the Special Senses

Course Objectives

Medical expert

- List the elements of the Neurological, Eye, Otolaryngology (Ear, Nose and Throat (ENT) and developmental examination, and describe how to perform each element. · Localize lesions in patients who present with symptoms suggestive of a problem involving the nervous system or organs of special sense.
- List the most important causes of common neurological, or special sense symptoms or developmental disorders. Discuss the investigations required to make a specific diagnosis. · Develop an approach to the management of important neurological, ocular, ENT or developmental pediatric disorders, considering patient education, specific treatment, symptomatic treatment, psychological support, specialist referral and follow-up.
- Recognize serious neurological, ocular, or ENT presentations that are best handled by urgent referral to a specialist.

Communicator

- Demonstrate the ability to be facilitative with peers, patients, families, caregivers, community resources and interdisciplinary team members.
- Gather information about a patient’s beliefs, concerns, expectations and illness experience.
- Explain the importance of effective patient-centered communication in the patient-physician relationship and its effect on patient outcomes.
- Recognize and demonstrate best practice on how verbal and non-verbal cues affect the patient-physician relationship and patient outcomes.
- Deliver information in a professional patient-centered manner and in such a way that is understandable, encourages discussion, as well as participation in decision-making. · Discuss patient encounters and the importance of treating patients with respect and maintaining patient confidentiality.

- Demonstrate awareness and sensitivity to human differences, including differences in age, gender, disability, sexual orientation, ethnicity, cultural background, socioeconomic or psychosocial factors.
- Provide and be receptive to constructive and professional feedback to and from peers and preceptors about their communication practices and group work interactions.

Collaborator

- Describe the role and responsibilities of other healthcare professionals. · Recognize one's own differences, biases, assumptions and limitations that may contribute to interprofessional tension. · Work collaboratively with others.
- Explain how to work effectively in a team to achieve an appropriate outcome. · Interact respectfully and professionally with small group and team members and describe the value of team members.

Leader

- Make proficient use of technology assisted learning as it is deployed in this course. · Explain the Leader role of the physician with regards to helping patients navigate the healthcare system.
- Discuss the concept of resource allocation in the management of the individual patient's healthcare within the whole health system.
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Scholar

- Facilitate the learning of self and others in various small-group and team-based settings.
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- Provide and receive effective feedback

Health advocate

- Recognize different points of view regarding culture, religion, beliefs, illness, disease, medicine, and medical practices and discuss in an open and non-judgmental manner.
- Describe how different social determinants of health influence how the patient copes with an illness, influences health, disease and disability, influences access to health care services and how they may or may not receive support.
- Identify emerging and ongoing issues for populations who are vulnerable.

- Identify points of influence in the healthcare system and its structure.

Professional

- Adhere to the WMU and University of Alberta, Faculty of Medicine and Dentistry Code of Conduct and to the Professional Standards for Students in the Faculty of Medicine and Dentistry.
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- Define professionalism in the context of medical school, and within the medical profession, and to apply its principles to all activities, including during assignments, small group interactions, examinations, self-assessment, peer-assessment, faculty assessment, online in social media etc.
- Discuss the importance of context in the interpretation of professionalism.
- Discuss why each physician has the obligation to actively maintain professional competence, participate in peer/colleague assessment, and self-assessment as applicable.
- Explain how self-reflection facilitates the student's professional identity formation and shapes their approach to all patients.
- Discuss basic legal and ethical challenges that physicians face in practice and begin to apply key concepts to navigate these challenges.
- Give constructive and professional feedback and assessment to their peers and colleagues about attitudes, behaviors, practices and group work interactions in a structured manner.
- Demonstrate a sense of responsibility: taking initiative, carrying out assigned duties exhibiting dependability and self-direction.
- Demonstrate punctuality.
- Recognize and appropriately respond to ethical issues encountered during the course. Recognize factors such as fatigue, stress, and competing demands/roles that impact on personal and professional performance. Seek assistance when professional or personal performance is compromised.
- Contribute to Discovery Learning (DL) discussion in a respectful manner.

Oncology

Course Objectives

Medical Expert

- Discuss the pathogenesis of cancer, from initial transformation of the cancer cell to metastatic potential.
- Discuss the principles behind surgery, radiation, and systemic therapy and how they may be used to cure or palliate patients with cancer.
- Describe how comorbid medical conditions may impact on the ability of the clinician to successfully treat cancer.
- Describe differences in gender specific cancers, including gender predisposition to certain malignancies.
- Describe how pediatric and adult cancer patients differ in terms of risk factors, types of diseases that present, and treatment principles.

- Discuss the common toxicities of treatment for cancer and therapeutic strategies that can be used to minimize them.
- Recognize how patients present with cancer, including key clinical symptoms and signs
 - Discuss the clinical presentation, diagnostic work up, and treatment principles related to the following:
 - Breast neoplasms
 - Prostate neoplasms
 - Testicular neoplasms
 - Gastric neoplasm
 - Lung neoplasms
 - Colorectal neoplasms
 - Spinal cord compression
 - Malignant hypercalcemia
 - Kidney and bladder neoplasms
 - Hematologic conditions
 - Leukemia
 - Lymphoma
 - Multiple myeloma
 - Neutropenia
 - Anemia
 - Thrombocytopenia
 - Waldenstrom's Macroglobulinemia
 - Polycythemia
 - Stomatitis
- Demonstrate the ability to obtain a proper pain history and order analgesics appropriately
- Demonstrate the ability to perform a proper breast examination
- Explain the principles of screening for cancer and discuss the pros and cons of screening programs currently available for the most common cancers
- Demonstrate the ability to rationally order and interpret laboratory or other tests in managing the patient with cancer
- Interpret a complete blood count and describe an appropriate secondary work up for abnormalities discovered.
- Demonstrate the ability to break bad news in a simulated setting
- Recognize patients experiencing an oncology emergency and demonstrate appropriate management skills related to the problem at hand
- Demonstrate an understanding of the relationship between the following clinical presentations and oncology:
 - Nausea
 - Vomiting
 - Diarrhea
 - Hair loss (alopecia)
 - Mucositis
 - Xerostomia
 - Delirium
 - Dyspnea

- Infertility
- Dyspnea
- Altered bowel habit
- Constipation
- Demonstrate the ability to develop a differential diagnosis in determining the etiology behind symptom presentation in cancer patients
- Discuss the diagnostic work up and treatment principles related to the following common and/or important solid tumors:
 - Genitourinary cancers, with a particular emphasis on prostate and testicular cancers
 - Breast cancer
 - Gastrointestinal cancers, with a particular emphasis on colorectal cancer
 - Lung cancer (small and non-small cell)

Discuss the diagnostic work up and treatment principles related to the following common and/or important hematologic diseases:

- Acute myeloid leukemia
- Acute lymphoblastic leukemia
- Chronic lymphocytic leukemia
- Hodgkin's lymphoma
- Non-Hodgkin lymphoma
- Multiple myeloma
- Myeloproliferative disorders

Communicator

- Demonstrate the ability to recognize and diagnose delirium and discover its root cause, as well as manage the acute delirium situation.
- Demonstrate the ability to break bad news.
- Demonstrate the ability to be facilitative with peers, patients, families, caregivers, community resources and interdisciplinary team members.
- Gather information about a patient's beliefs, concerns, expectations and illness experience.
- Explain the importance of effective patient-centered communication in the patient-physician relationship and its effect on patient outcomes.
- Recognize and demonstrate best practice on how the verbal and non-verbal cues affect the patient-physician relationship and patient outcomes.
- Deliver information in a professional patient-centered manner and in such a way that is understandable, encourages discussion and participation in decision-making.
- Discuss patient encounters and the importance of treating patients with respect and maintaining patient confidentiality.
- Demonstrate awareness and sensitivity to human differences, including differences in age, gender, disability, sexual orientation, ethnicity, cultural background, socioeconomic or psychosocial factors.
- Provide and be receptive to constructive and professional feedback to and from peers and preceptors about their communication practices and group work interactions.

Collaborator

- Discuss the role that the physician and other members of the health care team play in the multi-disciplinary management of the cancer patient
- Understand the dual role of the clinician in managing individual patients as well as the cancer treatment system as a whole
- Demonstrate understanding of roles and responsibilities in a multidisciplinary health care team.

Leader

- Discuss the importance of continuity of care with other health care professionals and community organizations to provide coordinated care for patients.
- Discuss considerations when planning management and coordination of care, being aware of the community resources including home care and long-term care.
- Explain the role of the physician with regards to helping patients navigate the healthcare system.

Scholar

- Demonstrate the ability to use knowledge previously acquired in other courses in diagnosis and management of the cancer patient.
- Describe the role that clinical trials play in the development of new cancer treatments.
- Facilitate the learning of self and others in various small-group and team-based settings. ● Demonstrate ability to engage in self-directed learning based on reflective practice and life-long learning principles.
- Understand how to formulate a clinical question and search the literature using the library website and other resources.
- Research the information required (including evidence-based resources and other resources) in order to prepare for presenting possible diagnostic and management options for discussion.
- Critically appraise retrieved evidence and information and demonstrate integration of new learning.
- Apply the concepts of validity, importance and applicability to help clinicians answer clinical questions and patients' questions regarding therapy, harm, diagnosis, prognosis, and screening.
- Provide and receive effective feedback

Health Advocate

- Demonstrate an understanding of the impact of cancer on a global perspective, including differences in cancer rates and types between the developing and the developed world.
- Recognize the importance of public health promotion programs, such as tobacco cessation, in reducing the risk of cancer development.
- Identify community resources including home care and long-term care.
- Recognize the psychosocial aspects of cancer care delivery related to the ethical dilemmas and cancer treatment, including end-of-life decision making
- Recognize different points of view regarding culture, religion, beliefs, illness, disease, medicine, and medical practices and discuss in an open and non-judgmental manner.
- Identify points of influence in the healthcare system and its structure.

Professional

- Discuss key principles and dilemmas related to end-of-life care and decision making.
- Demonstrate respect, compassion, honesty, and caring in all activities related to the Oncology course.
- Adhere to the WMU and University of Alberta, Faculty of Medicine and Dentistry Code of Conduct, and to the Professional Standards for Students in the Faculty of Medicine and Dentistry.
- Give constructive and professional feedback and assessment to their peers and colleagues about attitudes, behaviors, practices and group work interactions in a structured manner.
- Demonstrate a sense of responsibility: taking initiative, carrying out assigned duties exhibiting dependability and self-direction.
- Demonstrate punctuality.
- Recognize and appropriately respond to ethical issues encountered during the course.
- Recognize factors such as fatigue, stress, and competing demands/roles that impact on personal and professional performance. Seek assistance when professional or personal performance is compromised.
- Contribute to Discovery Learning (DL) discussion in a respectful manner.

Health Systems Science 1, 2, 3 and 4

Course Objectives

Health systems science is a foundational platform and framework for the study and understanding of how care is delivered for patients and populations within systems of medical care, how health professionals work together to deliver that care, and how the health system can improve patient care and health care delivery. This course continues over 4 years and builds knowledge of core domains including health care structures and processes; interprofessional care; health care policy, economics, and management; clinical informatics and health information technology; global, population and public health; value-based care; health system improvement, design and systems thinking.

Medical expert

- Explain the fundamentals of how care is delivered to patients and populations within systems of medical care.
- Explain the fundamentals of how health professionals work together to deliver that care.
- Explain the fundamentals of how the health system can improve patient care and health care delivery.
- Explain the fundamentals of health care structures and processes; health care policy, economics, and management; clinical informatics and health information technology including the application of Artificial Intelligence and Big Data in medicine; population and public health; evidence-based medicine; value-based care; health system improvement, design and systems thinking.

Communicator

- Demonstrate the ability to be facilitative in communication and interaction with others.
- Deliver information in a professional manner and in such a way that is understandable, encourages discussion and participation in decision-making.

- Discuss patient encounters and the importance of treating patients with respect and maintaining patient confidentiality.
- Demonstrate awareness and sensitivity to human differences, including differences in age, gender, disability, ethnicity, and cultural background, socioeconomic or psychosocial factors.
- Provide and be receptive to constructive and professional feedback to and from peers and preceptors about communication practices and group work interactions.

Collaborator

- Describe the role and responsibilities of other healthcare professionals.
- Recognize one's own differences, biases, assumptions, and limitations that may contribute to inter-professional tension.
- Work collaboratively with others.
- Explain how to work effectively in a team to achieve an appropriate outcome.
- Interact respectfully and professionally with small group and team members and describe the value of team members

Leader

- Make proficient use of technology assisted learning as it is deployed in this course.
- Explain the role of the physician with regards to helping patients navigate the healthcare system.
- Discuss the concept of resource allocation in the management of the individual patient's healthcare within the whole health system.

Scholar

- Facilitate the learning of self and others in various small-group and team-based settings.
- Demonstrate ability to engage in self-directed learning based on reflective practice and life-long learning principles.
- Understand how to formulate a question and search the literature using the library website and other resources.
- Research the information required (including evidence-based resources and other resources) to prepare for discussions.
- Begin to critically appraise retrieved evidence and information and demonstrate integration of new learning.
- Apply the concepts of validity, importance, and applicability to help clinicians answer clinical questions and patients' questions regarding therapy, harm, diagnosis, prognosis, and screening.
- Provide and receive effective feedback.

Health advocate

- Recognize different points of view regarding culture, religion, beliefs, illness, disease, medicine, and medical practices and discuss in an open and non-judgmental manner.
- Describe how different social determinants of health influence how the patient copes with an illness, influences health, disease, and disability, influences access to health care services and how they may or may not receive support.
- Identify emerging and ongoing issues for populations who are vulnerable.

- Identify points of influence in the healthcare system and its structure.
- Explain the concept of social accountability, principles of community engagement in responding to the needs of the community.

Professional

- Adhere to the Wenzhou Medical University and University of Alberta, Faculty of Medicine and Dentistry Code of Conduct and to the Professional Standards for Students in the Faculty of Medicine and Dentistry.
- Define professionalism as the key values required in the profession, including honesty, integrity, maintaining appropriate patient boundaries, maintaining confidentiality, and a commitment to patient well-being.
- Define professionalism in the context of medical school, and within the medical profession, and to apply its principles to all activities, including during assignments, small group interactions, examinations, self-assessment, peer-assessment, faculty assessment, online in social media etc.
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- Demonstrate punctuality.
- Recognize and appropriately respond to ethical issues encountered during the course.
- Recognize factors such as fatigue, stress, and competing demands/roles that impact on personal and professional performance. Seek assistance when professional or personal performance is compromised.
- Contribute to Team Based Learning (TBL) and Discovery Learning (DL) and small group discussion in a respectful manner.

Program location

The students will complete most of the program at Wenzhou Medical University. The courses taught by UAlberta faculty will be in a blended format including both on campus in person and online synchronous and asynchronous sessions. Students will attend the UofA in person for a summer program between the second and third years of the program.

Program learning outcomes

Graduates of this degree program will be able to:

- Demonstrate clinical decision-making skills that integrate best evidence and acknowledge patient values.
- Apply basic knowledge of the etiology, pathogenesis, clinical features, complications, principles of prevention and management with emphasis on common and life-threatening illnesses across the age spectrum.
- Demonstrate knowledge on approaches to diagnosis and treatment with emphasis on common and urgent problems.
- Perform both complete and organ system-specific examinations appropriate to the age of the patient and nature of the clinical problem(s).
- Recognize and prioritize the urgency of a patient's clinical problems.
- List and prioritize a meaningful differential diagnosis with emphasis on common and urgent clinical presentations.
- Demonstrate the ability to select and interpret commonly employed investigations.
- Demonstrate appropriate use of selected procedural skills (diagnostic and therapeutic).
- Apply the principles of pharmacology and evaluate options for safe, rational, and appropriate drug therapy.
- Apply the scientific principles underlying evidence-based approaches to health maintenance, preventive screening, therapeutic, rehabilitative, and palliative interventions.
- Demonstrate a basic understanding of the psychological, interpersonal, family, cultural, societal, and environmental determinants of health and illness across a diverse population.
- Recognize and cope with uncertainty and ambiguity in clinical decision-making and care.
- Demonstrate critical reflection and inquiry to enable practices of life-long and self-directed learning.
- Assist in teaching others and facilitate learning where appropriate.
- Demonstrate knowledge of forms of rigorous inquiry in research methodologies and describe an appropriate methodology to a specific research question.
- Demonstrate an understanding of ethics as it relates to medical research.
- Demonstrate knowledge of the professional practices and scholarly activities required of the profession.
- Receive, incorporate, and provide feedback in an appropriate and timely manner in their daily learning and practice.

APPENDIX B1

Meeting Minutes				
Committee	FoMD Faculty Council			
Members:	Dr. B Hemmelgarn (Chair) As per list attached <i>Quorum is represented by those faculty members member present.</i>	Date :	September 21, 2021	
		Time:	4:00pm	
Called to Order:	4:01pm	Location:	Via Zoom	
Guests	Elder Rick Lighting; Wendy Rodgers; Michael Ironside; Lise Warick; Tyler Kuhnert;	Scribe:	Erin Neil	
	Elder Rick Lighting – provided opening prayer			
Approval of agenda	Approved by consensus with no additions.			
Approval of previous meeting Minutes	Date: May 18, 2021 MOVED by K. Aitchison and SECONDED by G. Funk to approve the agenda as circulated. ALL IN FAVOUR. CARRIED.			
Meeting Attachments:	Provided via email -			
Topic	Summary	Action by whom	Target Date	Status

<p>1. Dean's Report</p>	<p>Dr. B. Hemmelgarn provided updated:</p> <ul style="list-style-type: none"> · Thanked everyone and Elder Rick Lighting for opening the meeting in a very special way. · Introductions of new faculty will be done at the November, 2021 meeting. · October 4, 2021 – Town Hall – College of Health Sciences – more information to follow. · Strategic Planning stage for College of Health Sciences. 	
<p>2. Vice-Dean Faculty Affairs</p>		
<p>a. FAR Demo</p>	<p>Dr. Kuninmoto provided updated:</p> <ul style="list-style-type: none"> · Do not feel that in the future the Faculty will be able to have its own Annual Report Online system, as the supports will not be available. · The University of Alberta has developed the FAR system for annual reporting. · Comparison of the current ARO and the new FAR system were provide. · Dr. Wendy Rodgers, Deputy Provost and Michael Ironside presented a demo of the FAR system. · FAR would be used for the next reporting cycle. <p>Motion - Faculty Council approves the Faculty of Medicine and Dentistry moving to the University's Faculty Annual Report (FAR) replacing the current Annual Report Online (ARO) starting with the July 1 2022 - June 30, 2023 academic year. MOVED BY: N. Kassam and SECONDED BY: V. Daniels. (139 Votes: Yes 124 No 4 Abstained 11) CARRIED.</p>	

<p>b. FoMD Guiding Principles for International Engagement</p>	<p>Dr. Hemmelgarn presented:</p> <p>Opened for discussion.</p> <p>International Engagement Principles changes to:</p> <ul style="list-style-type: none"> · Add in wording about not engaging with countries with sanctions imposed by the Federal Government. · Work with NGO's and various countries. · Global Health – umbrella – International Engagement – purpose is to guide education – can be used to guide Global Health. · On principles statement that was shared – the statement from the office of International Engagement office is Incorporated. · Modifications will be made. · International Engagement Advisory Committee will be created. <p>Motion: To approve the Faculty of Medicine & Dentistry Guiding Principles for International Engagement pending review by the International Engagement Advisory Committee and to be brought back to Faculty Council for further approval. Moved by: M. Lang. Seconded by: C. Fernandez-Patron (123 Votes: Yes 97 No 12 Abstained 13). CARRIED</p>	
<p>c. Bachelor of Biomedicine Dual Degree</p>	<p>Dr. Hemmelgarn presented:</p> <p>Opened for discussion.</p> <p>Motion: Faculty Council supports the creation of a new Bachelor of Biomedicine degree program for students registered in the Alberta Institute at Wenzhou Medical University. Moved by: T. Hillier. Seconded by: S. Persard. (110 Votes: Yes 57 No 22 Abstained 31). CARRIED.</p>	
<p>d. Gender & salaries; Census Results for EDI – FoMD, U of A</p>	<p>Postponed to be November 2021 meeting.</p>	
<p>e. GFC Update</p>	<p>Dr. J. White provided update:</p> <ul style="list-style-type: none"> · GFC has been discussing COVID. · 3 College Deans has been discussed. · Policies and procedures with respect to graduate student supervision have been established. 	
<p>3. Vice Dean Education</p>		

<p>a. Radiation Therapy Program – Class of 2021</p>	<p>Dr. Schipper presented:</p> <p>Motion: That Faculty Council Approve the proposed Radiation Therapy Program Class of 2021 Fall Graduands list that appears in this presentation. Moved by: M. Lewis. Seconded by: A. Underhill. (100 Votes: Yes 96 No 0 Abstained 4). CARRIED.</p>			
<p>b. MD Curriculum Program Committee – Terms of Reference</p>	<p>Dr. Schipper presented:</p> <p>Motion: That Faculty Council Approve the MD Curriculum and Program Committee (MDCPC) Terms of Reference as presented in the meeting attachments. Moved by: V. Daniels. Seconded by: L. Sonnenberg. (97 Votes: Yes 86 No 0 Abstained 11). Carried.</p>			
<p>c. MD Admissions Report</p>	<p>Postponed to November 2021 meeting.</p>			
<p>d. Accreditation Update</p>	<p>Dr. J. Rodgers and Dr. R. Kearney presented:</p>			
<p>4. Vice Dean Research</p>	<p>Dr. R. Lenher provided update:</p> <ul style="list-style-type: none"> · Masking and distancing required in all research spaces. · Research funding – the Faculty has been very successful in receiving close to \$38Million in research funding for 412 projects. · Successful from the Canadian Research Institute of Health research competition Faculty has been successful with 14 projects. · Successful grants worth \$11Million for early career investigators. 			
<p>5. Other Business</p>	<p>None</p>			
<p>6. Announcements</p>	<p>Adjourned at 5:53pm</p>			
<p>Next Meeting</p>	<p>November 16, 2021</p>			

APPENDIX B2

MD CURRICULUM AND PROGRAM COMMITTEE (MDCPC)

MINUTES

Date: 2021 September 16
 Time: 1000 to 1200 hours
 Location: Zoom

Voting members indicated with underline. Chair votes only in the event of a tie. (28 voting Members- 14 needed for Quorum)

Chair: Dr. Darryl Rolfsen

Members: Dr. Lillian Au, Dr. Lana Bistriz, , Dr. Vijay Daniels, Dr. Brock Debenham, Dr. Cathy Flood, Ms. Angie Hill, Dr. Hollis Lai, Dr. Frances Plane, Dr Mark Prins, Dr Anna Rissanen, Dr. Joanne Rodger, Dr Eniola Salami, Dr. Jenny Souster, Ms. Sietske Speerstra, Dr Laura Stovel, Dr Jaime Yu

Recorder: Angie Hill

Call to Order: 10:05am

Adjourned: 12:08pm

Student Reps: Ms Fisyayo Aruleba, Mr. Jesse Lafontaine, Ms. Auriele Volk

Regrets: Dr. Brenda Hemmelgarn, Dr. Shirley Schipper, Dr. Cheryl Goldstein, Dr Carol Hodgson Birkman, Dr Nicole Cardinal, Mr. Murray Diduck, Dr. Daniel Livv, Dr Rebecca Mitchell, Dr Steven Patterson, Ms Chiemerle Chris-Iwuru, Dr. Peggy Sagle

Guests: Dr Tracey Hillier

PURPOSE: Oversight of the MD Program & Curriculum

#	Agenda Item	Summary	Action	Assigned to	Deadline
1	Call to Order	11:02am			
2	Approval of Agenda	Added item f. Q&A new restrictions and move to online Motion to accept agenda as presented with the added item: Dr Joanne Rodger, seconded by Dr Lillian Au	All in favor, no opposed, no abstained Agenda Approved		
3	Approval of Minutes	Motion to accept meeting minutes as presented: Dr Hollis Lai, seconded by Dr Lillian Au	All in favor, no opposed, no abstained Minutes Approved		
4	Announcements				
5	Standing Items				
	a. Accreditation Update	Dr Joanne Rodger: <ul style="list-style-type: none"> All of the subcommittees have met for their first meeting by next week meaning the cycle of work is picking up for all of us in terms of meetings. There have been a few recommendations made already with the information being 	Just a quick reminder to all that if there has been information requested to please respond in a timely manner, so that we are not holding up the subcommittees and the work that is needed to be done.		

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	<p>shared with the groups in which they pertain to.</p> <ul style="list-style-type: none"> The accreditation website has launched and the link is also on the main MD Program website. 			
b. Policy Review	<p>Electives Policy : Dr Lana Bistriz https://docs.google.com/document/d/1jUNleA-D3vatV-K_QVF1PQHH_igrZpJf-cErI2FTdEo/edit?usp=sharing</p> <ul style="list-style-type: none"> This policy exists to define everything about electives, the length, the application procedure. It is the responsibility of the students to organize their own electives (we do not do that for them). Every student has to complete a minimum of 10 weeks of electives before the end of clinical term of year four. A total of 10 weeks have to be completed at a CaCMS or LCME accredited medical school. The electives has to be at least 2 weeks of duration, none can be more than 4 weeks. The Third year electives are a four week requirement and the fourth year requirement is a 10 week requirement. They can carry forward some of their credits from summer electives between year two and three to apply to their year three and four electives. We have subscribed to the national policy to limit the number of clerkship electives in one CaRMS entry discipline to a maximum of 8 weeks. This is the Elective diversification policy. Students have to submit the name of the preceptor who they worked with prior to the end of the elective through the UME office. You can cancel up to six weeks prior to the start of the elective. 	<p>Dr Brock Debenham moves to approve the revisions to the Electives policy as presented. Seconded by Dr Laura Stovel. All in favor, no opposed, no abstained.</p> <p>Motion carried.</p>		

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	<ul style="list-style-type: none"> All students have to submit an evaluation within 21 days which has been changed from 14 days Add- what happens when a student can't find an elective for their two week block, or if their elective gets cancelled last minute. What are the backup plans or what support does a student receive? - We know that Norma handles this is the background, but we should have the steps explicitly added. Director, Electives- change to Coordinator for Electives and Selectives throughout the document to state current role name. <p>Quality Review of Electives Procedure: Dr Lana Bistriz https://docs.google.com/document/d/100bidZ1y26Hwi-fukLkSHTO8tWG-u-ogaFulr9QR3ns/edit?usp=sharing</p> <ul style="list-style-type: none"> The quality review of electives procedure is to make sure that these are actually quality outcomes standard that it is trying to meet. Update Director, Electives to Coordinator for Electives and Selectives throughout the document to state current role name. New electives go to the Coordinator for Electives to review objectives, level of supervision, working conditions etc. The Coordinator for Electives can request additional information if needed. When the Coordinator of Electives is satisfied with it, it can be added to the electives catalog. Then assessing the quality of current electives, the students have to complete an evaluation within 21 days and there is an automatic flag in MedSIS. If there is a 	<p>Dr Brock Debenham moves to approve the amended document as presented. Seconded by Dr Joanne Rodger. All in favor, no opposed, no abstained.</p> <p>Motion Carried.</p>		
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		<p>poor rating for anything, the Coordinator of Electives would then follow up with the student or the elective site.</p> <ul style="list-style-type: none"> Electives that are not listed in the electives catalog, we assume they are satisfactory because they are provided at accredited schools in North America. Same evaluation process, same follow-up process, poor ratings would again go to the Coordinator for Electives following the same process. <p>Booking & Confirming Electives Procedure https://docs.google.com/document/d/1hM0bbjUCFv80RBA318dcMuTr1Op1Xkm5N4X9s-NM4/edit?usp=sharing</p> <p>Global Health International Electives Policy https://docs.google.com/document/d/1Wo516vI0bV3kOx57AIVaYipvuLIMDoUueCFvpxeZkrA/edit?usp=sharing</p>	<p>Deferred to next meeting</p> <p>Deferred to next meeting</p>		
6	<p>Old Business</p> <p>a. Technical Standards Policy</p>	<p>Technical Standards Policy : Dr Brock Debenham https://docs.google.com/document/d/1Oi0A33p5CBBKMjaBTz_5U_xow1QtNJ-/edit?usp=sharing&oid=102705638666900098181&rtpof=true&sd=true</p> <ul style="list-style-type: none"> Feedback from the last meeting was to include explicitly our accommodations and process with individuals with disabilities. We have used what UBC has used and changed it to our local context and we have also as suggested, updated the definition of technical standards from the CaCMS website listed in the CaCMS accreditation. Dr Jaime Yu notes that we should move away from the term disabilities per se and focus on maybe individuals with noted in comments or sometimes a 	<p>Dr Lana Bistriz motions to approve this amended policy as presented. Seconded by Dr Jaime Yu. All in favor, no opposed, no abstained.</p> <p>Motion Carried.</p>		

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	language if implied if its consistent enough for one reason.			
b. Mandatory Vaccinations	We can confirm that all but one of our medical students in all four years are vaccinated. We were very happy to see the announcement last Monday that vaccinations have been made mandatory, not just at the UofA but in all major universities in the province.			
7 Reports				
a. MSA, BMSA, IMDSA	MSA: There is a little uncertainty with preclerkship returning back to online learning, but know our programing is in a good place for that and we can easily adapt. MSA VP Educ: No current updates BMSA: No current updates IMDSA: No current updates			
b. Curriculum	Item d. Hybrid delivery of curriculum, so will cover update there.			
c. OAW	Dr Goldstein is not here today, but Dr Rolfson offered a quick update on the White coat ceremony. Unfortunately we had to cancel the student white coat ceremonies for both year one and year two class. This was a very difficult decision, but hope to offer this spring and will be very intentional about cancelling it early if we have any concerns that it might be cancelled.			
d. Assessment	No update today as Dr Daniels is unavailable to attend today's meeting.			
e. Admissions	Dr Stovel: There are a number of initiatives underway and will bring it back to the next meeting with more details. At the next Faculty Council meeting we will be giving a brief overview of the composition of the current class and a look at the numbers of applicants over the last cycle.			
f. Program Evaluation	Ms Sietske Speerstra: A quick update is that Dr Livy has been updating the terms of reference, so he will be bringing that here soon. <ul style="list-style-type: none"> We have also been working on improvements to our evaluation process 			

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		<p>to make it more transparent and the performance process of evaluating courses, and our clerkship evaluation reports are coming out soon.</p> <ul style="list-style-type: none"> We are in the midst of some data collection; the diversity data on our students and we are also collecting alumni data and GQ data is underway as well. 			
	g. Academic Affairs	<p>Dr Brock Debenham: Showed the Professionalism terms of reference to vote on at the next meeting:</p> <ul style="list-style-type: none"> For background, there used to be an undergraduate medical education professionalism committee that was run by Dr Gourishankar. The work was transferred to the Assessment committee and Associate Dean. After reviewing this process, we would like to bring it back, the reason being that if there is a concern regarding a student there are multiple voices at the table- not just the Assistant Dean as it stands right now. We are proposing to bring this committee back with a varied membership of faculty, students and residence and it would be to review major concerns- higher consequence professionalism concerns. 	<p>Note from students: Please update the student governments to reflect the changes with the BMSA, IMDSA and MSA</p> <p>Share the updated professionalism policy prior to the next MDCPC meeting.</p> <p>Add to the next meeting agenda.</p>	<p>Dr Brock Debenham</p> <p>Ms Angie Hill</p>	<p>10/21/2021</p> <p>10/21/2021</p>
8	New Business				
	a. Communications	<p>UME is currently working through communications planning and we've asked Jordan Carson to train on the ramping strategy that the university is using for the branding movement.</p> <ul style="list-style-type: none"> You might see websites that are changing, and we should be adjusting our email signatures, PowerPoint presentations should be updated and so on. 			

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	<ul style="list-style-type: none"> The UME is working on sending out Weekly updates on Tuesdays where we are trying to capture all of the quick snapshots of information for students. If you have anything that you would like us to include, to limit the number of emails being sent to the students. Please send any items to Angie by Friday each week, and we will add it to the communication to be sent on the following Tuesday. 			
b. Strategic Planning Preparation	<p>October 5th & 6th is the MD Program Strategic Planning for 2021.</p> <ul style="list-style-type: none"> Dr Darryl Rolfson has been meeting with Don Winn who is the consultant group assisting us over the last three months. The technique is to start the design phase with a lot of the dialogue: the Mission, the vision, values and a five year strategic roadmap and we'll spend most of the time to look at the definitions for six strategic focus areas, and a five year headline that goes with each one. We are focusing on the first three stages: October 5th & 6th with the purpose defined to think that the first half of the day is to define the vision, mission and values and then the remaining day and a half is working on what they call the roadmap. The idea with the design is to create something for discussion, a living document that needs to be challenged and revised certain strategic focus areas may simply drop entirely 	Dr Darryl Rolfson to share a word document that summarizes the slides that were shared. Please send any suggestions via email to Darryl.	Angie Hill	10/21/2021
c. Proposal for Omnibus Course	The Omnibus course was approved in October of 2020, and what it did was it took everything that we used to be of course in the MD program and we now call them course elements. Those course elements belong to one of four courses or omnibus courses that represent each of the four			

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	<p>years in the program that was presented to faculty council for approval last year. Based on the discussions, we were given temporary approval for two years and were to come back in one year and report on progress.</p> <ul style="list-style-type: none"> • Feedback has been good. People want to continue with the omnibus course and recommend that for the coming year. • Dr Jaime Yu states: The delivery of the curriculum and instruction and flexibility, it's been a very strong positive for those reasons. The only thing that has come up is that at the end of last year, is on a student assessment side of things when we have a large omnibus course, and the fact that we are following primarily calendar policies. The issues about course elements and course components and what constitutes a pass versus a remediation. Those types of details need to be very clear and transparent and capable for coordinators as well as for students, because the danger of a big course is the majority of people are doing well and go through. It's our student who is having difficulties where we want to be able to adequately support them, but also need to have adequate policy in place to both provide that remediate or provide more feedback about your progress when needed. • Dr Brock Debenham states: It would be nice if there was a course outline for all four years that lays everything out and makes it easier to defend if there are any issues during ASC time. We do have year one and two omnibus course outlines currently. • Early in the new year we should be looking at whether this is going to be an ongoing, more permanent change and 	<p>Dr Bistriz and the curriculum team to work on the omnibus course outline for years three and four itemizing the elements that must be passed. To be brought back to a future MDCPC meeting.</p>		
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	then we'll have to get some discussions going with other stakeholders and across the preclerkship and clerkship courses.	Dr Hollis Lai motion regarding the continuing the omnibus course. Seconded by Dr Joanne Rodger. All in favor, no opposed. Motion Carried		
d. Hybrid delivery of Curriculum	Deferred to next meeting			
e. Alberta Institute proposal	<p>This topic is being brought to Faculty Council and this does have implications for us, and although the decisions about approving this degree program that will be discussed is not our final decision. I would ask that people think about the following three things during the presentation from the MD perspective:</p> <ol style="list-style-type: none"> 1. What are the potential benefits 2. What are the risks 3. Stewardship <p>Dr Tracey Hillier Presenting the Alberta Institute which is an existing collaboration between our faculty and the Medical university in China. There are several initiatives:</p> <ul style="list-style-type: none"> • Faculty development program where department chairs and other senior leaders were matched up with senior leaders in our faculty and spent 3-6 months in partnership learning how leadership and management is done here. • Graduate student part of the institute which is primarily involving dentistry and psychiatry for Masters and PhD students (still in the works) • Medical school collaboration (which is of most interest to MDCPC). There has been elements of this relationship going on since 2017. In 2019, there was discussion of this at MDCPC. <p>Essentially the faculty is leveraging the work, and the stored values of the curricular materials in the preclerkship curriculum, and using that building a</p>	<p>Link to information re: Alberta Institute proposal:</p> <p>Sept 2021 UAlberta WMU Dual Degree Program Template A.pdf</p>		

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		<p>program together with partners at Wenzhou Medical University in China, also with being a source of revenue for the faculty.</p> <ul style="list-style-type: none"> • We are submitting a proposal to develop a Dual Degree program • 60 students will enter the program each year. • We have one or two courses at a time that are being taught by our faculty, students are enhancing their English language abilities, lots of active learning. • Years 3 & 4 for them are our preclerkship curriculum. • We would offer them a degree to these students at that point. If the degree does not go through the institute doesn't go away. The proposal is then to offer them a degree and then they will do their fifth year as a clerkship. At that point they can get an MD degree from WMU. An important point is that we are not giving an MD degree. • The students go back and practice in China • The only time that the students would be here in person would be in the summer between their years 2 & 3 when they finish doing their preclerkship. To have a chance to come and really be embedded in our learning environment. <p>This has been in the works with the University of Alberta advisory team since 2019, and was brought to MDCPC in 2019. Once this moves through the faculty council, if their support for it, it will go through the GFC committee, academic planning committee and ultimately the board of governors- so the same rigorous program any other degree would undergo</p> <ul style="list-style-type: none"> • because the teaching will be after hours there will be a stipend offered. It is deliberately planned in a way that is not 			
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		<p>taking away from medical student experience.</p> <ul style="list-style-type: none"> • \$5m-\$6m costs but \$8-10 million coming in. A large portion of the money will be going to social accountability initiatives and bursaries for students <p>To wrap up, Dr Rolfson states the final note: Faculty Council provides the stewardship of our external relationships, including the disposition of the funding, the vetting of proposals and the criteria upon which decisions are made. This will be addressed in the upcoming Faculty Council meeting.</p>			
	<p>f. Q&A new restrictions and move to online</p>	<p>With the announcement made yesterday:</p> <ul style="list-style-type: none"> • The pressure on surgery is the one that is being impacted the most by the current changes within the health system. Dr Jenny Souster updated that Surgery has approximately 150 students that are supposed to come through surgical electives and rotations in the next couple of months. The goal is to make sure that, specifically the year fours, do get their electives. If the year threes end up having to be rescheduled they would certainly get priority in the coming scheduling times. • There are some students that are cancelling electives, and there is some concern over the professionalism flag being put on students if they were dropping their electives before the six weeks of notifications- As already noted this will not be a concern. • The normal surgical caseload is 55% urgent emergent where right now we are down to 30% which includes the pediatric side as well. So everything is affected right now. <p>Curriculum: Already has mostly hybrid learning in place, so there are zoom links for both large and</p>			

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		<p>small classrooms. The curriculum team is finalizing the last details with the zoom links and making sure that the emails have been distributed to all of the DL preceptors, lecturers, and instructors.</p> <ul style="list-style-type: none"> Physical exams: we were already anticipating virtual delivery, we've already done live demos of all the appropriate physical exam. 			
9	Adjournment	12:08pm			
10	Next Meeting	November 18, 2021			

Dr Darryl Rolfsen, Chair

Ms Angie Hill, Recorder

Appendix B3

Minutes of MD Program Meeting discussing the collaboration with Wenzhou Medical University and the sharing of curriculum and assessments. This collaboration will go on to be known as the Alberta Institute: (relevant section highlighted in yellow)

Date: 2019 June 20
 Time: 1100 to 1300 hours
 Location: Katz 1-004

Chair: Dr Tracey Hillier

Lucia
 Popovici
 1110
 1200

Attending: Dr Lana Bistriz, Dr Ron Damant, Mr Martin Marshall, Dr Tammy McNab, Dr Joanne Rodger, Ms Jodi Hawthorne, Dr Hollis Lai, Dr Peggy Sagle, Ms Tibetha Kemble, Ms Brittany Lissinna, Dr Steven Patterson, Mr Andrew Volk, Dr Lillian Au, Dr Dan Livy

Regrets: Dr Curtiss Boyington, Dr Cheryl Goldstein, Mr Quinn McLellan, Mr Adam Mullan, Dr Helly Goetz, Dr Sita Gourishankar, Dr Vijay Daniels, Dr Carol Hodgson, Mr Taylor Heinzlmeir, Dr Andrew Holt, Dr Karen Forbes, Ms Joanna Gye, Mr Murray Diduck

Calling In: Dr Jill Konkin

Delegate: Dr Melanie Lewis

Guest: Mr Kenton Boutillier

PURPOSE: Oversight of the MD Program & Curriculum

#	Agenda Item	Summary	Action	Assigned to
1	Call to Order	Dr Tracey Hillier called meeting to order at 1105		
2	Treaty Acknowledgement	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		Dr. Tracey Hillier
3	Approval of Agenda		Approved	
4	Approval of Minutes		Approved	
5	Announcements			Dr. Tracey Hillier
6	Presentation			
7	Updates			Dr. Tracey Hillier
	a. Integration Update	Dr Tracey Hillier updated the committee that the pilot integration courses are foundations block, endocrine block and MSK block. We are coordinating the content that has previously been known as systems block and physicianship into one coherent course.		Dr. Tracey Hillier
	b. Working Group Update	Dr Tracey Hillier updated the committee that clerkship and preclerkship content (including objectives, assessments, etc.) is being		Dr. Tracey Hillier

		reviewed at a series of working groups that are being organized over the spring, summer, and into the fall. The working groups include subject specialists, generalists, students, and MD Program staff.		
	c. MD/PhD	<p>Dr Tracey Hillier introduced the idea of a longitudinal MD/PhD program that will be piloted beginning in Fall 2019. This type of program has been the goal of the MD Program for a number of years and was previously discussed at Faculty Council in 2016. This longitudinal approach will align with the research learning community that we talked about last year. Some traction has been made in the last couple of months and there is a continuum of student involvement and interest in research. We may have students who want to pick up a project to help them with the CaRMS application. Then we have the students who are more committed who would like to do the MD/STIR program. We have a bit of a gap around MD/MSc which the faculty is exploring how that could go. Dr Underhill had talked about an MD post-Doctorate for students who have completed their PhD and would like to continue to do research. We will work with the CIP program for residents and what does that content look like. Dr Michelakis has a lecture series that he does. We are going to consolidate those and try using existing things that are happening and look at a timeline and have a 2 year cycle.</p> <p>For this upcoming academic year we have a cohort of students who are in progress with a PhD program and are near completion. We will pilot a longitudinal integration of their research and the MD program. This will be done in parallel. The PhD program runs year round. There might be elements of clinical skills and LCE which the students do off cycle from other students.</p>		Dr. Tracey Hillier
	d. China	Dr Tracey Hillier shared that the Global Summer Medical Program (which is presented in collaboration with the FoMD's International Office and several universities in China, including Wenzhou University) will begin in mid-July with about 50 students who will be participating in 4 weeks of programming. We have students coming in mid-July. As well, in the fall there will be a cohort of graduate students and faculty coming from universities in China for faculty		Dr. Tracey Hillier

		development. There will be opportunities for our faculty to go do some teaching if there is interest. The Interim Dean has signed an agreement to share elements of our pre-clerkship curriculum that will include assessment and core content. There are more details to be worked out.		
	e. IHIP	Ms Tibetha Kemble informed the group that 11 Indigenous students have been admitted to the program this year.		Ms Tibetha Kemble
7	MSA Report	No update		Mr. Taylor Heinzlmeir Mr. Andrew Volk Mr. Quinn McLellan
8	Old Business			
	a. Professionalism Forms	Tabled		Dr. Vijay Daniels Dr. Daniel Livy
	b. Policy Compliance (8556) (Integration)	Tabled		Dr. Helly Goetz
	c. Unmatched Medical Learner Policy & Student Category	Tabled		Dr. Tracey Hillier Mr. Murray Diduck
	d. 5 th Year Students from other programs for electives	Tabled		Dr. Tracey Hillier
	e. Grande Prairie Update	The 4 th year Grande Prairie program is being piloted next year. Dr Johan Bolton is the clerkship coordinator. 6 students have been confirmed. Dr Moran is supportive and that the geriatrics component and is available to help in whatever capacity.		Dr. Jill Konkin
9	New Business			
	a. Assessment Committee Update	Dr. Tammy McNab discussed that students in year 1 and 2 of the program have up to and including the last business day prior to the next academic year to complete outstanding coursework. Dr. Tammy McNab discussed that students in all years of the MD program will have two	Motion by Dr Tammy McNab and seconded by Mr Andrew Volk. MOTION PASSED	Dr. Tammy McNab

		attempts to achieve a passing grade on each assessment or examination, throughout the program.	Motion by Dr Tammy McNab and seconded by Mr Andrew Volk. MOTION PASSED	
10	Adjournment	12:50		
11	Next Meeting	Thursday, July 25, 2019, 12 am to 2 pm, Katz 1-004		

Dr Tracey Hillier, Chair
Associate Dean, MD Program

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Part B: Campus Alberta Quality Council Review

As noted at the beginning of Part A, given a positive outcome from the System Coordination Review, the Minister may refer the proposed program to the Campus Alberta Quality Council for quality assessment, the second stage of review.

The onus is on the applicant institution to satisfy Council that the level of learning to be achieved is consistent with that which is expected at the proposed degree level, that the program has sufficient breadth and rigour to meet national and international standards as outlined in, for example, the Canadian Degree Qualifications Framework (CDQF), and that the program is comparable in quality to similar programs (if any) offered in Alberta and elsewhere. The program proposal should demonstrate how Council's program quality standards and any applicable guidelines have been addressed and describe any unique dimensions that set the program apart from similar programs thus providing new educational opportunities for students.

NOTE: Part A of the program proposal may undergo changes as a result of the System Coordination Review. It is important that Part A be up-to-date and complete before it is forwarded to Council. Building on the information provided in Part A, the program proposal that is sent to Council should contain the following additional information. When possible, links to existing policy documents and institutional policies should be provided, rather than recopying them in response to questions.

SECTION 5: PROGRAM SPECIFICS

5.1 Program Structure and Learning Outcomes

5.1.1 *Describe the program's learning outcomes and how they were established. How will the achievement of the learning outcomes be evaluated? Providing a mapping of the courses to the learning outcomes, particularly in professional programs, is helpful:*

Learning Outcomes

By the end of the program students will be able to:

- Demonstrate clinical decision-making skills that integrate best evidence and acknowledge patient values.
- Apply basic knowledge of the etiology, pathogenesis, clinical features, complications, principles of prevention and management with emphasis on common and life-threatening illnesses across the age spectrum.
- Demonstrate knowledge on approaches to diagnosis and treatment with emphasis on common and urgent problems.
- Perform both complete and organ system-specific examinations appropriate to the age of the patient and nature of the clinical problem(s).
- Recognize and prioritize the urgency of a patient's clinical problems.
- List and prioritize a meaningful differential diagnosis with emphasis on common and urgent clinical presentations.
- Demonstrate the ability to select and interpret commonly employed investigations.
- Demonstrate appropriate use of selected procedural skills (diagnostic and therapeutic).
- Apply the principles of pharmacology and evaluate options for safe, rational, and appropriate drug therapy.

- Understand the scientific principles underlying evidence-based approaches to health maintenance, preventive screening, therapeutic, rehabilitative, and palliative interventions.
- Demonstrate a basic understanding of the psychological, interpersonal, family, cultural, societal, and environmental determinants of health and illness across a diverse population.
- Recognize and cope with uncertainty and ambiguity in clinical decision-making and care.
- Demonstrate critical reflection and inquiry to enable practices of life-long and self-directed learning.
- Assist in teaching others and facilitate learning where appropriate.
- Demonstrate knowledge of forms of rigorous inquiry in research methodologies and describe an appropriate methodology to a specific research question.
- Demonstrate an understanding of ethics as it relates to medical research.
- Demonstrate knowledge of the professional practices and scholarly activities required of the profession.
- Receive, incorporate, and provide feedback in an appropriate and timely manner in their daily learning and practice.

How the learning outcomes were established:

The learning objectives of this program align with the objectives of the University of Alberta MD Program for the Preclerkship curriculum. The objectives were developed through an iterative Delphi process involving faculty, current and former students with input from allied health professionals. The resulting objectives were then shared with the Faculty for input and further refinement.

How the achievement of the learning outcomes be evaluated:

Achievement of learning outcomes will be evaluated through a process of continual education quality improvement which includes regular review of feedback from learners, review of student performance on objectives, linking of learning objectives to low and high stakes assessment items and annual course objective and faculty teaching performance review.

- 5.1.2 *Students are expected to demonstrate independent scholarly activity applicable to the degree level and expectations of its graduates (see the CDQF). Describe the academic culture that will nurture and support student scholarly and creative activity.*

Students in this dual degree program will be taught by University of Alberta FoMD faculty and held to the same curricular expectations as undergraduate students in similar programs in the Faculty of Medicine and Dentistry including students in the MD Program. The curriculum will be delivered in a way that presents material in a progression from basic science to clinical application, building on foundational knowledge in a sequential way, which will nurture and support student inquiry as well as scholarly and creative activity. This program will emphasize lifelong learning, problem solving skills, teamwork, and collaboration.

- 5.1.3 *For undergraduate degrees, demonstrate (in a table, if possible) how the program meets the relevant section of CAQC's Expectations for Design and Structure of Undergraduate Degrees.*

Standard How CAQC's Expectations for Design and Structure of Undergraduate Degrees will be met

1. **Faculty and staff** – The program is supported by an appropriate number of suitably qualified academic faculty and instructional staff to develop and deliver the degree program. Faculty

have an appropriate level of scholarly output and/or research or creative activity for the baccalaureate program.

2. **Academic policies** – The program has academic policies including dealing with admissions, promotion and graduation requirements, appeals, and academic dishonesty consistent with the level of the degree program.
3. **Resource capacity** – The program is supported by the physical resources, both start-up and development, needed to assure the quality of the degree program. These include, equipment, library and learning resources (physical and electronic), laboratories, computing facilities, specialized equipment, etc. There is an institutional commitment to maintaining and supplementing resources and equipment as needed to meet standards applicable to the field.
4. **Credential recognition** – The credential can be recognized and accepted by other post-secondary institutions, employers, and professional bodies, where applicable. There is an appropriate fit between the nomenclature of the credential and the content of the degree.
5. **Program delivery** – Learning methodologies are the methods of delivery that will be used to achieve the desired learning outcomes at an acceptable level of quality. The faculty has demonstrated that it has the expertise and resources to support the proposed methods of delivery and ensure their effectiveness. The faculty has experience attending to the learning needs of students in similar health sciences programs and supports their engaged and active learning.
6. **Program content** – The program offers education of sufficient breadth and rigour to meet relevant national and international standards. The content of the program, in both subject matter and outcome standards, is appropriate to the level of the degree program and the field of study. Its curriculum is current and reflects the state of knowledge in the field. There is an established program evaluation process to maintain the currency of the program and the quality of its learning outcomes.
7. **Program structure** – The structure of the degree is similar to the “2 + 2” design. The first 2 years are based on the curriculum of the medical school at Wenzhou Medical University, a robust curriculum well regarded in China. Graduates of the program have a pass rate among the top 10% in China, ranking 5th among colleges and universities nationwide in 2015. UAlberta is responsible for teaching a 3-credit course during the first year and 7 credits during the 2nd year of the program. The 3rd and 4th years are based on the curriculum of the first two academic years, the “Preclerkship” of the MD Program at the University of Alberta. The students complete a 5th year in clinical medicine. The credits from that 5th year of study are not included in the requirements for the UAlberta degree component of the proposed Dual Degree Program. However, students must complete all of the requirements of the 5 year program to receive either degree.
8. **Program evaluation** – The program is subject to a formal, approved policy and procedure requiring a periodic review and improvement process. The procedure includes assessment of the program against the institution’s own learning outcome standards for the program, and assessment of individual student work in the terminal stage of the program against program outcomes.

The proposed program also meets the following standards for blended, distributed or distance learning.

Institutional commitment

Institutional commitment – The mandate of the University of Alberta is: “*Within a vibrant and supportive learning environment, the University of Alberta discovers, disseminates, and applies new knowledge for the benefit of society through teaching and learning, research and creative activity, community involvement, and partnerships. The University of Alberta gives a national and international voice to innovation in our province, taking a lead role in placing Canada at the global forefront*”. The academic plan for the proposed Dual Degree Program and these goals of the institution and its policies are well matched. Both WMU and the Faculty of Medicine and Dentistry within the University of Alberta agree to create and sustain the program for a period sufficient to enable all admitted learners to complete a degree in the published time frame. That time frame is appropriate and relevant for the learners for whom the program is intended and for the specific area of study addressed by the program.

Institutional ownership of the program

Collaboration and joint delivery –The responsibility for program quality will be shared jointly, even though the onus for quality rests ultimately with the University of Alberta with negotiated permission to amend materials if changes are necessary to meet institutional standards of quality.

Risk management and mitigation – The Faculty has in place appropriate risk management provisions, including those that ensure that technological infrastructure is stable, reliable, well maintained and secure, that a disaster recovery plan is available in the event that servers or other technologies fail, and that learners will not be adversely affected should an agreement with a partner or contractor be abrogated. The program will be using a learning management and delivery technology developed by a team in the Faculty of Medicine and Dentistry which included the Program lead, that system has been robust in the synchronous, asynchronous and distance delivery of the MD Program Preclerkship curriculum for the past 8 years including extensive distance delivery during the past 1.5 academic years during the COVID pandemic. The new Dual Degree Program will hire dedicated staff to manage and mitigate risk to support this infrastructure and work collaboratively with that team on an ongoing basis to ensure stable delivery of the program.

Privacy, identity and confidentiality – Working with the Office of the Registrar, appropriate safeguards are in place to assure the authentication of learner identity. The Faculty has experience to assure the authentication and the integrity of learner work in blended, distributed and distance programs. Documented procedures and appropriate storage protocols are in place to assure that security of personal information is protected in conducting assessments and evaluations and in the dissemination of results with procedures and timelines by which personal data no longer needed for authentication purposes will be destroyed.

Accessibility – The program will follow institutional protocols and procedures to assure that the diverse needs of learners are appropriately addressed, and when necessary, accommodated.

Intellectual property – The institution has policies to deal with the requirements of copyright and intellectual property laws and to address issues pertaining to digital rights management and appropriate use of learning object repositories.

Technology and renewal – The technology used to administer and deliver the program, both pedagogically and administratively, is adequate to facilitate program delivery, and the Faculty is committed to appropriate updating of any technologies employed, and the identification and evaluation of emerging technologies. Sufficient resources will be available for development and sustainability with the hiring of dedicated staff. The support for the building and maintenance of the technology for learning activities is maintained and supported and is as fail safe and secure as possible.

Program planning and design

Appropriate planning – There is a clear, well-understood process by which the program evolves from conception to approval to implementation to institutional review to continuous improvement. The instructional methods, modes of delivery and assessments of learning and feedback used are aligned with articulated learning outcomes for the program.

Team/collaborative/networked learning – Due consideration has been given to the substantial amount of learning that comes from peers, and to the implications of cohort models and other team, collaborative and networked learning environments. The program curriculum includes extensive small group and team-based learning pedagogies. Near peer student teaching assistants will be hired to further support this.

Course development and evaluation – Instructional and course materials will be reviewed regularly to ensure that they continue to meet the requirements and standards for the program. The intended learning outcomes will be reviewed regularly to ensure clarity and appropriateness, and their effectiveness evaluated through appropriate methods.

Learners

Advice to learners – Learners are fully advised about the competencies, the self-discipline and the equipment they will need to have in order to participate in the program, and are provided with information about the programs, courses, required texts and/or materials and other requirements in a timely manner to enable them to acquire the materials for their course as it begins. Learners are also informed of the costs associated with the mode of delivery of their program.

Learner support – Learners are provided with training in how to use on-line tools, and are updated when changes are planned or implemented.

Hardware and software – Procedures are in place to ensure that learners are supported in their use of the hardware and software required and have access to advice on these matters. In particular, before starting the program, learners are advised of the technical and time requirements for synchronous, asynchronous and self-directed learning sessions).

Learner services – Learners are informed about what learner services (e.g., academic advising, counseling) are available to assist them, and to address any complaints they have.

Academic Staff

Oversight of program curricula – Program curricula, assessment and oversight are the responsibility of the Program Director who previously held the position of Associate Dean for the MD Program as well as supporting cross institutional committees with appropriate academic qualifications and experience delivering comparable programs. The presentation, management, assessment and evaluation of the program are the responsibility of these committees.

Technology training – All those involved in course design and delivery are adequately trained and assisted in the technology and pedagogy of on-line learning. Academic staff are assisted and supported in making the transition from classroom to online teaching and are assessed and mentored as they progress in their online teaching.

Technical support – Academic staff are provided with an orientation to, and sufficient ongoing training/technical support for any hardware and software resources required in the program and are also updated in a timely manner about any impending or actual changes that could affect their access to or involvement in their online programs.

5.1.4 *Provide an outline of the program structure and requirements (major, minor, cognates, core, general education, etc.) including credits in each category, and a summary description of the curriculum. Note any new courses. Course outlines must be available for reviewers but are NOT to be included with the proposal. (See sample table below - note that this is provided as a guideline only for a typical baccalaureate program, and will be different for other baccalaureate and graduate programs).*

Program structure – all courses are required

Proposed program of study including course names, credits and year of study (specific course descriptions and objectives follow)

Year in Program	Courses	Credits
Years 1 and 2	Courses Taught by Wenzhou Medical University	
	English Medical English	9
	Medical chemistry Molecular and cellular biology Normal structure and function of human body Biological basis of disease	22
	Modern Chinese History, Politics, Education & Fundamentals of Law	12
	Introduction to medicine Traditional Chinese Medicine Medical Ethics Social medicine and health service management Social Practice Policies Physical and Psychological Health Education Sanitary regulation Hygiene	17
	Courses Taught by University of Alberta	
	Health Systems Science 1	3
	Health Systems Science 2A	3
	Summer School: Health Systems Science 2B	4
	Year 3	Courses Taught by University of Alberta
Foundations Medicine		9
Endocrinology & Metabolism		6
Cardiovascular Medicine		5
Pulmonary Medicine		3
Renal Medicine		3
Health Systems Science 3		4
Year 4	Courses Taught by University of Alberta	
	Gastroenterology & Nutrition	5
	Reproductive Medicine & Urology	6
	Musculoskeletal System	6
	Neurosciences and Organs of Special Senses	9
	Psychiatry	3
	Oncology	3
Health Systems Science	3	
Year 5	Clinical Courses Taught by Wenzhou Medical University	
	Internal Medicine	16
	Surgery	16
	Obstetrics and Gynecology	6
***the courses from this year of the		

<i>program are not required for the Bachelor of Biomedicine Degree</i>	Pediatrics	6
	Community Medicine	2
	Radiology and ECG	2

Summary Course Descriptions

COURSE NAME	COURSE DESCRIPTION	Year
Health Systems Science 1	Health systems science is a foundational platform and framework for the study and understanding of how care is delivered for patients and populations within systems of medical care, how health professionals work together to deliver that care, and how the health system can improve patient care and health care delivery. This course continues over 4 years and builds knowledge of core domains including health care structures and processes; interprofessional care; health care policy, economics, and management; clinical informatics and health information technology; global, population and public health; value-based care; health system improvement, design and systems thinking.	Year 1
Health Systems Science 2	Health systems science is a foundational platform and framework for the study and understanding of how care is delivered for patients and populations within systems of medical care, how health professionals work together to deliver that care, and how the health system can improve patient care and health care delivery. This course continues over 4 years and builds knowledge of core domains including health care structures and processes; interprofessional care; health care policy, economics, and management; clinical informatics and health information technology; global, population and public health; value-based care; health system improvement, design and systems thinking.	Year 2
Foundations of Health and Medicine	The Foundations of Medicine course serves as a foundation for future learning and practice. This course will focus on integrating basic principles of medical and biological sciences as the foundation for the curriculum.	Year 3
Endocrinology & Metabolism	During the Endocrinology and Metabolism course, students will learn how the endocrine system integrates with the rest of the body. The course covers the different endocrine glands: how the hormones have profound effects on the cells and tissues of the body; and the feedback loops that are important in hormonal	Year 3

	regulation. Students will have a chance to learn about basic endocrine anatomy, physiology, pathology and biochemistry, as well as clinical aspects of endocrine diseases. Discovery learning, team-based learning, in-class review sessions and self-study materials cover major endocrine topics.	
Cardiovascular Medicine	<p>The Cardiology course will serve as a foundation for future learning and practice. The goal is to provide students with an introduction to the fundamentals of cardiology medicine. Topics to be covered include the</p> <ul style="list-style-type: none"> ● basic structure and function of the cardiovascular system ● clinical picture of ventricular or valvular diseases, electrical diseases of the heart, including an approach to ECG reading ● coronary and aortic / peripheral arterial diseases ● congenital heart diseases ● myocardial and pericardial disease 	Year 3
Pulmonary Medicine	The Pulmonary serves as a foundation for future learning and practice. The goal is to provide students with an introduction to the fundamentals of pulmonary medicine.	Year 3
Renal Medicine	<p>The Renal course will serve as a foundation for future learning and practice. The goal is to provide students with an introduction to the fundamentals of renal medicine.</p> <p>Topics to be covered include:</p> <ul style="list-style-type: none"> ● Basic anatomy, physiology, embryology and pathology of the renal system; ● Acute and chronic renal failure; ● Pharmacology of the kidney; ● Diseases of the glomerulus; ● Tubulointerstitial disease; ● Renovascular disease; ● Pediatric nephrology; and ● Hereditary and cystic renal disease 	Year 3
Health Systems Science 3	Health systems science is a foundational platform and framework for the study and understanding of how care is delivered for patients and populations within systems of medical care, how health professionals work together to deliver that care, and how the health system can improve patient care and health care delivery. This course continues over 4 years and builds knowledge of core domains including health care structures and	Year 3

	processes; interprofessional care; health care policy, economics, and management; clinical informatics and health information technology; global, population and public health; value-based care; health system improvement, design and systems thinking.	
Gastroenterology & Nutrition -	<p>The Gastroenterology and Nutrition Course will serve as a foundation for future learning and practice. The goal is to provide students with an introduction to the fundamentals of gastroenterology.</p> <p>Topics to be covered include:</p> <ul style="list-style-type: none"> ● The structure and function of the gastrointestinal tract ● Gastrointestinal health and nutrition ● Common diseases of the gastrointestinal tract ● Fundamentals of gastrointestinal disease management ● The impact of gastrointestinal disease on patients and society. 	Year 4
Reproductive Medicine & Urology	<p>The Reproductive Medicine and Urology Course that provides students with a strong knowledge base in the fundamentals of reproductive medicine, urology.</p> <p>Topics to be covered include:</p> <ul style="list-style-type: none"> ● An overview of the anatomy, pathophysiology, presentation, diagnosis and treatment of common gynecologic, obstetric (including genetic), urologic, and sexually transmitted illnesses. 	Year 4
Musculoskeletal System	<p>The Musculoskeletal System course provides students with a strong knowledge base in the fundamentals of musculoskeletal medicine. The anatomy, embryology, histology and physiology of the musculoskeletal system and skin are studied.</p> <p>An approach to common and important conditions and disorders of the musculoskeletal system and skin are covered from the perspectives of rheumatology, physical medicine and rehabilitation, orthopedics, dermatology, plastic surgery, pediatrics and family medicine.</p>	Year 4
Neurosciences and Organs of Special Senses -	<p>The Neurosciences and Organs of Special Senses course provides students with a foundation in the areas of Neurology, Neurosurgery, Ophthalmology, ENT and Developmental Pediatrics.</p> <p>Throughout the course, students will learn the approach to a patient with common</p>	Year 4

	symptoms or important problems; the elements of the neurological, eye, and head and neck exam, as well as perform a developmental assessment; to develop the ability to localize lesions, all while being able to recognize serious processes requiring urgent referral.	
Psychiatry	The Psychiatry course provides students with foundational knowledge regarding mental health and illness. Students will learn how to describe why mental health is important and the cost to society of mental illness. They will also learn to describe the stigma of mental illness and its impact on physician health.	Year 4
Oncology	The Oncology course is designed to help students to understand the principles of oncology and recognize the importance of a multidisciplinary approach to cancer care while caring for patients with cancer.	Year 4
Health Systems Science 4	Health systems science is a foundational platform and framework for the study and understanding of how care is delivered for patients and populations within systems of medical care, how health professionals work together to deliver that care, and how the health system can improve patient care and health care delivery. This course continues over 4 years and builds knowledge of core domains including health care structures and processes; interprofessional care; health care policy, economics, and management; clinical informatics and health information technology; global, population and public health; value-based care; health system improvement, design and systems thinking.	Year 4

To assist in demonstrating that the program curriculum is clear and well integrated with the objectives and outcomes, provide one or more typical student programs by year of program (see sample table below).

Typical student program

Year in Program	Courses
Years 1 and 2	English Medical English Medical chemistry Molecular and cellular biology Normal structure and function of human body Biological basis of disease Modern Chinese History, Politics, Education & Fundamentals of Law Introduction to medicine Traditional Chinese Medicine Medical Ethics Social medicine and health service management Social Practice Policies Physical and Psychological Health Education Sanitary regulation Hygiene Health Systems Science 1 Health Systems Science 2A Summer School: Health Systems Science 2B
Year 3	Foundations Medicine Endocrinology & Metabolism Cardiovascular Medicine Pulmonary Medicine Renal Medicine Health Systems Science 3
Year 4	Gastroenterology & Nutrition Reproductive Medicine & Urology Musculoskeletal System Neurosciences and Organs of Special Senses Psychiatry Oncology Health Systems Science
Year 5 ***not required for students to get UAlberta Bachelor of Biomedicine Degree	Internal Medicine Surgery Obstetrics and Gynecology Pediatrics Community Medicine Radiology and ECG

5.2 Criteria / Requirements for Admission and Academic Progression

State the admission criteria (including any provision for prior learning assessment), residency requirements, academic performance progression requirements, and graduation requirements applicable to the program, along with the grading scheme. Note any program specific regulations (e.g., for doctoral programs, note any candidacy or dissertation requirements, examination requirements, time to completion requirements, etc.).

Admissions requirements

Admissions requirements for students to be accepted into this dual degree program include:

- English Language IELTS of 6.5 with no band less than 6
- Successful completion of the first year of the WMU medical program

Residency requirements

There are no residency requirements for the program

Grading Scheme

The means of assessing a student's progress and determining a student's grades may vary from one course to another in accordance with the nature of the course. Factors other than examination results may be used to a variable extent by instructors in determining grades. Students are informed at the beginning of each course how grades are to be determined. Students are also advised of the procedures for appeal established within the Faculty and the University.

Academic performance progression requirements

Students may only proceed to a subsequent year of the medical program if they have passed all courses for the current academic year. The program lead may approve exceptions to this requirement when it is not possible to meet this requirement.

Students enrolled in the program are under the obligation to meet the expected competencies through achieving learning objectives as distributed throughout the courses in the program. The program is sequentially designed to provide students with the opportunity to ultimately demonstrate satisfactory completion of all necessary requirements and competencies to graduate.

Promotion from year to year and ultimately graduation requires full completion of all program requirements in that current year before being able to progress in the program.

Academic Probation

Academic Probation is assigned to a student who at the end of the year or term, fails to achieve a pass in all courses. A student on Academic Probation will have academic progress regularly reviewed and reported upon at the end of each term. A student on Academic Probation may be required by the program to participate in a structured learning program. Students with more than two failed courses in the academic year may be allowed to continue on Academic Probation at the discretion of the Program Lead

A student who has been assigned Academic Probation may be either granted an opportunity to enroll in a repeat of the year, an opportunity to remediate failed coursework before advancing to the next year of the program or may be Required to Withdraw from the program.

To clear Academic Probation and to qualify for promotion or graduation, the student must achieve Satisfactory Standing in the probationary or repeat year at assessment checkpoints at the end of each term during that year.

Students who fail to perform satisfactorily at any of those assessment points will be Required to Withdraw immediately and subsequent registration will be cancelled.

Graduation requirements

Students will be eligible for graduation when they have successfully completed all of the program requirements.

5.3 Engaged and Active Learning / Delivery Methods

5.3.1 *Demonstrate the ways in which the institution identifies and attends to the learning of students in the program and what pedagogies will be used to encourage their engaged and active learning, as per Council's program quality assessment standard #5 (Program delivery).*

The program will support active student learning in a variety of ways. Problem-based learning (Discovery Learning) takes place in small groups, facilitated by faculty preceptors to encourage students to apply basic science and foundational knowledge to clinical cases. Team-based learning similarly encourages small groups of students to work together to apply their knowledge to cases that are relevant to their courses. A flipped classroom approach will be used to deliver lecture-based material online as a vodcast, and then live sessions (synchronous) will be used to apply and consolidate that material, engage in conversations and Q&A style sessions with faculty members, and to integrate the information in clinical-based scenarios. All of these approaches support a constructivist approach to learning and are common teaching and learning strategies in medical education.

5.3.2 *Include a description of the teaching/learning approaches to be used, a description of the rationale for using the approach and evidence of adequate support for the approach. Where applicable, demonstrate how CAQC's Additional Quality Assessment Standards for Programs Delivered in Blended, Distributed or Distance Modes will be met.*

The program will use a variety of teaching and learning approaches. As this program will primarily be delivered to students while they are on campus at Wenzhou Medical University, blended learning approaches and pedagogies will be used. Problem-based learning (Discovery Learning), case-based learning and team-based learning sessions will be done with students and WMU faculty on site in China, supported by faculty and academic staff from the University of Alberta online. A variety of platforms will be used, including Zoom, to ensure this facilitation can be done in real time (synchronous) from a distance. Vodcasts and other learning materials will be available to students through infrastructure developed and currently used within the Faculty of Medicine and Dentistry. This will encourage and support resource delivery, and online interactions with faculty and staff from both institutions. University of Alberta faculty members will travel to WMU to deliver some core content in person, and to augment the virtual delivery of curriculum. Students will also complete one summer course on campus at the University of Alberta, learning with and from faculty, staff, and students in Edmonton. All of these approaches support a constructivist approach to learning and are common teaching and learning strategies in medical education.

The technology used to administer and deliver the program, both pedagogically and administratively, is adequate to facilitate program delivery, and the Faculty is committed to appropriate updating of any technologies employed, and the identification and evaluation of emerging technologies. Sufficient resources will be available for development and sustainability with the hiring of dedicated staff. The support for the building and maintenance of the technology for learning activities is maintained and is as fail safe and secure as possible. Both students and faculty will receive ongoing support in the use of the system with appropriate on-boarding.

5.4 Program Comparison

5.4.1 *Provide a comparative analysis of the proposed program (curriculum, structure, admission requirements, etc.) with similar programs offered elsewhere (if any), especially in Alberta and Canada (see sample table below). What process was used to determine which programs were deemed to be the most comparable? Illustrate the similarities and differences.*

There are no similar/comparable dual degree programs in Alberta or Canada. The content of the curriculum of the third and fourth year of the proposed dual degree program is similar to the current Preclerkship curriculum for year 1 and 2 of the UAlberta MD Program. The Faculty has a proven track record for successful delivery of this curriculum in a blended fashion.

The programs are otherwise significantly different. The educational background of learners is different in that students entering the MD Program are experienced learners who have completed undergraduate degrees at a minimum. Students in the Dual Degree program will not have this same educational background. The other and most significant difference is regarding the delivery of clinical Work Integrated Learning (WIL) which constitutes more than 50% of the UAlberta MD Program. In the proposed Dual Degree program the WIL will occur during the summer course between years 2 and 3 and in the 5th year of the Program. The 5th year WIL will be delivered according to the requirements typical of WMU to prepare students for clinical practice in China.

Program component	Applicant institution	Institution A*	Institution B**
Name of credential	WMU	Bachelor of Biomedicine	Bachelor of Clinical Medicine
Entrance requirements	WMU	Additional English language requirements IELTS(Academic) (International English Language Testing System) At least 6.5 with no band less than 6.0	Applicants must meet the normal admission requirements for WMU degree program
Areas of study / Curriculum	WMU	Years 3 and 4	Years 1,2 and 5
Graduation requirements		Successful completion of the Year 1-4 curriculum	Successful completion of the additional 5 th year of clinical studies
Total credits	183	135	+48

*Institution A is University of Alberta

**Institution B is Wenzhou Medical University (WMU)

5.4.2 *If a similar program is currently offered at the institution, compare the structure, admission requirements and learning outcomes to the proposed program. If this is a conversion of an existing program (e.g., conversion of an applied degree to a new degree program), provide a table similar to the sample shown below.*

The overall learning outcomes of this program are similar to those of the Preclerkship Curriculum of the UAlberta MD Program. However, there are significant differences between the programs. Students enter the UAlberta MD Program after completing an undergraduate degree (at a minimum). Students will join the proposed Dual Degree Program after completing their secondary education and meeting the English language requirements. The students will complete two years of foundational content primarily based on the WMU medical school curriculum prior to starting the UAlberta Preclerkship Courses. The students will not complete the same two year WIL clinical clerkship required of students in the MD Program prior to receiving an MD Degree from the University of Alberta.

Comparison by course – existing program to new program

N/A

5.5 Other elements affecting quality

Note any other relevant aspects of the proposed program that might affect quality (e.g., fast-tracking, individual study, parts of the program to be offered in cooperation with another institution, etc.).

The quality of the program may be affected by the following factors:

- The blended approach may affect that quality of the educational experience because students will be learning at a distance, with both asynchronous and synchronous sessions. This will require student self-motivation. We hope to mitigate this by scheduling regular ‘live’ synchronous sessions, as well as having UofA staff and faculty teach in person at WMU regularly. As well, extensive faculty development will be provided to WMU faculty to ensure they can facilitate and support students in the University of Alberta approaches to learning.
- The time differences between WMU and UofA could be challenging when planning and delivering live sessions to students at WMU.
- Internet connectivity may be unstable from time to time requiring the rescheduling of sessions if no other means of connectivity is available.

SECTION 6: IMPLEMENTATION AND RESOURCES

6.1 Program Implementation Plan

Provide a program implementation plan by academic year (start to maturity) that includes any elements to be phased in (e.g., new academic staff hires, courses, minors, co-op option). If introduction of this program is

dependent on a similar program being phased out, the implementation plan should include how both programs are being supported until the phase out and start up are completed.

Program Year	Implementation Plan
Year 1	<ul style="list-style-type: none"> -WMU begins recruitment of the first cohort of students -students work on year 1 of the AIWMU curriculum with one course being taught by UAlberta faculty. -hiring UofA staff for the joint institute, including a Director -establishment of the joint institute agreement -establishment of committee structures -building relationships within the joint institute
Year 2	<ul style="list-style-type: none"> -students work on year 2 of the AIWMU curriculum with one course being taught by UAlberta faculty. -recruitment continues with students being interviewed and selected to participate in the joint institute -planning for upcoming summer school to take place at the University of Alberta continues -all curricular materials will be reviewed for transcultural safety and geographic relevance - all staff hires occur for administrative, technical and program staff -curriculum delivery for the summer school program between years 2 and 3 of the program
Year 3	-blended curriculum delivery for the year three content of the program
Year 4	-blended curriculum delivery for the year four content of the program

Faculty Development to support the dual Degree Program

To support the Alberta Institute Wenzhou Medical University Program a dedicated and specific Faculty Development program called the “Teaching Scholars Program – Alberta Institute” has been developed. Over 144 hours will be spent on working with WMU faculty to develop a mutual understanding about the curriculum and to allow for opportunities for collaborative development and enhancement of the curriculum.

The following courses will be taught by faculty leaders from the University of Alberta to faculty from WMU who teach in the first, second and fifth year of the program. These faculty may help with small group facilitation of courses led by University of Alberta faculty in the third and fourth years to enhance continuity across all 5 years of the program.

<i>Course</i>	<i>Time Commitment</i>	<i>Type of Course</i>
<i>TSP-AI 01: Introduction to Medical Education Theory & Practice*</i>	<i>2 sessions/week, 2 hrs/session for 12 weeks online Fall 2021</i>	<i>Prerequisite for all other courses</i>

TSP-AI 02: Improving Classroom Teaching Skills	2 sessions/week, 2 hrs/session for 12 weeks online Winter 2022	Teaching
TSP-AI 03: Introduction to Assessment	2 sessions/week, 2 hrs/session Hybrid: 5 weeks online 5 sessions (1 week) in Alberta Spring 2022	Teaching
TSP-AI 04: Introduction to Medical Education Scholarship	2 sessions/week, 2 hrs/session for 12 weeks online Fall 2022	Scholarship
TSP-AI 05: Introduction to Program Evaluation as Scholarship	2 sessions/week, 2 hrs/session for 12 weeks online Winter 2023	Scholarship
TSP-AI 06: Fostering a Humanistic Approach to Clinical Teaching Elective Teaching Course	1 session/week, 2 hrs/session 1 session/week, 1 hr/session Hybrid: 5 weeks online 5 sessions (1 week) in Alberta Spring 2023 (campus tour)	Teaching Elective

18 WMU faculty members have successfully completed TSP-AI 01, Introduction to Medical Education Theory & Practice. These same faculty members are currently enrolled in the second TSP-AI course, TSP-AI 02 Improving Classroom Teaching Skills.

TSP-AI 01: Introduction to Medical Education Theory & Practice*				
	Beijing Time Small Groups	Beijing Time	Content*	Number of Hours
1.		09/23/21 9:00 - 11:00 Session 1	Course & Participant Introductions Dr. Hodgson, Dr. Hillier, & Dr. Brett-MacLean Receive readings for 9/25/21	2

2.	09/25/21 9:00-11:00 AM Session 2a	09/30/21 9:00 - 11:00 Session 2b	Curriculum Development Dr. Carol Hodgson Receive readings for 10/2/21 small group prep session	4
	10/02/21 HOLIDAY	10/07/21 HOLIDAY	NO CLASS: National Day Holiday	0
3	10/09/21 9:00-11:00 AM Session 3a	10/14/21 9:00 - 11:00 Session 3b	Searching the Learning Management Database Dr. Hollis Lai Receive readings for 10/16/21 small group prep	4
4.	10/16/21 9:00-11:00 AM Session 4a	10/21/21 9:00 - 11:00 Session 4b	Curriculum Models Dr. Carol Hodgson Receive readings for 10/23/21 small group prep	4
5.	10/23/21 9:00-11:00 AM Session 5a	10/28/21 9:00 - 11:00 Session 5b	Learning Theories & Accreditation Standards Dr. Carol Hodgson Receive readings for 10/30/21 small group prep session	4
6.	10/30/21 9:00-11:00 AM Session 6a	11/04/21 9:00 - 11:00	Case-based Learning Dr. Carol Hodgson Receive readings for 10/30/21 small group prep	4
7.	11/06/21 9:00-11:00 AM Session 7a	11/11/21 9:00 - 11:00	Teaching with Technology Dr. Hollis Lai & Mr. Patrick von Hauff Receive readings for 11/20/21 small group prep	4
8.	11/13/21 9:00-11:00 AM Session 8a	11/18/21 9:00-11:00 AM	Simulation in Teaching & Deliberate Practice Dr. Carol Hodgson & Mr. Patrick von Hauff Receive readings for 11/13/21 small group prep	4
9.	11/20/21 9:00-11:00 AM Session 9a	11/25/21 9:00-11:00 AM	Curriculum Evaluation Dr. Carol Hodgson Receive readings for 11/27/21 small group prep	4
10.	11/27/21 9:00-11:00 AM Session 10a	12/02/21 9:00-11:00 AM	Narrative Reflective Practice Dr. Pamela Brett-MacLean	4

11.	12/04/21 9:00-11:00 AM Session 11a	12/09/21 9:00-11:00 AM	Making Your Everyday Work Scholarly Dr. Carol Hodgson Small group prep session (12/4/22) for class presentations	4
12.	12/11/21 9:00-11:00 AM Session 12a	12/16/21 9:00-11:00 AM Session 12b	Project Preparation	4
13.	12/18/21 8:30 am - 12:00 pm		Project Presentations Dr. Carol Hodgson (Note longer class time)	4
*Prerequisite for all other TSP-AI courses			TOTAL HOURS	50

TSP-AI 02: Improving Classroom Teaching Skills				
	Beijing Time Small Groups	Beijing Time	Content	Number of Hours
1		01/13/22 9:00 - 11:00	Course Introduction & Overview Dr. Carol Hodgson	2
2		01/20/22 9:00 - 11:00	The lecture and making it interactive Dr. Carol Hodgson Receive readings for 1/22/22 small group prep	2
3	01/22/2022 9:00-11:00	01/27/22 9:00 - 11:00	Developing a Case (e.g., PBL/DL, patient-based basic science case, simulation, etc.) Dr. Carol Hodgson	4
4	01/29/22 9:00-11:00			2
	02/01/22-02/15/22	02/01/22-02/015/22	NO CLASS: New Year and Spring Festival	0

5		02/17/22 9:00 - 11:00	Being a Successful Small Group Facilitator Dr. Carol Hodgson	4
6	02/19/22 9:00 - 11:00 am	02/24/22 9:00 - 11:00	Narrative Approaches to Reflection Dr. Pamela Brett-MacLean	4
7	02/26/22 9:00 - 11:00 am	03/03/22 9:00 - 11:00	Visual Reflection - Learning to See Dr. Pamela Brett-MacLean	4
8	03/05/22 9:00 - 11:00 am	03/10/22 9:00 - 11:00	Developing a TBL Session Dr. Tracey Hillier & Dr. Hodgson	4
Change in Canada to daylight savings time - Canada class time change from 6:00-8:00 pm to 7:00 to 9:00 pm				
9	03/12/22 9:00 - 11:00 am	03/17/22 9:00 - 11:00	Facilitating a TBL Session Dr. Tracey Hillier	4
1	03/19/22 9:00 - 11:00 am	03/24/22 9:00 - 11:00	Developing a flipped classroom session Dr. Carol Hodgson	4
1	03/26/22 9:00 - 11:00 am	03/31/22 9:00 - 11:00	Facilitating a flipped classroom session Dr. Tracey Hillier	4
1	04/02/22 9:00 - 11:00 am	04/07/22 9:00 - 11:00	Teaching Effectively Online & Teaching with Technology Mr. Patrick von Hauff	4
1	04/09/2022 9:00 - 11:00 am	04/14/22 9:00 - 11:00 am	Project Presentations - 2 groups present each day <i>Note extra class session (if possible in-person in the AI area at WMU and in-person at the UofA FoMD)</i>	4
			TOTAL HOURS	46

TSP-AI 03: Introduction to Assessment				
	Beijing Time Small Groups	Beijing Time	Content	Number of Hours
1		05/12/22 9:00 - 11:00	Course Introduction and Overview Dr. Hodgson Readings provided for 05/14/22	2
2	05/14/22 9:00 - 11:00	05/19/22 9:00 - 11:00	Assessment methods Dr. Hodgson Readings provided for 05/21/22	4
3	05/21/22 9:00 - 11:00	05/26/22 9:00 - 11:00	Measurement issues: validity, reliability, and statistics of testing Dr. Hollis Lai Readings provided for 05/28/22	4
4	05/28/22 9:00 - 11:00	06/02/22 9:00 - 11:00	Standard Setting Dr. Hollis Lai Readings provided for 06/04/22	4
5	06/04/22 9:00 - 11:00	06/09/22 9:00 - 11:00	Written Exams Dr. Carol Hodgson	4
6	06/11/22 9:00 - 11:00		Small Group Project Work	2
	In-person Sessions Depending on Travel Restrictions	Edmonton Time		
7		06/14/22 09:00 am-12:00 pm	UAlberta Campus Campus/Faculty of Medicine & Dentistry Tour Catered Lunch	2
8	In-person	06/14/22 12:30-2:30 pm	Simulation for assessment (ECHA simulation centre) TBA	2

9	<i>In-person</i>	06/14/22 3:00-5:00 pm	Small Group Project Work	2
1	<i>In-person</i>	06/15/22 9:00 - 1:00 pm	<i>Travel to Jasper & Talk on Jasper Park History</i>	0
1	<i>In-person</i>	06/15/22 2:30 - 4:30 pm	Small Group Project Work	2
1	<i>In-person</i>	06/16/22 8:00 - 10:00 am	Observational assessment TBA	2
1	<i>In-person</i>	06/16/22 10:15 am-12:15 pm	Performance Assessment TBA	2
1	<i>In-person</i>	06/16/22 1:00-3:00 pm	Small Group Project Work	2
			<i>Optional Maligne Lake Tour</i>	
1	<i>In-person</i>	06/17/22 8:00 - 10:00 am	Peer assessment Dr, Tracey Hillier	2
1	<i>In-person</i>	06/17/22 10:15 am-12:15 om	Performance Portfolios Dr. Tracey Hillier	2
1	<i>In-person</i>	06/17/22 1:00-4:00 pm	Small Group Project Work	3
1	<i>In-person</i>	06/18/22 9:00 am - 2:00 pm	Project Presentations, Lunch, & Awarding of Certificates Note longer class time	5
	<i>In-person</i>	6/19/22	<i>Return to Edmonton</i>	
			TOTAL HOURS	46

6.2 Staffing Plan

6.2.1 *Show how the number (head count and FTE), distribution and qualifications of teaching staff meet Council's requirements and the objectives of the program as a whole (as described in s. 1.6 above). Include the academic staff expertise to be recruited, if new staff are contemplated. Provide summary information of current academic staff and new hires who will be teaching in the proposed program in the following format (see sample table below).*

The UAlberta curricular component of the proposed Dual Degree Program will be delivered in a similar fashion to the MD program. The MD Program works with many clinical and academic faculty from across the Faculty of Medicine and Dentistry every year to deliver the program successfully. Every educator who is involved in the assessment of a student in the program will have a faculty appointment.

Based on the MD Program we expect:

- Approximately 300 UAlberta faculty will teach in the Dual Degree Program. As a point of reference, as many as **1092** different faculty members teach (and facilitate, examine, and tutor) in the MD Program.
- **1009** whole class sessions will be delivered by 300 unique lecturers in years 3 and 4 of the program

Courses taught by academic staff by credential and specialization

- Faculty members teach across many courses to ensure a high level of continuity and integration across the curriculum therefore they are not assigned to a single course. The table below contains credentialing information from a subset of the teaching faculty who provided their information on request.

Name	University where the highest degree is obtained	Specialty for the highest Degree	Highest Degree	Academic staff status
Michael Houghton	King's College	Biochemistry	PhD	Professor
Xin-Min Lee	Norman Bethune China	Medicine Pharmacology	MD PhD	Professor
Dilini Vethanayagam	University of Alberta	Medicine	MD	Associate Professor
Rabin Persad	University of the West Indies	Medicine	MBBS	Associate Professor
Nirupan Vipulanathan	University of Saskatchewan	Medicine	MD	Clinical Lecturer and CME director
Pamela Brett-MacLean	University of British Columbia	Medical Humanities	PhD	Associate Professor
Clarence Wong	University of Alberta	Medicine	MD	Associate Professor
Daniel Livy	University of Alberta	Biological Sciences	PhD	Associate Professor

Karen Forbes	University of Calgary	Medicine (Pediatrics)	MD	Associate Professor
Elizabeth Rosolowsky	University of California, San Francisco	Medicine	MD	Associate Professor
Lillian Au	University of Alberta	Medicine	MD	Associate Professor
Andrew Holt	Queen's College, Cambridge	Pharmacology	PhD	Associate Professor
Helly Goez	Tel Aviv University	Medicine	MD	Associate Professor
Joanne Rodger	University of Alberta	Education	PhD	Curriculum Specialist
Tracey Hillier	McMaster University	Medicine	MD	Assistant Professor, Associate Dean
Hollis Lai	University of Alberta	Education Psychology	PhD	Associate Professor
Sukhvinder Dhillon	University of Liverpool	Medicine	MD	Associate Professor
Ann Lee	University of British Columbia	Medicine	MD	Assistant Professor
Carol Hodgson Birkman	University of California, Los Angeles (UCLA)	Biochemistry	PhD	Associate Professor, J Allan Gilbert Chair in Medical Education Research
Andrew Scarfe	University of Alberta	Medicine	MD	Associate Professor
Steven Caldwell	University of Edinburgh	Medicine	MBCHB (Hons)	Clinical Professor
Tim Winton	Queen's University	Medicine	MD	Associate Professor
Ronald W. Damant	University of Alberta	Medicine	MD	Professor
Zhixiang Wang	Simon Fraser University	Biochemistry	PhD	Professor

6.2.2 *Include brief explanations of academic staff categories (e.g., continuing, sessional, term) and workload expectations.*

Academic staff will be faculty members in the FoMD with 0.1 to 0.3 FTE for their teaching load with this program, sessional teachers will also be used as is done for the delivery of the MD Program. This program will draw upon existing resources developed for the preclerkship component of the MD Program.

6.2.3 *Provide a proposed teaching rotation that outlines the academic staff at launch and to maturity of the program (see sample table below) and shows clearly the plan for any cycling of courses. List also any non-academic staff who will teach in the program.*

The UAlberta curricular component of the proposed Dual Degree will be delivered in a similar fashion to the MD program. The MD Program works with many clinical and academic faculty from across the Faculty of Medicine and Dentistry every year to make the program successful. Every educator who is involved in the assessment of a student in the program will have a faculty appointment. Faculty members teach across many courses to ensure a high level of continuity and both horizontal and vertical integration across the curriculum therefore they are not assigned to a single course.

6.2.4 *For graduate programs, provide a detailed plan to organize the academic advising, supervision and monitoring of graduate students, and state the credentials, graduate teaching experience, master's committee work/supervision and PhD supervision experience of academic staff. For doctoral programs, a summary table such as the following would be helpful.*

N/A

6.2.5 *Include CVs of core academic staff teaching in the program as well as key administrators (see CAQC's CV template). Be sure their permission has been given.*

As many as **300** different faculty members will teach (and facilitate, examine, and tutor) in years 3 and 4 of the Dual Degree Program with a demonstrated track record of being able to deliver the curriculum. The CV of the Director of the Dual Degree Program is attached as Appendix C.

6.3 Scholarly and Creative Activity

6.3.1 *Describe what constitutes scholarship and/or creative activity for academic staff teaching in this program, and summarize the institutional expectations of academic staff with respect to scholarship and professional development as well as how these are assessed. Describe plans for supporting scholarly activities and professional development of academic staff (see Council's expectations regarding scholarship, research and creative activity in s. 3.7.3 of Council's Handbook).*

All forms of scholarship currently recognized within the FoMD will be equally recognized for work done in support of this Dual Degree Program. Scholarship for faculty teaching in the Dual Degree Program will be recognized as a multi-faceted activity involving the creation, integration and dissemination of knowledge. Scholarship can take many forms including the following:

- Independent or collaborative research across the full spectrum (basic, applied, educational, policy, quantitative, qualitative, etc)
- Staying current and maintaining competency in the content and methodology in one's field and related fields
- Inquiry and reflective practice
- Innovation in pedagogy
- Knowledge translation and reformulation for new applications
- Composition and creative activity
- Publication
- Presentation at scholarly conferences or expert groups
- Applied scholarship through problem solving practices, innovation, product development (handbooks, manuals, software, etc)
- Technology development, patents, technology transfer and commercialization
- Developing standards, guidelines, and best practices

6.3.2 *For doctoral proposals, include a tabular summary of research grants held by key academic staff involved in the program, both (i) in aggregate form, and (ii) by academic staff member, years of tenure of each grant, and source and amount of the grant.*

N/A

6.4 Physical and Technical Infrastructure

Describe the facilities, laboratory and computer equipment (as applicable) available to meet the specialized demands of the program, as well as plans to address any deficiencies in what might be required.

The physical space and laboratories are at the WMU site.

Learning management systems have been developed within the Faculty of Medicine and Dentistry to deliver and manage the curriculum and assessment activities. The learning management systems have been developed and successfully used to deliver online synchronous and asynchronous learning activities. These specific systems will be licensed for use with this Dual Degree Program.

6.5 Information Services

Provide an inventory and analysis of information resources to support the program (using standard library reference guides) and plans to deal with any deficiencies, and a description of student access to other information services.

Students will have access to the University of Alberta Libraries and existing online resources and will also benefit from the information services of Wenzhou Medical University.

SECTION 7: CONSULTATION AND ASSESSMENT

7.1 Program Evaluation

Describe the criteria and methods which will be used to ensure the ongoing quality of the program. Include mechanisms for periodic review using external evaluation. Include the expected outcomes, key performance indicators and performance targets for the program.

A regular process of continuous quality improvement including annual course review will occur involving faculty and learners from both Wenzhou Medical University and UAlberta. This will be supported using existing curriculum management infrastructure. Student academic success on assessments will be measured against learning objectives. Student feedback regarding lectures and courses will be considered. Student portfolios will constitute a record of activity. At the end of the program, student achievement of program learning outcomes will be evaluated. Faculty development and curricular changes will be made where needed.

7.2 Consultation / Accreditation or Regulatory Approval

7.2.1 *Building on s. 2.3, outline the consultation that has occurred with other institutions, organizations or agencies, including advisory bodies formed by the applicant institution to assist in program design, implementation and evaluation. This should include, where appropriate, professional associations, regulatory agencies and/or accrediting bodies, and prospective employers.*

N/A

7.2.2 *If the program is subject to accreditation or approval of a regulatory body, provide a description of the review process, requirements of the body and timing of the review (if in process). If possible, a chart or table may be useful to outline accreditation or regulatory approval requirements.*

N/A

7.2.3 *If not already covered in 7.2.2., indicate how graduates will meet professional or regulatory expectations.*

N/A

7.3 Reports of Independent Academic Experts

CAQC views external peer review, which can be both formative and summative, as foundational to ensuring the quality of academic programs. In order to strengthen the proposal, before the proposal is finalized, the institution should consult with one or more independent academic experts it selects from outside the institution to provide advice regarding all aspects of the program. The report(s) of these external independent academic experts should be provided, along with the institution's response to the report(s). If an institution wishes a program proposal to be exempted from the normal requirement of an assessment by an external expert, it must provide a compelling case as part of its request for a Fully Expedited Review. Short résumés of the academic experts involved and a rationale as to why they were selected should be provided (see CAQC's guidelines with respect to the selection and use of Independent Academic Experts in Appendix I of the CAQC Handbook).

The curriculum of this program is based on the Preclerkship curriculum of years 1 and 2 of the MD Program. The MD Program curriculum has undergone three successful external reviews since 2014 and has had no substantive change since the last comprehensive external review in 2018.

- 2014 Comprehensive Accrediting Body Review by the Committee on Accreditation of Canadian Medical Schools (CaCMS) and the Liaison Committee on Medical Education (LCME) of the American Association of Medical Colleges (AAMC)
- 2018 Interim accreditation review by CaCMS Committee on Accreditation of Canadian Medical Schools
- 2018 Campus Alberta Quality Council Review

The curriculum of the Wenzhou Medical University Program has also had successful external review by an International Medical School Accrediting body.

Students from both medical programs are highly successful on national licencing exams with a pass rate of more than 99% reflecting the quality of the education provided by the medical program of each of the collaborating Universities.

The CV of the Director and Executive Dean of the Alberta Institute who is the Program Lead for the Dual Degree Program is attached as Appendix C.

SECTION 8: OTHER

8.1 Adverse Claims or Allegations

Disclose any adverse claims or allegations that might affect this application or be of concern to Council.

We are not aware of any adverse claims or allegations.

8.2 Statement of Institutional Integrity

Include a signed Statement of Institutional Integrity (see Council template on web site).

See attached as Appendix D.

8.3 Other documentation

Provide any other supporting documents such as the Graduate Program Handbook, Faculty Handbook, current calendar, cyclical review of programs policy, etc. that would add support to the applicant's case and would help reviewers (provide website links, if available).

N/A

Appendix C Template CV

NAME

Dr Tracey Hillier

COMPLETED ACADEMIC DEGREES

Degree Name	Subject Area	Where Completed	Date of Completion
Master of Education	Health Sciences Education	University of Alberta	November 2016
Doctor of Medicine (MD)	Medicine	McMaster University	June 1997
Bachelor of Science (Honours)	Nursing	St Francis Xavier University	May 1990

OTHER ADVANCED STUDIES

Fellowship	Emergency Trauma and Cardiac Radiology	University of British Columbia	June 2011
Post Graduate Medical Residency	Diagnostic Imaging	University of Alberta	June 2007
Post Graduate Medical Residency	Family Medicine	McMaster University	December 1999

ACADEMIC APPOINTMENTS

Appointment Level	Institution	Dates	Subject Area
Associate Professor, with Tenure	University of Alberta	July 2019-Present	Diagnostic Imaging
Assistant Professor, Tenure Track	University of Alberta	July 2015-June 2019	Diagnostic Imaging
Assistant Professor, Special Continuing	University of Alberta	Jan 2012-July 2015	Diagnostic Imaging
Assistant Clinical Professor	University of Alberta	July 2011-2012	Diagnostic Imaging

Clinical Lecturer	University of Alberta	Jul 2009-Jun 2011	Diagnostic Imaging
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ADMINISTRATIVE APPOINTMENTS

Appointment Level	Institution	Dates
Director and Executive Dean Alberta Institute	University of Alberta	July 2020-Present
Co-Director Situated Knowledges: Indigenous Peoples and Place (SKIPP) Signature Area	University of Alberta	July 2021-Present
Associate Dean MD Program	University of Alberta	July 2015-June 2020
Associate Dean Curriculum, MD Program	University of Alberta	July 2013-June 2015
Assistant Dean Curriculum, MD Program	University of Alberta	Jan 2012-Jun 2013

TEACHING EXPERIENCE

Institution	Dates	Courses Taught
University of Alberta	Feb 2021-Mar 2021	Course Preceptor: Discovery Learning MED 524 Psychiatry
University of Alberta-AIWMU	Sept 2020-Dec 2020	Course Coordinator and Lecturer: Global Health
University of Alberta	Oct 2020-Dec 2020	Course Preceptor: Discovery MED 512 Endocrinology
University of Alberta	Aug 2020-Oct 2020	Course Preceptor: Discovery Learning MED 511 Foundations of Medicine, Faculty of Medicine and Dentistry, University of Alberta
University of Alberta	Sept 2013-May 2017	Lecturer MD Program

University of Alberta	Oct 2013-Nov 2013	Course Planning Committee and Preceptor MED 522 Reproductive Medicine and Urology
University of Alberta	Nov 2014-Jan 2015 Nov 2013-Jan 2014 Nov 2012-Jan 2013 Nov 2011-Jan 2012 Nov 2010-Jan 2011 Nov 2009-Jan 2010	Course Planning Committee Member; Course Preceptor-Discovery Learning and Lecturer MED 523 Musculoskeletal Medicine
University of Alberta	Sept 2008-2009	Course Preceptor: Discovery Learning MED 522 Reproductive Medicine and Urology
University of Alberta	Sept 2009-Present	Clinical Teaching Preceptor

SCHOLARLY PARTICIPATION

Refereed Publications

Date	Activity
2021	Daniels V, Ortiz S, Sandhu G, Lai H, Yoon M, Bulut O, Hillier, T. Effect of Detailed OSCE Score Reporting on Learning and Anxiety in Medical School. <i>Journal of Medical Education and Curriculum Development</i> , (2021). DOI: 10.1177/2382120521992323
2021	Underschultz JG, Barber P, Richard D, Hillier, T. What drives resistance to Public Health measures in Canada's COVID-19 pandemic? An online survey of Canadians' knowledge, attitudes, and practices. <i>UTMJ</i> . 2021; 98(1):35-40. Available at SSRN: https://ssrn.com/abstract=3605193 or https://doi.org/10.2139/ssrn.3605193
2020	Wei L, Goetz H, Hillier T. , & Brett-MacLean P. A Visiting Professorship in Undergraduate Medical Education at the University of Alberta: Reflections on possibilities for medical humanities in China, and elsewhere. <i>MedEdPublish</i> , 2020;9(1). DOI: https://doi.org/10.15694/mep.2020.000190.1
2020	Goetz H, Lai H, Rodger J, Brett-MacLean P & Hillier, T. The DISCuSS model: creating connections between community and curriculum – a new lens for curricular development in support of social accountability. <i>Medical Teacher</i> 2020: DOI: 10.1080/0142159X.2020.779919
2020	Hillier, T. , Lai, H., Sonnenberg, L., Lewis, M., Goetz, H., Schipper, S. University of Alberta Faculty of Medicine and Dentistry. <i>Academic Medicine</i> : September 2020 - Volume 95 - Issue 9S - p S563-S565. DOI: 10.1097/ACM.0000000000003292

- 201 Wang XR, **Hillier, T.**, Oswald A, & Lai H. Patterns of performance in students with
9 frequent low stakes Team Based Learning assessments: do students change behavior?
Medical Teacher 2019 DOI: 10.1080/0142159X.2019.1670339
- 201 Daniels VJ, Strand AC, Lai H, & **Hillier, T.** Impact of tablet-scoring and immediate score
9 sheet review on validity and educational impact in an internal medicine residency
Objective Structured Clinical Exam (OSCE). Medical Teacher. 2019;41(9):1039-1044
- 201 Tran UE, Kircher J, Jaggi P, Lai H, **Hillier, T.**, Ali S. Medical students' perspectives of
8 their clinical comfort and curriculum for acute pain management. Journal of Pain
Research 2018;11:1479-1488
- 201 Brett-MacLean P, Birkman C, Shapiro J, Rosenal T, Schafenacker N, & **Hillier, T.**
8 Exploring the potential of online approaches to teaching the "human side of
medicine": A scoping review. EDULEARN 2018: 18, 8688-8697.
<https://library.iated.org/view/BRETTMACLEAN2018EXP>
- 201 Tan A, Babenko O, England A, Humphries P, **Hillier, T.** A novel resident as teacher
7 curriculum: the role of experiential learning and coaching. MedEd Publish, September
22, 2017
- 201 Deutscher J, Miazga S, Goetz H, **Hillier, T.**, Lai H. Human trafficking awareness, a
7 learning module for improved recognition of victims in the emergency room. Can J
Emerg Med 2017;19(S1):93
- 201 Fatmi M, Hartling L, **Hillier T.**, Campbell S, Oswald A. The Effectiveness of Team Based
3 Learning in Health Professions Education: BEME Guide No 30. Medical Teacher
2013;35(12)e1608-e1624
- 201 Talbot M, Meunier B, Tottier V, Christian M, **Hillier, T.**, Berger C, McAlister V, Taylor S.
2 1 Canadian Field Hospital in Haiti: surgical experience in earthquake relief. Can J Surg
2012 Aug;55(4):271 DOI: 10.1503/cjs.039010
- 199 Sheehan D, Bridle B, **Hillier, T.**, Feightner K, Hayward S, Leek S, Krueger P, Sword W,
9 James B. Breastfeeding outcomes of women following uncomplicated birth in
Hamilton-Wentworth. Canadian Journal of Public Health 1999; 90(6): 408-411

Refereed Abstracts and Presentations:

Activity

Kaiser, J., Khan, M., Rashid, M., 2, Konkin, J., **Hillier, T.**, Goetz, H. How Can Physicians Support Survivors of Intimate Partner Violence? Family Medicine Forum 2020.

Brett-MacLean, P., Lai, H., **Hillier, T.** & Goez, H. Health Humanities and Social Accountability in Action: Working Collaboratively across Disciplines and Communities. *Canadian Medical Education Journal*, 11(2). DOI: <https://doi.org/10.36834/cmej.v11i2>

Speerstra, S., Livy, D., Lai, H. & **Hillier, T.** A concerted approach to curriculum mapping by summer students. *Canadian Medical Education Journal*, 11(2). DOI: <https://doi.org/10.36834/cmej.v11i2>

Portnoy, D., Moran, M. & **Hillier, T.** Addressing Barriers to Learning Geriatric Medicine in Preclerkship. *Canadian Medical Education Journal*, 11(2). DOI: <https://doi.org/10.36834/cmej.v11i2>

Cox, A., Lai, H., **Hillier, T.**, Rodger, J. & Jeffery, T. Applying Appreciative Inquiry to Promote Medical Student Diversity. *Canadian Medical Education Journal*, 11(2). DOI: <https://doi.org/10.36834/cmej.v11i2>

Borle, S., **Hillier, T.**, Andrew, S., Surgin, C., Lai, H. A Quality Improvement Initiative to Improve Timeliness of Feedback. *Canadian Medical Education Journal*, 11(2). DOI: <https://doi.org/10.36834/cmej.v11i2>

Volk, A., Lai, H., **Hillier, T.** A theoretical model to determine how CaRMS variables impact medical student matching rates. *Canadian Medical Education Journal*, 11(2). DOI: <https://doi.org/10.36834/cmej.v11i2>

Barber, P., Mathura, P., Croden, J., Halasz, J., Truong, L., Raffael, K., Phan, C., , **Hillier, T.**, Kassam, N. Evaluation of a Summer Healthcare Improvement Program (SHIP) in Undergraduate Medical Education. *Canadian Medical Education Journal*, 11(2). DOI: <https://doi.org/10.36834/cmej.v11i2>

Hillier, T., Lunardon, D., Daniels, V., Oswald, A., Surgin, C., Lai, H. Three applications of learning sciences in medical education. *Canadian Medical Education Journal*, 11(2). DOI: <https://doi.org/10.36834/cmej.v11i2>

Brett-MacLean P, **Hillier, T.**, Goez H, Lai H (Feb 2020). "Illuminating Health Humanities in Undergraduate Medical Education through Curricular Mapping" Innovations in Medical Education Conference 2021: Transforming Health Professions Education through Innovation. Los Angeles, CA.

Anderson M., Fehr D., Goez H., Rodger J., Daniels L., Lai H., Daniels V., **Hillier, T.** (Apr 2019). A Human Library Intervention to Address Bias Towards LGBTQ Individuals. Canadian Conference on Medical Education, Niagara Falls, ON. *Canadian Medical Education Journal*, 10(2), e58-e59. <https://doi.org/10.36834/cmej.v10i2>

Simin I., Naidu D., **Hillier, T.** (Apr 2019). Implementing Exercise as Medicine into the Undergraduate Medical Curricula. Canadian Conference on Medical Education, Niagara Falls, ON.

Duggal A., Jeffrey T., Rodger J., Von Hauff P., **Hillier, T.** (Apr 2019). Using Think-Aloud Method to Evaluate & Re-Design the University of Alberta MD Program Website. Canadian Conference on Medical Education, Niagara Falls, ON.

Lai H., Daniels V., **Hillier, T.**, Forbes K. (Apr 2019). Adapting Comment Prompts to Improve Narrative Feedback for Learners. Canadian Conference on Medical Education, Niagara Falls, ON.

Goetz V., Do V., **Hillier, T.** (Apr 2019). Improving Undergraduate Instruction in Evidence Based Medicine (EBM): Mapping the University of Alberta Undergraduate EBM Curriculum to National Competencies as a Tool to Facilitate Curriculum Development. Canadian Conference on Medical Education, Niagara Falls, ON.

Daniels V., Lai H., Forbes K., **Hillier, T.** (Apr 2019). Evaluating the Impact of Reducing Clerkship Form Length and Nudging Face-to-Face Assessments on Validity. Canadian Conference on Medical Education, Niagara Falls, ON.

Ortiz S., Daniels V., Lai H., Yoon M., Bulut O., **Hillier, T.** (Apr 2019). Effect of Detailed OSCE Score Reporting on Student Learning. Canadian Conference on Medical Education, Niagara Falls, ON.

Lai H., **Hillier, T.**, Daniels V. (Apr 2019). Developing a framework for adapting narrative feedback prompts. Annual Meeting of the National Council on Measurement in Education (NCME) Toronto, ON.

May, Z., Lam, B., **Hillier, T.**, Goez, H., Brett-MacLean, P. (Nov 2018). Creation of a Curriculum Mapping Approach for Medical/Health Humanities in Undergraduate Medical Education. University of Alberta Faculty of Medicine and Dentistry 51st annual Summer Students' Research Day. FoMD, Edmonton, AB.

Fehr, D., Anderson, M., **Hillier, T.**, Daniels, L., Daniels, V., Lai, H., Rodger, J., Goez, H. (Nov 2018). A Human Library Intervention to Address Bias towards LGBTQ individuals. University of Alberta Faculty of Medicine and Dentistry 2018 Excellence in Medical Student Research. Edmonton, AB.

Lengkeek, C., Goez, H., **Hillier, T.**, Brett-Maclean P. (Nov 2018). Patient Immersion Experience: Impact of a Mirrored Perspective in Medical Education. University of Alberta Faculty of Medicine and Dentistry 2018 Excellence in Medical Student Research. Edmonton, AB.

Brett-MacLean P., Birkman C., Shapiro J., Rosenal T., Schafenacker N., **Hillier, T.** (Jul 2018). Exploring the potential of online approaches to teaching the "Human side of medicine": A scoping review. EDULEARN18 - 10th Annual International Conference on Education and New Learning Technologies, Palma de Mallorca, Spain.

Fehr D., Goez H., **Hillier, T.**, Daniels L., Daniels V., Lai H., Anderson M. (May 2018). A Human Library Intervention to Address Bias towards LGBTQ Individuals. LGBT Health Workforce Conference, New York City, NY.

Lam B., **Hillier, T.**, Goez H., Rodger J., Brett-MacLean P. (Apr 2018). 'Mapping' health humanities in undergraduate medical education: Results of a preliminary exploration. Creating Space VIII Conference, Halifax, NS.

Fehr D, Lai H, **Hillier T.**, Daniels V, Daniels L, Goez H. (Feb 2018). A Human Library Intervention to Address Bias towards LGBTQ Individuals. AMA Advocacy Night, University of Alberta, AB.

Lam B, **Hillier T.**, Goez H, & Brett-MacLean P. (Nov 2017). Developing a Curriculum Mapping Approach for Health Humanities in Undergraduate Medical Education. Celebration of Teaching and Learning, University of Alberta, AB.

Lai H., Wang R., Oswald A., **Hillier, T.** (Aug 2017). Evaluation of student performance patterns in team-based learning. AMEE 2017, Helsinki, Finland.

Tan A., Kelly M., **Hillier, T.** (May 2017). "Please don't make me open up Pandora's Box!" Empowering learners by linking shared decision-making communication skills to advance care planning. Workshop presented to the Canadian Conference on Medical Education, Winnipeg, MB.

Hackett F., Burton McLeod S., **Hillier T.**, Goez, H. (May 2017). Indigenous health in undergraduate medical curricula: a student-led group-based learning curriculum innovation. Canadian Conference on Medical Education, Winnipeg, MB.

Kruhlak I., Davies M., Oswald R., Aulakh, A., **Hillier, T.**, Goez, H. (May 2017). Fentanyl crisis from the molecule to Public Health integrative team-based learning module. Poster presented at the Canadian Conference on Medical Education, Winnipeg, MB.

Christensen J., Deutscher J., Goez H., **Hillier, T.**, Lai, H., Laboucane-Benson, P. (May 2017) A Student led Curriculum Innovation to Raise Awareness of Indigenous Mental Health in Undergraduate Medical Education. Poster presented at the Canadian Conference on Medical Education, Winnipeg, MB. *Medical Education* 2017;51(Suppl.1)22-117. doi.org/10.1111/medu.13284.

Deutscher J., Fehr D., Christensen J., Hackett F., Goez H., **Hillier, T.**, Lai H., Miazga, S. (May 2017) A Student led Curriculum Innovation to Implement Human Trafficking Awareness into Undergraduate Medical Education. Poster presented at the Canadian Conference on Medical Education, Winnipeg, MB.

Wang R., Lai H., Oswald A., **Hillier, T.** (May 2017). The Trajectory of Student Academic Performance in the Setting of Team-based Learning. Oral Presentation given at the Canadian

Conference on Medical Education, Winnipeg, MB. *Medical Education* 2017;51(Suppl.1)22-117. doi.org/10.1111/medu.13284

Gourishankar S., Hawthorne J., Surgin C., Lai H., **Hillier, T.** (May 2017). Professionalism Assessment and Remediation: Trials and Tribulations. Poster presented at the Canadian Conference on Medical Education, Winnipeg, MB.

Kruhlak I, Gargoum A, Goetz H, **Hillier, T.**, Caine V, Abdulmalik A, Rashid M. (Feb 2017). Exploring Barriers in Accessing Care and Analyzing the Pre and Post Migration Health Status of Refugee Youth in Canada. AMA Advocacy Night. Edmonton, AB.

Uyen T, Kircher J, Jaggi P, Lai H., **Hillier, T.**, Ali S. (Nov 2016). Acute pain management: The medical students' perspective. Abstract presented at the Women and Children's Health Research Institute Research Day, Edmonton, AB.

Hillier, T., Lai H. (Aug 2016). A purpose-built system to facilitate Team-Based Learning: Lessons learned. Oral Presentation accepted at the annual meeting of the Association on Medical Education in Europe, Barcelona, Spain.

Lai H., **Hillier, T.** (Jun 2016). Lessons learned from a development of an electronic OSCE scoring system. Poster presented at the Meeting of the Information Resource Group of the American Association of Medical Colleges, Toronto, ON.

Lai H., Daniels, V., Tan, A., **Hillier, T.** (May, 2016). Developing an electronic objective structured clinical examination system: progress and outcomes. Invited presentation at the Festival of Teaching, University of Alberta, Edmonton, AB.

Lai H., Gierl M., Tan A., Daniels V., **Hillier, T.** (Apr 2016). Framework for Feedback and Remediation with Electronic Objective Structured Clinical Examinations. Paper Presented at the annual meeting of the National Council on Measurement in Education. Washington, DC.

Tan A., Ahn, T., Webb A., **Hillier, T.**, Lai, H. (Apr 2016). Evaluation of an Academic Service Learning Experience. Poster Presented at the Canadian Conference on Medical Education, Montreal, QC.

Hillier, T., Oswald A., Lai H. (Apr 2016). A Pilot Study to Investigate the Effectiveness of Team Based Learning for Improving Learning Outcomes. Oral Presentation at the Canadian Conference on Medical Education, Montreal, QC.

Ali S., Lai H., **Hillier, T.**, Gourishankar, S. Implementation of a Faculty Professionalism Assessment Process in Undergraduate Medical Education. Oral Presentation at the Canadian Conference on Medical Education, Montreal, QC.

Davila-Cervantes A., Surgin C., Lorencs M., Tan, A., **Hillier, T.**, Lai, H. (Apr 2016). Development of Electronic Attendance Tracking Process at the Faculty of Medicine and Dentistry. Poster Presented at the Canadian Conference on Medical Education, Montreal, QC.

Tan A., Lee J., **Hillier, T.**, Lai H., Forbes K., Au L. (Jan 2016). An innovative integrated patient-centered communications curriculum, and assessment and remediation framework for medical students. Presentation at the 42nd Annual STFM Conference on Medical Student Education. Phoenix, AR.

Tan A., Au L., Lee J., **Hillier, T.**, Lai H. (Aug 2015). An innovative integrated communications curriculum, and assessment and remediation framework for medical students. Oral presentation at the International Conference on Communication in Healthcare, New Orleans, LA.

Hillier, T., Lai H., & Davila-Cervantes, A. (Apr 2015). Evaluating Curriculum Planning Using a Topic Group Consensus Process. Oral presentation at the Annual meeting of the Canadian Conference on Medical Education. Vancouver, BC.

Davila-Cervantes A., **Hillier, T.**, Gye, J., Lai, H. (Apr 2015). Development, Implementation, and Outcomes from a Comprehensive Electronic Evaluation Process for an Undergraduate Program. Poster presented at the Annual meeting of the Canadian Conference on Medical Education. Vancouver, BC.

Tan A., **Hillier, T.**, & Lai, H. (Apr 2015). Challenges and Solutions in Developing an Assessment Process for a Longitudinal and Integrated Physicianship Course. Oral presentation presented at the Annual meeting of the Canadian Conference on Medical Education. Vancouver, BC.

Lai H., Forbes, K., Tan, A., Pinsk, M., **Hillier, T.**, Davila-Cervantes, A., Gierl, M., Daniels, VJ. (Apr 2015). Converting from Single to Parallel Forms Examination: Applications of Modern Psychometric Techniques. Poster presented at the Annual meeting of the Canadian Conference on Medical Education. Vancouver, BC.

Lai H., **Hillier, T.** (May 2014). Curriculum Mapping Through Student Crowdsourcing. MedBiquitous Annual Conference. Baltimore, MD.

Lai H., **Hillier, T.**, Gierl M., Tanygin V. (May 2014). Deploying TAO in Medical Education using a rapid development framework. National Council of Measurement in Education. Philadelphia, PA.

Lai H., **Hillier, T.**, Gierl M. (May 2014). Processing evaluation comments using natural language processing in medical education. National Council of Measurement in Education. Philadelphia, PA.

Huie M., Ma L., **Hillier, T.**, Lai H. (Apr 2014). Student's perspective on patient advocacy training in an undergraduate medical curriculum. Ottawa Conference 2014 and Canadian Conference on Medical Education. *Medical Education* 2014;48(Suppl 1):2-130.
<https://doi.org/10.1111/medu.12485>

Heydarimanesh H., Longowal N., **Hillier, T.** (Apr 2014). Health of Special Populations in a First Year Medical Curriculum. Ottawa Conference and Canadian Conference on Medical Education. Ottawa, ON.

Davila-Cervantes A., Lai H., **Hillier, T.** (Apr 2014). A modified Delphi approach to develop program level objectives for an Undergraduate Medical Education Program. Ottawa Conference and Canadian Conference on Medical Education. Ottawa, ON.

Tan A., **Hillier, T.**, Koppula S., Seto A., Lee J., Daniels V.J., Humphries P., Hnatko G., Khera A.S. (Apr 2014). Development, Implementation, and Outcomes of a new Resident-as-Teacher collaboration initiative between the Family Medicine Residency Program and the Undergraduate Medical Education Program at the University of Alberta. Ottawa Conference and Canadian Conference on Medical Education. Ottawa, ON.

Hackett C., **Hillier, T.** (Apr 2014). Fostering Medical Leadership: A Student-Led Health Systems and Policy Curriculum. Ottawa Conference and Canadian Conference on Medical Education. Ottawa, ON.

Hillier, T., Tan A., Lai H., Daniels VJ, Brett-MacLean P., Davila-Cervantes A., Lee J., Ali S. (Apr 2014). Incorporating Professional Identity Formation into a Medical School Curriculum. Ottawa Conference and Canadian Conference on Medical Education. Ottawa, ON.

Wang, S., **Hillier, T.**, Lai, H. (Apr 2014). CanMEDS Professional Competencies: Coverage in a First Year Medical Curriculum. Ottawa Conference and Canadian Conference on Medical Education. Ottawa, ON.

Ostrowerka,B., Lai H., **Hillier, T.** (Apr 2014). Assessment item mapping to inform curricular evaluation of a neurosciences course. Ottawa Conference and Canadian Conference on Medical Education. *Medical Education* 2014;48(Suppl 1):2-130.
<https://doi.org/10.1111/medu.12485>

Hillier, T., Lai H., Tan A., Davila A., Daniels VJ. (Apr 2014). Identity formation and competency: A longitudinal conjunctive approach to assessment. Ottawa Conference and Canadian Conference on Medical Education. *Apr 2014 Medical Education* 2014;48(Suppl 1):2-130. <https://doi.org/10.1111/medu.12485>

Sundaram A., **Hillier, T.**, Campbell S. Student-led Development of Patient Safety and Quality Improvement Medical Curriculum. *Medical Education* 2014 48(Suppl 1)2-130.
<https://doi.org/10.1111/medu.12485>

Sundaram A., Dennett E., Campbell S., **Hillier, T.** (Oct 2013). Student-led Development of Patient Safety and Quality Improvement Medical Curriculum. *Celebration of Teaching and Learning*, University of Alberta. Edmonton, AB.

Lee R., San Agustin P., Bhutani M., **Hillier, T.** (Aug 2013). Can 3rd year medical students write a 4th year OSCE? Making a summative exam formative. AMEE International Association for Medical Education Annual Meeting. Prague, Czech Republic.

Lai H., **Hillier, T.**, Vestemean R. (Aug 2013). Electronic crowdsourcing as a method for curriculum mapping. Short Communication. AMEE International Association for Medical Education Annual Meeting. Prague, Czech Republic.

Brett-MacLean P., Lai H., **Hillier, T.** (May 2013). The Medical Education Book Club at the University of Alberta; Promoting faculty development and community through a blended learning approach. Association of American Medical Colleges West WGEA, Irvine, CA.

Hillier, T., Brett-MacLean P. (Apr 2013). Introducing DocCom as an Online Communication Skills Curriculum Resource: Feedback from Students and Small Group Facilitators. Canadian Conference on Medical Education. Quebec City, QC.

Hillier, T., Oswald. A. & Hayward, R. (Aug 2012). A Novel and Extended Use of an Online Learning Community in Team Based Learning. Teaching Big: The Joy of Large Classes Event University of Alberta. Edmonton, AB.

Fatmi, M., **Hillier, T.**, Hartling, L., Campbell, S., & Oswald, A. (Aug 2012). Best Evidence in Medical Education (BEME) Systematic Review: The effectiveness of team-based learning (TBL) on learning outcomes in health professions education. AMEE International Lyon, France.

Fatmi, M., **Hillier, T.**, Hartling, L., Campbell, S., & Oswald, A. (Apr 2012). A Best Evidence in Medical Education (BEME) Systematic Review: The effectiveness of team-based learning on learning outcomes in health professions education. Canadian Association of Medical Education Annual Meeting. Banff, AB.

Hillier, T., Oswald A. (Apr 2012). Developing and assessing professionalism in undergraduate medical education: A novel approach using a Peer Evaluation process. Canadian Association of Medical Education Annual Meeting. Abstract and Poster Presentation. Banff, AB.

Hillier, T., Oswald, A., & Hayward, R. (Mar 2012). Homer: A Novel and Extended Use Of An Online Learning Community In Team Based Learning. Abstract and Poster Presentation. Team Based Learning Collaborative Annual Meeting. St Petersburg, FL.

Lee, K., Roy, E., Inacio, J.R., **Hillier, T.**, Nicolaou, S. (Nov 2009). An Evaluation of Conventional Imaging Modalities in the Triaging of Acute Chest Pain in the Emergency Department with Emphasis on the Impact of Low-Dose MDCT Protocol. Radiological Society of North America 2009 Scientific Assembly and Annual Meeting, Chicago, IL

Lee, K., Lee, A., Roy, E., **Hillier, T.**, Nicolaou, S. (Nov 2009). Pictorial Review of the Spectrum of Pericardial Disease: Utility of MDCT, MRI, Echocardiography, and Radiography in the Management and Diagnosis of Pericardial Effusion/Tamponade, Pericardial Masses, and

Trauma to the Pericardium. Radiological Society of North America 2009 Scientific Assembly and Annual Meeting, Chicago, IL

Hillier, T., Wiebe E, Raymond G. (June 2004). Crisis management training in radiology: the use of a computerized patient simulator. Poster and Podium Presentation at the 23rd International Congress of Radiology (ISR), Montreal, QC.

Jadad AR, **Hillier, T.**, Fowler-Graham D, Enkin M. (October 1997). Manipulating the type, timing and amount of input from reviewers with different expertise to reduce bias in systematic reviews: a case report. 5th Annual Cochrane Colloquium, Amsterdam, The Netherlands.

Jadad AR, **Hillier, T.** (1996). Measuring Clinical Pain: do we need more tools? Abstracts of the 8th World Congress on Pain. 1996:289. IASP, Seattle, WA,

Hillier T., Jadad AR. (1996). The measurement of Clinical Pain: an appraisal of published reviews. Abstracts of the 8th World Congress on Pain. 1996:290. IASP, Seattle, WA,

Hillier T., Jadad AR. (June 1996). The development of a database on the measurement of pain. Supportive Care in Cancer 1996; 3:246. 8th International Symposium on Supportive Care in Cancer. Toronto, ON.

ACADEMIC AND PROFESSIONAL PRESENTATIONS

Invited International Presentations

Date	Presentations
Nov 2020	Invited Keynote Speaker, Wenzhou Medical University 2020 International Cultural Festival. Embracing the world, facilitating people-to-people exchanges and communications.
Sep 2020	Alberta Institute Wenzhou Medical University.
Dec 2019	A collaborative curriculum for undergraduate medical education between Wenzhou Medical University and University of Alberta, Beijing China
Oct 2019	International Faculty Development Program Academic Exchange, Active Learning: Team Based Learning, Problem Based and Discovery Learning.
Oct 2019	International Faculty Development Program Academic Exchange, Research in Medical Education.
Sept 2019	International Faculty Development Program Academic Exchange with Jilin University, MD Program Curriculum
Mar 2019	Undergraduate Medical Education in Canada. Symposium for Medical Education, China Medical University, Shenyang, China
Mar 2019	Undergraduate Medical Education in Canada. Sino-Canadian Forum on Medical Collaboration, Wenzhou, China

Mar 2019	Undergraduate Medical Education in Canada Shanghai Mental Health Center, Shanghai, China
Mar 2018	International Faculty Development Program Academic Exchange with Jilin University, MD Program Curriculum
Apr 2014	Redrawing the Line on Professionalism: Views on Professional & Ethical Behavior within Radiology. Association of University Radiologists, Baltimore MD
Oct 2013	Radiology in a Disaster Zone. Association of Emergency Radiologists Boston MA
Aug 1996	France USA Pain Association, Speaker and Co-Author of paper presented at invitation-only scientific consortium. Meynadier, J., Lee, M.Y., Thurel, C., Poulian, P., Johnson Jr, B.W., Parris, W.C.V., Altman, M., and Hillier, T., "Pain Education in the 21st Century: How to Establish a Pain Curriculum." Paris, France.

Invited National Presentations

Date	Presentations
Oct 2021	Equity, Diversity and Inclusion: Checking Your Privilege. University of British Columbia, Post-Graduate Radiology Speaker Panel on EDI, Vancouver BC
Aug 2020	Virtualizing the Medical School Interview in Response to the COVID-19 Pandemic - McGill University, Post Graduate Medical Education Meeting, Virtual with McGill University
Dec 2017	Comprehensive Review of Medical School Admissions – Perspectives from Another University. University of Calgary MD Admissions Review Committee Retreat, Calgary AB
Sept 2011	Overview of Current Undergraduate Medical Education Programs in Afghanistan. International Medical Mentorship Training Program, Petawawa, ON
Apr 2011	Radiology Not Just Nine to Five. Canadian Association of Radiologists Annual Meeting, Montreal QC
Mar 2011	Advanced Military Trauma Resuscitation Course, McGill Simulation Center, Montreal, QC
Oct 2010	Place of Birth. Presentation and Panel Discussion. Canadian Association of Midwives Conference, Edmonton AB

Invited Regional and Continuing Medical Education Presentations

Date	Presentations
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Mar 2021	Mental Health Awareness for Medical Students, Edmonton AB
Feb 2021	Indigenous Women in Health Care, University of Alberta Women in Science and Engineering (UA-WiSE), Edmonton AB
Jul 2020	Connecting with Indigenous Engaged Research and Scholarship in Health. Colloquium on Indigenous Engaged Research, Situated Knowledges: Indigenous Peoples and Place (SKIPP), Edmonton AB
May 2019	MD AIDE, Undergraduate Medical Education, Edmonton AB
Sep 2018	Breast Imaging – The Other Side. Alberta College of Medical Diagnostic and Therapeutic Technologists Annual Meeting, Edmonton AB
Oct 2014	Alberta College of Medical Diagnostic and Therapeutic Technologists Annual Meeting, Edmonton AB
Jun 2012	Insight Medical Imaging Clinical Rounds, Radiology and Medicine in Developing Countries, Edmonton, AB
Jan 2012	Grey Nun’s Hospital Psychiatry Grand Rounds Medical Care in a Disaster Zone: The Haiti Experience, Edmonton, AB
Nov 2011	Medical Care in a Disaster Zone: The Haiti Experience. Keynote speaker, Gordon Reid MacDonald Memorial Lecture. Misericordia Medical Staff Association, Edmonton, AB
Oct 2011	Department of Diagnostic Imaging Misericordia Hospital Grand Rounds, Trauma Radiology, Edmonton, AB
Mar 2010	Haiti Disaster Relief: A Radiologists Perspective. Departmental Grand Rounds, Diagnostic Imaging Misericordia Hospital, Edmonton, AB
Apr 1999	Epidural Analgesia – benefits, risks and issues. Day in Primary Care Obstetrics. Rebirthing Low Risk Obstetrics in a High-Risk World. Royal Botanical Gardens, Burlington, ON
May 1996	Identification of methods to measure pain. Supportive Care in Cancer Research Unit Working Group Meeting. Hamilton Regional Cancer Center, Hamilton, ON
Mar 1996	Searching for tools to measure pain: panning for gold or for gravel? Continuing Education Sessions Department of Clinical Epidemiology and Biostatistics. McMaster University, Hamilton, ON

Faculty Development

Date	Presentation
2021	Lecturer, Teaching Scholar’s Program- AI “Introduction to the Alberta Institute Faculty Development Program” Target Group: Faculty Development, Multidisciplinary Learner Group
2021	Lecturer, Teaching Scholar’s Program “From Novice to Expert”

	Target Group: Faculty Development, Multidisciplinary Learner Group
2020	Lecturer, Teaching Scholar's Program "From Novice to Expert" Target Group: Faculty Development, Multidisciplinary Learner Group
2020	Lecturer, Teaching Scholar's Program "Including Diversity, Inclusion, and Equity in your Teaching" Target Group: Faculty Development, Multidisciplinary Learner Group
2019	Retreat Coordinator and Presenter, Western Undergraduate Medical Education Deans Retreat, Faculty of Medicine and Dentistry, University of Alberta
	Target Group: Faculty Development, Multidisciplinary Learner Group
2019	Retreat Coordinator and Presenter, Undergraduate Medical Education Curriculum Spring Retreat, Faculty of Medicine and Dentistry, University of Alberta
	Target Group: Faculty Development, Multidisciplinary Learner Group
2019	Peer and Self-Assessment using Multi-Source Feedback. Session for Teaching Scholars Program 003, Introduction to Assessment Course, Edmonton AB
	Target Group: Faculty Development, Multidisciplinary Learner Group
2018	Presenter: Faculty of Medicine and Dentistry International Faculty Development Program Academic Exchange with Jilin University, Undergraduate Medical Education Curriculum University of Alberta MD Program
	Target Group: Faculty Development, Multidisciplinary Learner Group
2018	Panelist: Discussion "Do No Harm" What's killing our Doctors? Screening, Edmonton Alberta.
	Target Group: Faculty Development, Multidisciplinary Learner Group
2018	Workshop Coordinator and Presenter, Undergraduate Medical Education Semi-Annual MD Program Curriculum Retreat, Faculty of Medicine and Dentistry, University of Alberta
	Target Group: Faculty Development, Multidisciplinary Learner Group
2017	Workshop Coordinator and Presenter, Undergraduate Medical Education Semi-Annual MD Program Curriculum Retreat, Faculty of Medicine and Dentistry, University of Alberta
	Target Group: Faculty Development, Multidisciplinary Learner Group
2016	Workshop Coordinator and Presenter, Undergraduate Medical Education Semi-Annual MD Program Curriculum Retreat, Faculty of Medicine and Dentistry, University of Alberta

	Target Group: Faculty Development, Multidisciplinary Learner Group
2015	Workshop Coordinator and Presenter, Undergraduate Medical Education Semi-Annual MD Program Curriculum Retreat, Faculty of Medicine and Dentistry, University of Alberta
	Target Group: Faculty Development, Multidisciplinary Learner Group
2014	Workshop Coordinator and Presenter, Undergraduate Medical Education Semi-Annual MD Program Curriculum Retreat, Faculty of Medicine and Dentistry, University of Alberta
	Target Group: Faculty Development, Multidisciplinary Learner Group
2013	Lecturer: Gold Humanism Program, Conflict Resolution Lecture, Faculty of Medicine and Dentistry, University of Alberta
	Target Group: Faculty Development
2013	Workshop Coordinator and Presenter, Undergraduate Medical Education Semi-Annual MD Program Curriculum Retreat, Faculty of Medicine and Dentistry, University of Alberta
	Target Group: Faculty Development, Multidisciplinary Learner Group
2013	Lecturer: Gold Humanism Program, Conflict Resolution Lecture, Faculty of Medicine and Dentistry, University of Alberta
	Target Group: Faculty Development
2013	Workshop Coordinator and Presenter, Undergraduate Medical Education Curriculum Retreat, Faculty of Medicine and Dentistry, University of Alberta
	Target Group: Faculty Development, Multidisciplinary Learner Group
2013	Co-Chair, Medical Education Book Club

Clinical Teaching

Date	Activity
2009- Present	Clinical Preceptor, Radiology and Diagnostic Imaging, Community Clinic Sites Edmonton, Alberta Target Group: Radiology Residents, Medical Students, Medical Sonography Students
2009-2018	Clinical Preceptor, Radiology and Diagnostic Imaging, Misericordia Hospital Edmonton, Alberta, Canada Target Group: Radiology Residents, Medical Students, Medical Radiation Technology Students, Medical Sonography Students

2011-2014	Clinical Preceptor, Radiology and Diagnostic Imaging, Vancouver General Hospital Vancouver, British Columbia Target Group: Radiology Residents, Medical Students
2008-2009	Radiology Resident Rounds: 14 sessions, Faculty of Medicine and Dentistry, University of Alberta Target Group: Radiology Residents
2001	Preceptor: Clinical Clerkship, Faculty of Medicine and Dentistry, UAlberta Target Group: Medical Students
2000-2002	Preceptor: Nurse Practitioner Program Target Group: Nurse Practitioner Students
1990-2002	Preceptor: Canadian Forces Physician Assistant Program Target Group: Physician Assistant Students
2013	Workshop Coordinator and Presenter, Undergraduate Medical Education Curriculum Retreat, Faculty of Medicine and Dentistry, University of Alberta Target Group: Faculty Development, Multidisciplinary Learner Group
2013	Co-Chair, Medical Education Book Club

PROFESSIONAL MEMBERSHIPS, QUALIFICATIONS and EXPERIENCE

Professional Memberships

Canadian Emergency Trauma and Acute Radiology Society

Canadian Association Radiologists

American Society of Emergency Radiologists

Indigenous Physicians Association of Canada

Leaders in Indigenous Medical Education

Association of University Radiologists

Canadian Society of Breast Imaging

Military Sexual Trauma, Community of Practice

Assessment Continuum for Canada

National Undergraduate Medical Education Committee

Medical Council of Canada, Legislative Committee

Alliance of Medical Student Educators in Radiology Assessment Subcommittee

Alliance of Medical Student Educators in Radiology Subcommittee

Association of Medical Education in Europe

Canadian Association of Medical Education

Royal College of Physicians of Canada

Radiology Society of North America

Association of Women Radiologists

Professional Qualifications

Fellow, Royal College of Physicians of Canada (Diagnostic Imaging)

Certificant Board for Cardiovascular Computed Tomography

Certificant College of Family Physicians of Canada

Licentiate of the Medical Council of Canada

University of Alberta, Gold Academic Leadership Program

Teaching Scholars Program (TSP), Faculty Development 15-month Certificate Program

Professional Experience

Grant Review, Advisory Committees, Scientific Societies

2021-Present Vice Chair, Equity, Diversity and Inclusion Working Group for the Canadian Association of Radiologists

2021-Present Chair Review Committee, Department of Radiology and Diagnostic Imaging, University of Alberta

2020-Present Indigenous Engaged Research Grant Adjudication Committee, University of Alberta

2020- Present Alberta Institute, Wenzhou Medical University, Joint Management Committee

2020- Present Board of Directors, Canadian Emergency, Trauma and Acute Care Radiology Society

2020 Committee on Accreditation of Canadian Medical Schools, McMaster University DeGroot School of Medicine, Interim Accreditation Review Co-lead.

2020 Medical Council of Canada, Accommodations Committee

2019-2020 Transition Advisory Committee, AFMC, Canadian Medical Schools Respond to the Opiate Crisis

2020 Search & Selection Committee, Endowed Chair in Health Ethics and Director of John Dossetor Health Ethics Centre, FOMD

2019- Present Indigenous Advisory Council, Office of the Vice Provost Indigenous Programming and Research, University of Alberta

2019 Search and Selection Committee, Zone Clinical Director Diagnostic Imaging

2019 Search and Selection Committee, Department Chair Internal Medicine, FOMD

2019	Search and Selection Committee, Director Indigenous Health Initiatives
2016 - 2019	Medical Education Assessment Continuum for Canada Group
2016	Search and Selection Committee, Department Chair Diagnostic Imaging
2016	Chair Review Committee, Department Chair Pediatrics
2015 - 2020	Medical Council of Canada, Council Member
2015 - 2020	Medical Council of Canada, Legislation Committee Member
2013 - 2017	Canadian Association of Radiologists Directors of Undergraduate Education Committee
2013 - 2016	Alliance of Medical Student Educators in Radiology Education Assessment Committee
2013 - 2016	American Society of Emergency Radiologists Scientific Committee
2013 - 2016	Association of University Radiologists Education Committee
2013	Search and Selection Committee, Director Indigenous Health Initiatives, FOMD
2013	American Society of Emergency Radiologists Education Committee

Institutional Administrative and Leadership Contributions:

2021 - Present	Indigenous Research Strategy Task Force, University of Alberta
2020 - Present	Director and Executive Vice-Dean, Alberta Institute, UAlberta
2020 - Present	Learning Environment Subcommittee, Department of Psychiatry
2020 - Present	Indigenous Research Strategy Task Force, University of Alberta
2020 - Present	Black Applicant Admissions Working Group, Faculty of Medicine and Dentistry, University of Alberta
2020 - Present	University of Alberta, Vice-Provost Indigenous Programming and Research Advisory Council
2020	Indigenous Applicant MD Admissions Selection Committee, UAlberta
2019- Present	Situated Knowledges: Indigenous Peoples & Place (SKIPP) Indigenous Scholars' Circle
2019- Present	Member Innovation Discover Education and Scholarship Office Advisory Board
2017-2020	Chair, MD Curriculum and Program Committee
2015-2020	Chair, MD Program Operations Committee
2015-2020	Member, Faculty of Medicine and Dentistry Executive Chairs Committee
2015-2020	Member, Faculty of Medicine and Dentistry MD PhD Committee

2015-2020	Member, Faculty of Medicine and Dentistry Professionalism Committee
2015-2019	Member, Deans Strategic Planning Committee
2015-2016	Chair MD Program Committee
2013-2020	Member, Education Quality Improvement Team
2013-2020	Member, Faculty Learning Committee
2013-2016	Co-Chair, Interfaculty Inter-Professional Health Team Development Refresh
2012- Present	Affiliate Faculty, Arts and Humanities in Health and Medicine
2012-2020	Collaborative Health Education and Practice Group Meeting
2012-2017	Chair, MD Program Curriculum Committee
2012- 2015	Chair, Clerkship Committee
2012-2015	Chair, Pre-clerkship Committee
2012-2015	Chair, Assessment and Evaluation Committees
2012-2014	Member, Faculty of Medicine and Dentistry Accreditation Advisory Committee
2012-2014	Clinical Advisor, Teaching Scholars Program
2012-2014	Member, Faculty of Medicine and Dentistry Accreditation Education Standards Committee A and Committee B
2011-2014	Member, Dentistry Program Curriculum Committee
2009-2013	Member, Block Planning Committee, MED523/DDS523 Musculoskeletal, Rheumatology, Rehabilitation and Dermatology course

Clinical Experience

2009-Present	Physician Staff Member, Department of Diagnostic Imaging, Misericordia Hospital, Edmonton, Alberta
2009-2015	Physician Staff Member, Department of Diagnostic Imaging, Base Health Services Clinic, CFB Edmonton, Alberta
2012-2014	Associate Medical Staff, Combined Sub-Specialty Imaging, Vancouver General Hospital, Vancouver, British Columbia
1999-2003	Family Physician Staff Admitting Privileges Surgeon Community Hospital, St Alberta, AB
2002	Acting Base Surgeon, Canadian Forces Health Services Clinic, CFB Edmonton
1999-2002	Deputy Base Surgeon, Canadian Forces Health Services Clinic, CFB Edmonton
1992-94	Nurse, 2 Field Ambulance, Canadian Forces Medical Center, CFB Petawawa
1990-1992	Nurse/Nursing Supervisor, Canadian Forces Hospital, CFB Halifax

Review and Editorial Activities:

Journal of Medical Education and Curricular Development

Emergency Radiology

Advances in Health Sciences Education

Canadian Pharmacists Journal

Canadian Conference on Medical Education

Appendix D

Statement of Institutional Integrity

In the institutional integrity section of the Campus Alberta Quality Council's Academic Freedom and Scholarship Policy, the following statements are made:

The institution must present itself accurately and truthfully in all of its written documents. This includes the manner in which it describes its qualities and programs and compares them with other institutions.

Full compliance with legal matters such as copyright law is expected.

On behalf of (name of applicant institution) I/we attest that, to the best of my/our knowledge, the information presented in this application is complete and accurate and reflects the highest standards of institutional integrity.

Signed by:

_____ *President of institution*

_____ *Board Chair of institution*
(for applications from institutions not authorized to offer a government-approved degree program)

OR

_____ *Senior academic officer*

(for subsequent program proposals from institutions authorized to offer at least one government-approved degree program)



Library Impact Statement

As per [GFC Policy 37.3.7](#), Faculties seeking changes to existing programs must consider and seek the agreement to any impact of the proposed program changes on the library system and on course enrolments in other academic units. In addition, any new program proposal going forward for approval will require a service impact statement. Where the affected Faculties and/or Library are in agreement this statement will note that fact and details of the arrangement.

Please contact your [subject librarian](#) to solicit feedback on your program proposal and request a Library Impact Statement.

Library Contact:

Name: Sandy Campbell	Date: 4 February 2022
Library Unit: Health Sciences	Email: sandy.campbell@ualberta.ca

Program Proposal Contact:

Name: Tracey Hillier	Dept./School: Alberta Institute Faculty of Medicine & Dentistry
Faculty: FOMD	E-mail: thillier@ualberta.ca

Proposed Program Changes:

Proposed new program Bachelor of Biomedicine Dual Degree Program

This dual degree program is a collaboration between Wenzhou Medical University (WMU) and the Alberta Institute within the Faculty of Medicine & Dentistry at the University of Alberta. The collaboration is part of the Alberta Institute Wenzhou Medical University (AIWMU).

Students who complete all of the required credits and meet the academic standards of both universities will be granted the degrees from each institution. Students will be eligible for a Bachelor of Biomedicine from the University of Alberta after they complete the first four years of the program. They will be eligible for the Bachelor of Clinical Medicine degree from Wenzhou Medical University after all 5 years of the program have been completed. All 5 years of the program need to be successfully completed as a requirement for either degree to be issued.

All students in the program are located in China. The program will be based on a Fee-Paying model. Students in years 1-2 of the program will maintain minimal registration at the University of Alberta. Students in years 3 and 4 will be assessed University of Alberta Full-Time Student tuition. Students in year 5 will maintain minimal registration at the University of Alberta. There will be 60 students in each year of the program, with a total of 240 students during the first 4 years of the program (the 5th year is taught entirely at Wenzhou Medical University).

Library Service or Resource	Description of Library Impact
Instruction (e.g., classes with a librarian, tours, online resource guides, online tutorials, etc.)	Instruction related to finding evidence based medicine sources will be useful for students in the Bachelor of Biomedicine program.

	The Library offers a range of workshops throughout the academic year to assist students with their research needs. In addition, online instructional guides and tutorials are accessible via the Library's web site to support the research process. Course/assignment specific instruction is also available via subject librarians. Sandy Campbell is the subject librarian for the Faculty of Medicine & Dentistry and has the capacity to support this Program.
Reference assistance (e.g., ongoing one-on-one help)	The subject librarian or other librarians in complementary subject areas will be able to accommodate requests for assistance via email, phone, or online. General reference assistance is available at all University of Alberta Library service desks and online via Ask us services .
Collections – course materials, print, electronic [note any impacts on simultaneous users, licensing considerations etc.]	The Library's current subscriptions to print and electronic journals and books should adequately support this program. We have a full suite of resources to support an MD program, including primary databases (Medline, EMBASE, CINAHL, SCOPUS, TRIP Pro) journal packages from the major medical journal publishers (eg: Elsevier, Thieme, Springer, Oxford), e-book products including Access Medicine and Clinical Key, point of care tools (eg: Dynamed and Lexicomp) Any items that are not available and/or accessible through the Library can be requested through Interlibrary Loan . Other subject specific databases and resources may be required. The Library also supports course reading list and reserve requests online using the Talis platform . The Library's Medicine Subject Guide will be relevant to students taking specific courses in the Bachelor of Biomedicine course.
Physical facilities (e.g., sufficient room for group work; in-library work, etc.)	Physical facilities are in place to support student research needs during their summer school on site at the University of Alberta. There are bookable group study spaces , as well as collaborative and individual study spaces in all library locations.

- X Proposal has an impact on the Library and can be supported.
 Proposal can be supported with additional resources; see attached details.
 Proposal has no impact on the Library.

Unit Head Name	Unit Head Signature	Date
Connie Winther		9 February 2022

Associate University Name	Associate University Signature	Date
Sharon Murphy		9 February, 2022



Jiming Kong, PhD
Professor

Phone (204)977-5601
Mobile (204)890-5601
Jiming.Kong@umanitoba.ca

Attachment 4
Department of Human Anatomy
and Cell Science
Max Rady College of Medicine
745 Bannatyne Avenue
Winnipeg, Manitoba
Canada R3E 0J9
Fax (204)789-3920

Rady Faculty of Health Sciences

January 3, 2021

Dr. Janice Causgrove-Dunn
Vice-Provost (Programs)
University of Alberta

Dear Dr. Causgrove-Dunn:

Re: Dual Degree Program in Biomedicine

Thanks for the opportunity to review the Dual Degree Program of the Alberta Institute at Wenzhou Medical University (AIWMU). I am a professor at the College of Medicine, University of Manitoba. Over the past 14 years I have initiated and served as coordinator for 4 academic exchange programs between the University of Manitoba and Chinese Universities. I have no conflict of interest in providing this letter of assessment.

The proposed program is to be jointly sponsored by the Wenzhou Medical University (WMU) and the Faculty of Medicine & Dentistry at the University of Alberta. It will be developed in the Alberta Institute at WMU that has an ongoing collaborative medical program in the past two years. Students in the program will spend their first two years in Wenzhou Medical University, and the third and fourth years in University of Alberta. Clinical internship of the program will be arranged in the fifth year at Wenzhou Medical University. Students will receive a Bachelor of Biomedicine from the University of Alberta and a Bachelor of Clinical Medicine degree from Wenzhou Medical University after successful completion of the program. The program plans to enroll 60 students each year. Students targeted for admission in this dual degree will be exclusively from China.

In recent years we have seen a number of collaborative medical education programs established between Canadian and Chinese universities. Many of these programs focus on some aspect of medical education such as elective courses, resident exposure, family medicine, and training of clinicians. The collaborative medical program the University of Alberta and Wenzhou Medical University have established a few years ago appears to be one of the most comprehensive programs in this category. It has been taking students for the past two years. The proposed Dual Degree Program in Biomedicine is obviously an expansion of the collaborative program that has already demonstrated a high learner demand in the past few years. I agree that including a degree from the University of Alberta to officially recognize the training experience in Alberta is necessary and appropriate, and will make the program even more attractive to applicants.

Both Wenzhou Medical University and the University of Alberta have a strong undergraduate medical education program. The proposed program comes with a comprehensive curriculum that entails strengths of both universities. I am reasonably convinced that the program is feasible and has the potential to meet international quality standards for degree programs.

Personally I consider the proposed program is new and very interesting. It will provide the students with an exceptional learning experience and will establish the University of Alberta as a leader in international medical education.

Assessment of demands that will be created by the proposed program is realistic. I would therefore endorse the proposal without conditions.

Sincerely,



Jiming Kong, PhD



UNIVERSITY
OF MANITOBA

Faculty of Medicine

Patrick.choy@umanitoba.ca

January 2, 2022

Ms Carley Roth
Portfolio Initiative Manager
Office of the Provost and Vice –President Academic
University of Alberta

Dear Ms Roth:

Thank you for the opportunity to review the new bachelor's degree program in Biomedicine proposed jointly by the University of Alberta and the Wenzhou Medical University. It is a dual degree program through the collaboration between the Wenzhou Medical University and the Alberta Institute within the Faculty of Medicine and Dentistry at the University of Alberta. Upon the completion of required credits in the four years of the joint program, students will become eligible for a Bachelor of Biomedicine from the University of Alberta. They must continue to complete the fifth year of the clinical (clerkship) program at their home institution to become eligible for a Bachelor of Clinical Medicine from the Wenzhou Medical University. As an additional condition, all five years of the program must be successfully completed in sequence as a requirement for either degree to be issued.

The Joint Program will have an intake of 60 students every year. The student will be based throughout the five years at Wenzhou Medical University, and the University of Alberta will send professors to Wenzhou to teach the third and fourth year courses. Students may spend some time at the Alberta campus to take short courses and/or gain some "Canadian" exposure during the summer. The Proposal states that there is a labor market demand for physicians in China who have an international perspective on health care, leadership and medical education.

In general, the academic content of the joint program bears similarities with many ongoing five year medicine program in countries outside North America. One outstanding feature to include the Bachelor in Biomedicine program into this medical program is that the student will receive a strong background in basic and clinical sciences through the first four years of study. This background will not only help medical students to develop better clinical skills and thinking during their clerkship training, but the strong science background also provide them with a clearer path (if they wish) to go into clinical research and related studies in the future.

The first two years of the Bachelor in Biomedicine will be given by professors at the Wenzhou Medical University. Since the incoming students are usually high school graduate, this training will give students adequate basic knowledge in biomedical sciences and the opportunity to learn English as prerequisites to take the more advanced subjects in the third and fourth year. The clinical (preclerkship) sciences in third

and fourth year are taught by professors from the University of Alberta, who will travel to Wenzhou to do the teaching. These courses include Endocrinology & Metabolism, Cardiovascular Medicine, Pulmonary Medicine and Renal Medicine. The course contents provided in the Proposal appear to be at par with selected physiology or biochemistry courses at the BSc Honours level in Canada. Hence, I have no doubt that they will meet the requirements and/or national and international quality standards for a bachelor degree program.

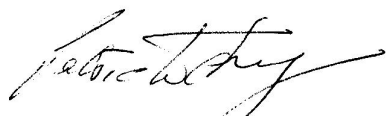
The inclusion of Health System Science courses into the program is an excellent choice. It is clear that health care delivery in China is very different from Canada. The knowledge on how health systems work together to deliver care, both in Canada and the rest of the world, would provide students with a wider perspective to evaluate the pros and cons of their current system. The inclusion of health care policy, economics and management; clinical informatics and health information technology and value-based care are subjects which are very important and timely. Chinese medical students, however, have only limited exposure to these important subjects.

One area which can be strengthened in the Health System Science course is to include the role of family physician in course. There has been a hiatus in the training of family physician in China, and the government has recently encouraged universities to expedite the process.

It is gratifying to see that institutional administrators and faculty have made a realistic assessment of the need for the program. Since graduates of this program will not proceed to work in Canada, there is no impact on the job market in Alberta. In general, the financing of the program will be the onus of the students who want to enroll in this program. A tuition guarantee will be established for each student at the start of the program. Given the preparation work outlined in the proposal, it appears that University of Alberta has adequately assessed the demand for this program, both in financial aspects and human resources.

As a former Associate Dean of Medicine at the University of Manitoba who had initiated a Joint Degree Program in the Bachelor of Science (med) with the Shantou University in China, I certainly support this Proposal. There are many obvious benefits to both partnering institutions in developing a Joint Degree program, but one unexpected benefit in our Joint Degree program with the Shantou University was the attraction of a substantial donation from a third party due to the success of the program.

Sincerely,



Patrick Choy, OM, PhD, MD, FAHA, FIACS
Professor Emeritus
Max Rady College of Medicine
University of Manitoba

5-309 Edmonton Clinic Health Academy
11405 87 Ave, University of Alberta
Edmonton, Alberta, Canada T6G 1C9
Tel: 780.492.9320
thillier@ualberta.ca

January 10, 2022

Response to Desk Reviews of the Proposal for a Bachelor of Biomedicine Dual Degree Program

Feedback on the Proposal for a Bachelor of Biomedicine Dual Degree Program has been received from Professors Jiming Kong and Patrick Choy, as required by the Campus Alberta Quality Council. Both reviewers are overwhelmingly supportive of the proposal.

Dr Kong has recognized that while other joint programs exist, many focus on some aspect of medical education such as elective courses, resident exposure, family medicine, and training of clinicians. The collaborative medical program between the University of Alberta and Wenzhou Medical University is indeed one of the most comprehensive programs in this category and combines the strengths of both universities. The proposed Dual Degree Program in Biomedicine is recognized by Dr Kong as obvious an expansion of the collaborative program that has already demonstrated a high learner demand in the past few years and that including a degree from the University of Alberta to officially recognize the training experience in Alberta is necessary and appropriate and will make the program even more attractive to applicants.

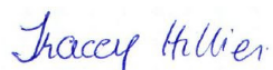
Dr Patrick Choy recognizes that an outstanding feature of the program is that students will receive a strong background in basic and clinical sciences through the first four years of study. We agree that this background will not only help medical students to develop better clinical skills and thinking during their clerkship training, but the strong science background also provides them with a strong foundation for clinical research and related studies in the future. Dr Choy recognized that the course contents provided in the proposed dual degree program are on par with selected physiology or biochemistry courses at the BSc Honours level in Canada and has no doubt that they will meet the requirements and/or national and international quality standards for a Bachelor degree program.

It is gratifying to read Dr Choy's comments that the inclusion of Health System Science courses into the program is an "excellent choice", recognizing that health care delivery in China is very different from Canada. We wholeheartedly agree that the inclusion of health care policy, economics, and management; clinical informatics and health information technology and value-based care are subjects is very important and timely and that knowledge on how health systems work together to deliver care, both in Canada and the rest of the world, will provide students with a wider perspective to evaluate their current system.

Dr Choy notes “One area which can be strengthened in the Health System Science course is to include the role of family physician in course”. Again, we wholeheartedly agree. We have woven content about the role and importance of Family Physicians and “Generalists” through the dual Degree curriculum.

Finally, we are delighted to read the comment that “the program will provide the students with an exceptional learning experience and will establish the University of Alberta as a leader in international medical education”. The University of Alberta is appreciative and encouraged by the overwhelming and enthusiastically supportive reviews provided by two internationally renowned scholars.

Warm regards,



Tracey Hillier, MD, BScN, CCFP, FRCPC, MEd

Director and Executive Dean, Alberta Institute

College of Health Sciences

Faulty of Medicine and Dentistry

**Governance Executive Summary
Action Item**

Agenda Title	Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan
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Motion

THAT the Board Learning, Research and Student Experience Committee endorse <i>Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan</i> , as set forth in Attachment 1.
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Item

Proposed by	Florence Glanfield, Vice-Provost (Indigenous Programming and Research)
Presenter	Florence Glanfield, Vice-Provost (Indigenous Programming and Research), Nella Sajlovic, Indigenous Strategies Manager

Details

Office of Administrative Responsibility	Provost and Vice-President (Academic)
The Purpose of the Proposal is (please be specific)	The purpose of the proposal is to seek endorsement of <i>Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan</i> to enact existing institutional commitments on Indigenous Initiatives across the institution.
Executive Summary (<i>outline the specific item – and remember your audience</i>)	<p>In support of the objectives articulated in <i>For the Public Good</i>, the University of Alberta for Tomorrow and the <i>Strategic Plan for Equity, Diversity and Inclusivity</i>, and following the commitments to the Truth and Reconciliation Commission of Canada (TRC), the University of Alberta has taken steps towards a thoughtful, respectful, meaningful and sustainable response to the Indigenous Initiatives and the work this entails. To this end, the Vice-Provost, Indigenous Programming and Research Office (VPIPRO) was asked to take on the responsibility of developing an Indigenous Strategic Plan (ISP).</p> <p>Expectations for Indigenous Initiatives have originated in new and emerging requirements for better practices in Indigenous-focused research, teaching and community engagement coming from the Tri-Council funding agencies, governments, professional associations and community. This convergence represents a significant opportunity for the university to continue its leadership to benefit from the financial and other opportunities this work presents.</p> <p>After significant consultation and dialogues to collect information on the goals, themes and strategies that should be reflected in the plan, a draft framework was created for wide consultation and dialogue. The ISP integrates the diverse contributions gained in the dialogues to imagine the ways in which Indigenous-focused work might be built into institutional accountabilities, embedding it into diverse structures, processes and roles and creating institution-wide responsibility to deliver on the outlined goals.</p> <p><i>Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan</i> reflects an important step in our institution’s commitment to reconciliation in post-secondary education, research and addressing the historical legacy of the</p>

Item No. 5

	residential school system and Canada’s colonial history in a meaningful and lasting way.
Supplementary Notes and context	<p><i>The plan is not substantially different from the framework shared at earlier meetings, but contains minor edits as it moves through governance committees.</i></p> <p><i>President Flanagan and Provost Dew will sign on page 32 if the plan is endorsed unanimously by General Faculties Council and the Board of Governors</i></p>

Engagement and Routing (Include proposed plan)

Consultation and Stakeholder Participation	<p>Indigenous Advisory Council Office of the Provost and Vice-President (Academic) Vice-Provosts’ Council GFC Committee on the Learning Environment Council on Student Affairs GFC Program’s Committee GFC Academic Planning Committee General Faculties Council President’s Executive Committee Senior Advisor, Equity and Human Rights Unit EDI Leads Board of Governors College Deans Faculty Deans Deans’ Council External communities</p>
Approval Route (Governance) (including meeting dates)	<p>GFC Academic Planning Committee (May 18, 2022) GFC Programs Committee (May 19, 2022) Board Learning, Research and Student Engagement Committee (June 3, 2022) General Faculties Council (June 6, 2022) Board of Governors (June 17, 2022)</p>

Strategic Alignment

Alignment with <i>For the Public Good</i>	<p>GOAL: Build a diverse, inclusive community of exceptional students, faculty and staff from Alberta, Canada, and the world.</p> <p>Through the development of strategic recruitment, retention, and renewal plans, the University of Alberta will build a community of exceptional students, educators, scholars, researchers, and staff from Alberta, Canada, and the world. We will foster an inclusive culture in which people excel through exchange and collaboration, enriched by the diversity of individuals, groups, disciplines, perspectives, approaches, and questions that comprise our community. We will sustain this culture and community through rich educational and life experiences in a supportive learning environment. We will engage Indigenous students and nations to create programs and spaces that acknowledge the complexities of Canada's history. We will celebrate the University of Alberta community and our achievements,</p>
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Item No. 5

	enhancing our reputation in Alberta, across Canada, and around the world by defining, telling, and promoting our story.	
Alignment with Core Risk Area	Please note below the specific institutional risk(s) this proposal is addressing.	
Legislative Compliance and jurisdiction	General Faculties Council Terms of Reference BLRSEC Terms of Reference	

- Enrolment Management
- Faculty and Staff
- Funding and Resource Management
- IT Services, Software and Hardware
- Leadership and Change
- Physical Infrastructure

- Relationship with Stakeholders
- Reputation
- Research Enterprise
- Safety
- Student Success

Attachments:

1. Braiding Past, Present, and Future: University of Alberta Indigenous Strategic Plan (37 pages)

Prepared by: Nella Sajlovic, Indigenous Strategies Manager; Kathleen Brough, Chief of Staff, Office of the Provost and Vice-President (Academic)



UNIVERSITY OF ALBERTA



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 Naha aba-neh, Tauda-bage yacemte Appotsipiistop kipaitapiiyssinnoon
 Yanisᓯ duhᓯ chu yanathe atlaghet'ᓯ Braiding Past, Present and Future
 Pílraryq: Taimani, Hadja Hivunirmilu Tresser le passé, le présent et le futur

Territorial Acknowledgment



The University of Alberta, its buildings, labs and research stations are primarily located on the territory of the Néhiyaw (Cree), Niitsitapi (Blackfoot), Métis, Nakoda (Stoney), Dene, Haudenosaunee (Iroquois) and Anishinaabe (Ojibway/Saulteaux), lands that are now known as part of Treaties 6, 7 and 8 and homeland of the Métis. The University of Alberta respects the sovereignty, lands, histories, languages, knowledge systems and cultures of all First Nations, Métis and Inuit nations.

To acknowledge the territory is to recognize the longer history of these lands. The acknowledgment signifies the University of Alberta's commitment to working in Good Relations with First Nations, Métis and Inuit peoples as we engage in our institutional work, uplifting the whole people, for the university for tomorrow.

Gratitude

With gratitude, we acknowledge our ancestors for the strength of spirit that is our inheritance from the endless generations that came before. We honour our ancestral lines, carrying forward the gifts, responsibilities and hopes that they bequeathed us.

We offer thanks to the Elders, Indigenous leaders, students, colleagues, alumni and non-Indigenous allies at the University of Alberta for the courageous and often difficult work that they have done in the past to lead us to this moment. We are grateful for the opportunity to honour them by carrying this work forward.

We acknowledge the many Elders and Knowledge Keepers that currently work with the university as advisers, spiritual leaders, teachers and community advocates. The work of the university across spaces including research, student supports, community engagement and curriculum is supported by the many relationships with diverse Elders and Knowledge Keepers. They have generously shared their knowledge and time

with the university, helping the institution to ground its work in Indigenous teachings and move toward richer conceptions of reconciliation.

We are grateful to Elder Fernie Marty for sharing his knowledge of the Sweetgrass Teachings, to Dr. Carl Urion and Elder Elmer Ghostkeeper for the teachings about the University of Alberta's journey, and to Doreen Daychief, Edna Elias, Elmer Ghostkeeper, Dorothy Thunder, Gil Anderson, Lyndon Aginas, Dr. Betty Bastien, Isadore Kootenay, Phillip Cardinal and Lynda Minoose for their sharing of the translations of "braiding past, present and future" into their respective Indigenous languages, which appear throughout this document.

The Young Indigenous Women's Circle of Leadership creates opportunities for participants to learn about aspects of their culture and identity through various activities, rooted in *nehiyawewin* (Cree language).



An encampment on Rosedale Flats, April 1919. Provincial Archives of Alberta, B882.

“Many of our diverse Indigenous communities, the original humans of these lands, share the same values, laws and relationship of our living relative – *nikawiy asiskiy* (Mother Earth). The buffalo has become a symbol of education but also represents the Law of Sharing. The laws and policies of this nation-state have continuously attempted to disconnect Indigenous Peoples of their kinship right to protecting, connecting and honouring our living land, and heart-based education led by Indigenous leaders has been our tool of surviving changes and reconnecting to be humans of this living land once again. The Indigenous Strategic Plan (ISP) carries the prayers of our ancestors through a vision and mission to help (re) connect good relationships to our mind, body and spirit, but also to one another, and our communities through policy changes that reflect the values, laws and relations of our living relative *nikawiy asiskiy*.”

Lana Whiskeyjack

Assistant Professor, Faculty of Arts,
Women's and Gender Studies





Indigenous Self-Determination

The principle of the Indigenous right to self-determination informs work to ensure that this strategic plan, and other Indigenous initiatives at the University of Alberta, are Indigenous-led. We offer thanks to the 22-member Indigenous Advisory Council (IAC) for their leadership and direction on the development of this strategic plan, as well as the far-ranging commitments to First Nations, Métis and Inuit-focused work and peoples, as outlined in *For the Public Good*, the University of Alberta's Strategic Plan for Equity, Diversity and Inclusivity, and the University of Alberta for Tomorrow.

IAC membership included:

- Chris Andersen, Professor and Dean, Faculty of Native Studies
- Gil Anderson, Academic Services Co-ordinator, Masters and Professional Programs Office, Alberta School of Business
- Kateryna Barnes, Communications Associate, External Relations
- Dallas Cardinal, Project Co-ordinator, Supporting Indigenous Languages Revitalization, Office of the Provost and Vice-President (Academic)
- Freda Cardinal, Senior Co-ordinator, Admissions and Student Services, Faculty of Native Studies
- Wayne Clark, Executive Director, Indigenous Health Initiatives Program, Faculty of Medicine & Dentistry
- Shana Dion, Assistant Dean, First Nations, Métis and Inuit Students, Student Services – Dean of Students Administration
- Dwayne Donald, Professor, Faculty of Education
- Michelle Durocher, Executive Assistant, Corporate and Foundation Relations, External Relations
- Paul Gareau, Assistant Professor, Faculty of Native Studies
- Cindy Gaudet, Assistant Professor, Campus Saint-Jean
- Florence Glanfield, Vice-Provost, Indigenous Programming and Research; Professor, Faculty of Education
- Tracey Hillier, Associate Professor, Faculty of Medicine & Dentistry; Alberta Institute, Wenzhou Medical University, Faculty of Medicine & Dentistry – MED International; Co-Director, Situated Knowledges: Indigenous Peoples and Place (SKIPP) Signature Area
- Valerie Hunter, HR Service Partner, Human Resource Services – Partnerships
- Pamela McCoy Jones, Executive Director, Supporting Indigenous Languages Revitalization, Office of the Provost and Vice-President (Academic)
- Ceilidh Morrissette, Research Co-ordinator, Faculty of Arts – Humanities Administrative Services
- Cindy Paul, Copyright Specialist, Library and Museums – Copyright Office
- Trevor Phillips, Manager, Indigenous Recruitment, Office of the Registrar
- Nella Sajlovic, Indigenous Strategies Manager, Office of the Provost and Vice-President (Academic)

- Jessica Vandenberghe, Assistant Dean, Engineering Community and Culture, Faculty of Engineering; President-Elect, Indigenous Alumni Council
- Lana Whiskeyjack, Assistant Professor, Faculty of Arts, Women's and Gender Studies
- Willow White, Assistant Professor, Augustana, Fine Arts & Humanities

Members of the IAC who served prior to their resignations from the council:

- Bev Findlay, Administrative Assistant, Faculty of Native Studies
- Jessica Kolopenuk, Assistant Professor, Faculty of Native Studies
- Kayla Lar-Son, Indigenous Academic Resident, Libraries, Digital Initiatives
- Daniel McKennitt, Post-Doctoral Fellow, Faculty of Medicine & Dentistry
- Daniel Sims, Assistant Professor, Augustana
- the late Jennifer Ward, Educational Developer, Centre for Teaching and Learning – Instructional Services

Ceremony

We give thanks to Elder Dr. Francis Whiskeyjack for leading ceremony to begin this work in a Good Way. In acknowledgment of the difficulty of the work and the teachings needed for the path ahead, a group of Indigenous colleagues and University of Alberta senior leaders participated in ceremony and discussion, committing themselves to the work of the Indigenous Strategic Plan and Indigenous Initiatives more broadly.

Eaglechild (2012) by Stewart Steinbauer of Saddle Lake Cree Nation. The Eaglechild story is a post-apocalyptic narrative where a sole human survivor, an infant, is rescued, nurtured, and transformed into a part-eagle part-human creature and educated in the cultural teachings of their human ancestors, by non-human forces. It is an example of oral transmission of cultural knowledge, in the cycle of creation stories from which it comes.

University of Alberta Vision and Mission

Vision

The University of Alberta vision is to inspire the human spirit through outstanding achievements in learning, discovery and citizenship in a creative community, building one of the world's great universities for the public good.

Mission

Our mission is to create and sustain a vibrant and supportive learning environment that discovers, disseminates and applies new knowledge through teaching and learning, research and creative activity, community involvement, and partnerships. The University of Alberta gives a national and international voice to innovation in our province, taking a lead role in placing Canada at the global forefront.

These statements represent the core values and mandate of the University of Alberta. Tasked with "inspiring the human spirit" and "taking a lead role in placing Canada at the global forefront" requires a reflection on the history of our institution and of this nation we now call Canada as a whole, particularly in relation to Indigenous Peoples, acknowledging the complex and often negative history between this nation and the Indigenous Peoples of this land. The University of Alberta has an important role to play in fostering reconciliation and acknowledging Indigenous rights, territories, knowledge and worldviews. We must also acknowledge the ongoing impacts of colonial thinking within our institution and the barriers that may not always be apparent to the inclusion of Indigenous Peoples.

“This strategic plan has the vision and potential to hold the University of Alberta accountable as an institution invested in a reconciled future for First Nations, Métis and Inuit learners.”

Trevor J. Phillips
Manager, Indigenous Recruitment,
Office of the Registrar



Elder Evelyn Day, left, tours a lab with Jessica Vandenberghe, assistant dean and Industry Professor, Indigenous Engineering.



“As an Indigenous professional engineer, I think it is vital that the University of Alberta take up the Calls to Action, especially knowing the oppressive history and present towards First Nations, Métis and Inuit. We have a role to play to create future leaders from all faculties who see the Truth and understand why it is vital to actively participate in reconciliation no matter where their alumni journey takes them. Our leaders must lead in this space and come from a place of creating equitable policies, frameworks, attraction and retention

strategies, and wellness supports while showing up authentically while we implement the Indigenous Initiatives strategy. This needs to be top priority not only in strategic plans but in everyday actions, behaviours and conversations. We need to hold each other accountable so that we can be proud of how we walk together in a Good Way.”

Jessica Vandenberghe
Assistant Dean, Engineering Community
and Culture, Faculty of Engineering;
President-Elect, Indigenous Alumni Council

Guiding Values and Principles

The guiding values and principles that underpin *Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan* include:

All My Relations

Acknowledging the interconnectedness, interdependence, worth and mutual responsibility of all peoples, creatures and lands; a common conceptualization of all things living among Indigenous Peoples; known as *wahkohtowin* by the Cree and Métis

Decolonization

Repudiating the racist justifications and dismantling the colonial structures aimed at disenfranchising Indigenous Peoples of their legal, social, cultural, religious and ethnic rights; reclaiming Indigenous identity, language, culture and worldviews

Inclusivity

Validating the value of, and enacting work to provide, equal access to opportunities, resources, experiences and education to those excluded or marginalized from greater access

Indigenization

A process of highlighting and incorporating Indigenous worldviews, knowledge and perspectives into non-Indigenous educational, political and social structures in recognition of exclusion and erasure; celebrating the diversity, strength, complexity, resilience and beauty of Indigenous Peoples, cultures, languages and knowledge systems

Indigeneity

Belonging to specific lands and places; the unlimited right to self-identification by Indigenous Peoples

Indigenous Ways of Knowing, Being and Doing

Affirming the validity, diversity, sophistication and beauty of Indigenous understandings, practices and modes

of learning from the people, animals and plant nations; acknowledging the holistic viewpoints of Indigenous Peoples that take into account the whole person (mind, body, spirit) and the connection to peoples, lands and living things

Intersectionality/Confluence

Recognizing the relationship between various constructed categories such as race, gender, sexual orientation, class and all forms of ableism that inform the converging influences of systems of oppression as they occur on Indigenous territory

Reconciliation

The Truth and Reconciliation Commission of Canada (TRC) defines reconciliation as an ongoing process of establishing and maintaining respectful relationships between Indigenous Peoples, the state and non-Indigenous peoples

Self-Determination

The inherent right of Indigenous nations, communities and Peoples to determine their political status and freely pursue economic, educational, social and cultural development

Sovereignty

The inherent right of Indigenous nations, communities and Peoples to autonomy, legitimacy and recognition as self-determining authorities

Strength-Based Approach

A focus on the strengths and competencies of individuals and communities and an acknowledgment of structural barriers in opposition to deficit narratives that perpetuate inequity by assuming deficiencies



“As a young boy growing up in Alberta, it was everywhere evident to me the long and troubled history of the colonization and exclusion of the Indigenous Peoples of these lands. We all must commit to changing this legacy. I am proud of the more recent record of the University of Alberta’s broad commitment to advancing Truth and Reconciliation. None of our many initiatives is more important than our Indigenous Strategic Plan. It outlines an ambitious vision of the meaningful inclusion of Indigenous Peoples and Indigenous Ways of Knowing in all we do as a university community. I know that all members of the university community will join me in committing to do all we can to advance these goals and ever deepen our commitment to engaging in a meaningful and respectful relationship with the Indigenous Peoples of these lands.”

Bill Flanagan

President and Vice-Chancellor

Indigenous Terminology

In this document, the term Indigenous is used in the spirit of acknowledging the diverse ways in which the First Peoples of this land now called Canada chose to identify themselves, not how colonial governments have identified them, and encompassing the diversity of identity captured in First Nations, Métis and Inuit communities.

Although there is no legal definition of Indigenous in the Canadian context, the use of this naming in this document is in alignment with the growing trend for the use of the term Indigenous by the United Nations, among others. This is embodied by self-identification as Indigenous at the individual level but also through family-community connection; continued occupation of ancestral lands and/or common ancestry with the original occupants of such lands; distinct social, economic or political systems; and distinct language, culture and beliefs.

Message from the Vice-Provost, Indigenous Programming and Research



The Sweetgrass Teachings tell us that when we plait sweetgrass, we collect 21 strands.

The first seven are the generations that preceded us: they walked the journey to bring us to where we stand today. The second seven strands represent the seven sacred teachings. The third seven strands represent the seven generations yet to come. We, as humans of this Earth, acknowledge our responsibility to those not yet born, knowing that everything we do in our lifetimes carries forward to impact them. In this way, we are bound through time in honouring the legacy of our ancestors and recognizing that we are responsible for the future.

This teaching is at the heart of *Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan*. The plan recognizes our collective responsibility to acknowledge our history and to honour those who came before us and to follow the seven sacred teachings — love, respect, honesty, courage, wisdom and humility; to know the first six together is to know truth. The plan also recognizes our responsibilities to the generations to come, knowing that we have the power to leave them a beautiful legacy. In essence: honouring the past, living the present and shaping the future.

I am a member of the Métis Nation of Alberta with deep ties to kin across Alberta. The Lac La Biche-Fort McMurray region was the foundation of my early life. It was from northeastern Alberta that I first came to the University of Alberta to begin my first degree in 1976. The university has played a central role in my life, providing the formal educational experiences behind my career as a teacher, researcher, professor of mathematics education and leader.

It has been a humbling, joyous and a deep responsibility to lead Indigenous-focused work at the University of Alberta since August 2019. A key focus in the first years of the mandate of the Vice-Provost, Indigenous Programming and Research was the creation of an Indigenous Strategic Plan to bring about the kind of foundational change imagined by the Truth and Reconciliation Commission of Canada (TRC) and the broader expectations that have emerged across organizations and the public.

As a society, we are only just coming into a time where the histories and complex understandings of Indigenous Peoples are being heard in the wider world. From the time of contact, Indigenous Peoples have been standing against assimilative practices aimed at causing them to “cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada.”¹ The resurgence of Indigenous Peoples has been carried by those who came before us and the individuals today working to tackle the deliberate aim of the erasure of Indigenous knowledge systems and Peoples.

The confirmation that the remains of Indigenous children have been found at residential school sites across Canada has been a stark reminder of the urgency of the work that the university has committed to in response to the TRC Calls to Action. Long known in community, this

is but one piece of the work to correct the historical record and give voice to silenced narratives that significantly impact the lived experiences of Indigenous Peoples.

Education has the power to uplift humanity, and universities have a powerful role and responsibility to play in truth and reconciliation. The University of Alberta’s motto, “Quaecumque Vera,” invites the community to pursue “Whatever things are true.” As a university community we should be questioning “whose truth?” and we have a responsibility to teach to question the validity of concepts used to justify European sovereignty over Indigenous lands and Peoples.

Undoing the legacy of colonialism and advancing conciliation — that is establishing respectful nation-to-nation relationships — is a difficult journey. It requires generosity, kindness and patience and, above all, it takes unlearning. We, as individuals and as a collective, are only beginning to take steps to “unlearn colonialism” which means in many ways we are still at the beginning of this complex, generational and ultimately non-linear work.

This plan is another step in this work at the University of Alberta and builds on advocacy that has been taking place for 80-plus years. In the 1940s, University of Alberta professors became members of the Indian Association of Alberta (IAA), learning from several of the most distinguished political and spiritual Elders of Alberta. Known as the Friends of the Indians, the professors lobbied the provincial and federal governments, raised funds and publicized injustices. In the 1960s and ’70s, First Nations and Métis Elders and leaders pushed for research and teacher education programs such as

the Morning Star program developed in collaboration with what is now University nuhelot’jine thaiyots’j nistameyimâkanak Blue Quills; this work was the precursor to what we now know as the Aboriginal Teacher Education Program. In the 1970s, an IAA presentation to the University of Alberta Senate led to the development of the School of Native Studies, now the Faculty of Native Studies.

These developments are a small part of the wide-ranging efforts undertaken to build a university that ensures that all students can attain their educational and professional goals and that we all live in a more just world. They are also evidence that the concerted efforts of a few have significant, lasting impacts. The mobilization of the many can be world changing.

I am hopeful as the University of Alberta makes progress on the broad goals contained in the three “strands” of past, present and future articulated in this plan. I invite each of you to find yourself in this plan; I invite you to join the work to play your part in conciliation and to sign the Affirmation for Action at the end of this plan. There is so much more work to be done. This plan is a starting point in a long and critical journey that will take generations to achieve.

Florence Glanfield
Vice-Provost, Indigenous Programming and Research; Professor, Faculty of Education

This beadwork was created by Tara Kappo, who is Woodland Cree from Sturgeon Lake Cree Nation in Treaty 8 territory. She began beading at the age of 11 and learned primarily through watching her grandmother. Kappo earned her master's degree in Native Studies from the U of A in 2021.

Message from the President and Vice-Chancellor

As the Territorial Acknowledgment reminds us, the University of Alberta is situated on territory that has been the gathering place of diverse Indigenous nations for thousands of years, a place where diverse peoples, thinkers, scientists, philosophers lived and came to share and exchange knowledge.



The university is privileged to reside on lands in Treaties 6, 7 and 8. In the spirit of these agreements, the university upholds its commitment to working and living in good relation with each other, respecting the Indigenous Peoples and nations who, through the treaty process, generously offered to share these lands with those who came to these lands from far away.

In recent years, and especially following the work begun by the Truth and Reconciliation Commission of Canada (TRC), a shift in public awareness has illuminated the urgent need to address the structural causes of the long-standing and pronounced inequalities faced by Indigenous Peoples today.

We recognize that the University of Alberta has been part of historic systems that have created barriers to Indigenous sovereignty and wellness. In addressing this history, the University of Alberta has taken steps towards a thoughtful, respectful, meaningful and sustainable response to the Calls to Action issued by the TRC and Indigenous Initiatives more broadly. The Calls to Action are embedded in our institutional strategic plan and are a key pillar of the University of Alberta for Tomorrow.

The Indigenous Programming and Research portfolio was established in the Office of the Provost and Vice-President (Academic) to facilitate Indigenous-led institutional collaboration and communication for the development and implementation of programs, services and initiatives related to Indigenous teaching, learning, research and community engagement.

I want to thank Dr. Florence Glanfield, Vice-Provost, Indigenous Programming and Research for her leadership on this plan and also the members of the Indigenous Advisory Council and broader Indigenous community who crafted this road map.

The Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan will enable transformative institutional practices that tackle the full scope of these endeavours. Reconciliation is not a destination but a journey in which we all have a part to play. Every step is important in that journey. At its core, the plan is about building better relationships with Indigenous communities – equal, respectful, mutual.

The university's core mission, in teaching, learning and research, is a commitment to all of the people of this province. It is also a commitment to build and sustain an atmosphere in which, as President Henry Marshall Tory, the first president of the university described it, "prejudice and hatred" cannot live – that is, a university that is committed to the core values of equity, diversity and inclusion of all the peoples and communities that make up our remarkable university and beyond.

I encourage everyone to read this plan and consider the ways in which you can meaningfully engage in reconciliation.

Bill Flanagan
President and Vice-Chancellor

Introduction

As part of the struggle to address colonialism and its subjugation, Indigenous Peoples have continuously fought against the systems and structures, laws and practices meant to disempower – to assert Indigenous rights and seek a just relationship with the state and beyond.

At the University of Alberta, the work of Indigenous advocates and allies has led to the truly impactful Indigenous programs, initiatives and course offerings that we know and celebrate today, such as the Faculty of Native Studies, the Transition Year Program, the Aboriginal Teacher Education Program and the Specialization in Indigenous Peoples Education graduate program, to name but a few. This plan acknowledges the courage and strength of the Elders, Knowledge Keepers, Indigenous leaders and allies who “walked the path” to bring about the changes that have allowed us to reach the place we are at in the journey towards Indigenous sovereignty and wellness.

Participants in the Young Indigenous Women's Circle of Leadership are taught *wahkohtowin*, where they are encouraged to build and strengthen their relationships with all the world. They engage in land-based learning such as medicine walks, where they are taught to recognize plants and the proper protocols for picking.



United Nations Declaration on the Rights of Indigenous Peoples

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) represents another key political milestone for Indigenous Peoples worldwide.

The product of nearly 25 years of deliberation at the United Nations, the international instrument was supported by Canada in 2016, nine years after its introduction. It was passed by parliament in 2018 and by the Senate in 2021. It recognizes the experiences of Indigenous Peoples with colonialism across the globe, aiming to set minimum standards for the autonomy, health and well-being of Indigenous Peoples. It articulates the need to repudiate doctrines, policies and practices such as the Doctrine of Discovery⁴ and *terra nullius*,⁵ which advocate for the “superiority of peoples or individuals on the basis of national origin or racial, religious, ethnic or cultural differences,” as “racist, scientifically false, legally invalid, morally condemnable and socially unjust.”⁶ UNDRIP urges an address of the colonial legacy so that Indigenous Peoples might reassert basic human rights. These include the inherent right to self-determination; freedom from

UNDRIP is the most comprehensive international instrument on the rights of Indigenous Peoples. It establishes a universal framework of minimum standards for the survival, dignity and well-being of the Indigenous Peoples of the world and it elaborates on existing human rights standards and fundamental freedoms as they apply to the specific situation of Indigenous Peoples.⁷

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)

discrimination; free, prior and informed consent; redress; and linguistic, cultural, spiritual and economic rights. The TRC recommended that federal and provincial governments utilize UNDRIP as a framework for reconciliation, noting that reconciliation encompasses *all areas of Canadian life*, including education.



This mixed media sculpture is part of the University of Alberta Museums Art Collection. It shows a parent tying the shoes of a young child. (Artist Unknown; University of Alberta Museums Art Collection; Collected by Milton and Wendy Halvarson; 2019.2.41)

“The ISP will be a source of guidance and inspiration for our governing bodies at the university. General Faculties Council and the Board of Governors can play a critical role in upholding, advancing and implementing the human rights standards set out in the United Nations Declaration on the Rights of Indigenous Peoples.”

Brad Hamdon
General Counsel and
University Secretary

“The Indigenous Strategic Plan reflects our hopes and provides a vision and directions to put things into action. Its critical investment in long-term, systemic change assures that generations of the past, present and future will thrive at the University of Alberta, in our homes and in our communities.”

Cindy Gaudet
Professeure assistante,
Campus Saint-Jean

Participants in the potato dance attempt to dance with the beat during the University of Alberta's Annual Round Dance. The last couple remaining with the potato still between their foreheads wins – a good omen for their relationship.



“Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan calls on us to weave Indigenous Ways of Knowing into our work with reverence. We commit to achieving this by collaborating with students, faculty, staff and community members to amplify Indigenous voices, showcase the incredible diversity of the campus community, and honour the traditional territories where the University of Alberta is situated. By communicating broadly the research of Indigenous students and faculty – and by facilitating education that furthers Truth and Reconciliation – we will continue to work towards decolonization both on campus and in the broader community.”

Elan MacDonald
Vice-President, External Relations

Dr. Sean Lessard, associate professor in the Faculty of Education, works with students at Maskêkosak Kiskinômâtowikamik school at Enoch Cree Nation.



“I have been profoundly impacted, both personally and professionally, through various learnings which allow me to better understand the significance and impact of Indigenous history and culture. I affirm our commitment to Indigenize the institution through such actions as adapting our recruitment practices, doing all we can to increase retention of Indigenous employees, ensuring we have policies and practices to build an anti-racism culture, and establishing safe and welcoming spaces. I endeavour to demonstrate the University of Alberta understands we have emerged into a new era that requires different standards and practices.”

Todd Gilchrist
Vice-President, University Services and Finance

“Chief Dr. Robert Joseph, “Healing a Nation Through Truth and Reconciliation,” is my inspiration and the reason I strongly believe in this strategic plan. Dr. Joseph tells us that “when we are reconciled we will live together peacefully and in harmony. When we are reconciled we will be gentle with each other, we will be caring and compassionate. ...We will know we are reconciled when every kid knows that they are important, valued, and that they are loved and have a future in our great country.”

Valerie Hunter
HR Service Partner, Human Resource Services,
Partnerships

“This Indigenous Strategic Plan was undertaken in the most respectful manner possible, with a wide array of constituents and partners, on and off our campuses. The plan itself is comprehensive – operationally and strategically – and offers academic leaders and, indeed, all faculty, staff and students on campus a number of different pathways for fulfilling their responsibilities to the TRC and to working with Indigenous faculty, staff, students, communities and nations in ethical ways. Dr. Glanfield and her team are to be congratulated for their humility and their labour in creating this plan. It is now up to us to carry it out with the same spirit with which it was created.”

Chris Andersen
Dean, Faculty of Native Studies





“Too many Canadians know little or nothing about the deep historical roots of these conflicts.”

*Truth and Reconciliation Commission of Canada,
Honouring the Truth, Reconciling for the Future*

University of Alberta Response

Since UNDRIP was passed and the TRC Calls to Action were issued, the University of Alberta has responded by engaging in wide-ranging consultations via its institutional strategic plan, *For the Public Good (2016)*, the *Strategic Plan for Equity, Diversity and Inclusivity (2018)*, *University of Alberta for Tomorrow (2021)* and the *University of Alberta brand (2021)*.

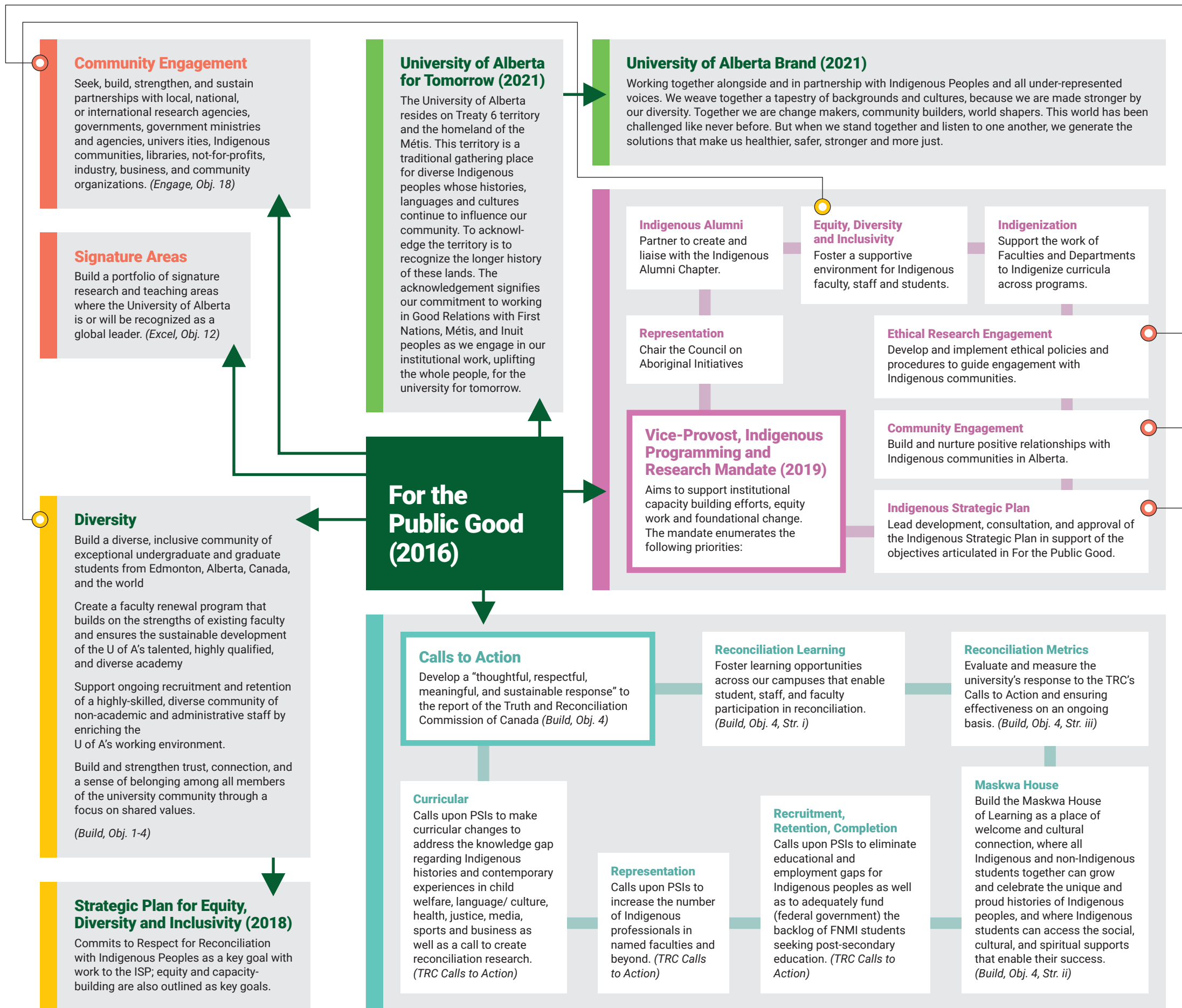
As directed by these consultations, the university has committed to work on respectful responses to the Calls to Action and reconciliation.

These commitments have begun to find their ways into the university's academic and administrative practices, with the goal that they will eventually be fully embedded across strategic and unit plans and accountabilities.

To lead and co-ordinate work in Indigenous Initiatives, the University of Alberta sought to create the structures that can carry this work forward. In 2019, the inaugural role of Vice-Provost, Indigenous Programming and Research was established in the Office of the Provost and Vice-President (Academic).

Office of the Vice-Provost, Indigenous Programming and Research

The work of the Vice-Provost, Indigenous Programming and Research Office builds upon and continues the extensive work undertaken across the University of Alberta to assure Indigenous student success, improve the recruitment and retention of Indigenous faculty and staff, and advance key initiatives in alignment with Indigenous community interests. The office will centrally connect Indigenous-related teaching, learning, research and supports to co-ordinate initiatives, share resources, find efficiencies and build capacity.



Dialogues

To begin work on the creation of an Indigenous Strategic Plan, the Office of the Vice-Provost, Indigenous Programming and Research engaged in wide-ranging dialogues, gathering information and listening to community so as to envision the goals, themes and strategies of the plan.

Broad dialogues with University of Alberta leaders in academic, administrative and governance structures took place over the course of two years, and input was solicited from faculties, departments, units and individuals. This included students, faculty and staff. Data sources such as the Workforce Diversity Census and the 2021 Indigenous Student Success Survey were used to frame the dialogues and inform the development of the goals. We are grateful for the diverse contributions to this plan and the work to outline accountabilities and partners for this work in alignment with the feedback from these dialogues.

Indigenous Advisory Council

To ensure an Indigenous-led process to create the Indigenous Strategic Plan (ISP), an Indigenous Advisory Council (IAC) was struck from January 2020 to May 2022. The IAC had 22 First Nations, Métis and Inuit representatives from across employment categories. The council's mandate was to frame conversations around the ISP's development; what the indigenization of curriculum and programs might mean; respectful and ethical research with Indigenous Peoples and communities; building supportive and healthy workplace environments for Indigenous faculty, students and staff; and fostering respectful relationships with Indigenous community partners. In gratitude, membership of the Indigenous Advisory Council is listed on pg. 7 of this document.

As part of the work to develop the Indigenous Strategic Plan, the Office of the Vice-Provost, Indigenous Programming and Research actively sought direction from the broader internal Indigenous community on the ways in which the university might respectfully and effectively take up the work of Indigenous

Initiatives. The draft and revised Indigenous Strategic Plan was distributed to Indigenous faculty and staff known to the Office of the Vice-Provost, Indigenous Programming and Research for their input and review and the feedback incorporated.

Indigenous Nations and Organizations

The Office of the Vice-Provost, Indigenous Programming and Research met with First Nations, Métis and Inuit nations and organizations across treaty areas and listened to community members, leaders and Elders relate their experiences with the University of Alberta. We learned how they would like to see connections grow between their communities or organizations and the university. The office detailed alignment with these community interests in the strategic plan, imagining pathways for stronger partnerships with community in support of the key objectives they shared. This dialogue, held over a year, was meant to guide the start of the University of Alberta's work as a Good Relation across a number of priorities and particularly via the Indigenous Strategic Plan.

Indigenous Research Strategies Task Force

The Indigenous Research Strategies Task Force (IRST) was created in December 2020. The goal of the task force is to bring together diverse employees to examine ways that the collective work at the University of Alberta in relation to research ethics, research services, field research and data management can co-ordinate. The aim is to examine work that can be supportive of Indigenous communities, researchers engaged with Indigenous research, data sovereignty, treaty rights and respectful community engagement. The IRST was part of the dialogue

process for the Indigenous Strategic Plan, particularly with those elements aligning specifically with its mandate.

Membership includes:

- Susan Babcock, Director, Research Ethics Office, Vice-President (Research & Innovation) Integrity Support
- Rhonda Bell, Professor, Faculty of Agricultural, Life & Environmental Sciences
- David Bressler, Professor and Associate Dean Research, Faculty of Agricultural, Life & Environmental Sciences; Executive Director, Biomass Energy Network
- James Doiron, Research Data Management Strategies Director, University of Alberta Library; Academic Director, University of Alberta Research Data Centre
- Nadir Erbilgin, Professor and Chair, Faculty of Agricultural, Life & Environmental Sciences
- Florence Glanfield, Vice-Provost, Indigenous Programming and Research; Professor, Faculty of Education
- Geoff Harder, Associate University Librarian, Library and Museums
- Tracey Hillier, Associate Professor, Faculty of Medicine & Dentistry; Co-Director, Situated Knowledges: Indigenous Peoples and Place (SKIPP) Signature Area
- Charmaine Kabatoff, REB Consultant, Research Ethics Office, Vice-President (Research & Innovation) Integrity Support
- Jeffrey Kavanaugh, Associate Professor, Faculty of Science; Director, Field Research Office
- Heidi Robinson, Legal Counsel, Vice-President (Research & Innovation), Research Services Office



Jade Tootoosis, Fancy Shawl dancer and Program Co-ordinator in the Faculty of Native Studies

- Nella Sajlovic, Indigenous Strategies Manager, Office of the Provost and Vice-President (Academic)
- Julie Stephens, Director, Research Partners, Vice-President (Research & Innovation) Research Partners Network
- Kisha Supernant, Associate Professor, Faculty of Arts; Co-Director, Situated Knowledges: Indigenous Peoples and Place (SKIPP) Signature Area; Director, Institute of Prairie and Indigenous Archaeology
- Melissa Tremblay, Assistant Professor, Faculty of Education
- Jessica Vandenberghe, Assistant Dean, Engineering Community and Culture, Faculty of Engineering; President-Elect, Indigenous Alumni Council
- Nancy Van Styvendale, Associate Professor and Associate Dean Research, Faculty of Native Studies
- Michael Walesiak, Director, Research Administration Services, Vice-President (Research & Innovation)

Members of the IRST who served prior to their resignations from the task force:

- Alex Clark, Professor and Associate Vice-President (Research), Faculty of Nursing

“One of my strongest commitments as college dean is to promote a college community that enables an equitable and inclusive society. One that acknowledges history and where equity and diversity are essential to excellence on campus. In consultation with our Indigenous community, we are dedicated to transforming our college by not only encouraging Indigenous perspectives and initiatives into our processes and strategies at every level, but also planning immediate tangible tactics such as curriculum changes, safe spaces for the Indigenous community and the goal of removing barriers to success through collaboration.

We're proud of our start. From creating dedicated Indigenous office space for students to gather in the Faculty of Arts, to implementing an Introduction to Indigenous Business course in the Alberta School of Business and the commitment to hiring Indigenous professors in all our faculties. But this is only the beginning of what I envision to be a complete transformation of how our college and university operates. We strive to do better and we must do better.”

Joseph Doucet
Interim Dean, College of Social Sciences and Humanities

Nisitohtamowin (Understanding)

The Indigenous Advisory Council sought an appropriate cultural ethos to communicate to readers the thinking and values that embody Indigenous-focused work at the University of Alberta.

The council selected the Sweetgrass Teachings as this plan's foundation, noting the personal and professional commitments of the Indigenous people who have shouldered this work in honour of ancestors, loved ones and community. Elder Fernie Marty (Papaschase First Nation) was offered protocol for his guidance and knowledge of the Sweetgrass Teachings for the creation of the Indigenous Strategic Plan.

The shared understandings that the council had of this teaching — of balance, of collective strength, of responsibility to All Our Relations — are at the heart of this cultural ethos. It also signifies the hopes that the council has for the work of the Indigenous Strategic Plan, with a centring of collective responsibility in the pursuit of what is called the Good Life or *miyo pimatisiwin* in Cree.

Miyo pimatisiwin describes being in harmony — mind, body and soul — with a fulsome wellness and health based on a relationship with cultural identity, others, all things living and the land. The concepts of reciprocity, responsibility, love and care to humans, lands and winged, scaled and the four-legged inform this plan.

The Sweetgrass Teachings

as shared by Elder Fernie Marty

“I see the ISP as a difficult but necessary road map on the journey to true Reconciliation.”

Gil Anderson

Academic Services Co-ordinator, Masters and Professional Programs Office, Alberta School of Business

Elder Fernie Marty shares the Sweetgrass Teachings, which embody the values of this plan

“Sweetgrass is one of our sacred medicines; it is the hair of Mother Earth. When we gather the sweetgrass we walk gently on Mother Earth, giving thanks for the gifts that she gives — gifts that we need to live a Good Life.

The three strands of the sweetgrass braid have many different meanings for the people but for the teachings I received, they represent the mind, body and spirit. The three need to be in balance for us to have health. The three strands make four as they come together to make the whole, and there is significance to the four.

The four means that we are connected to each other, to the land and to all things living — All Our Relations. We are only one small part of this, us humans, but we are sacred peoples and we are meant to be gentle with each other and all of our relations.

The sweetgrass helps to remind us of this — of our sacred nature and our connection to the land. It also reminds us that we must pray for guidance from the Creator. When we smudge with sweetgrass, we humbly ask the Creator to bring good energy to us, to purify us, to move the negative energies away from us to protect our minds, our bodies, our spirits and where we live.

We ask that the Creator bring us clean thoughts, a clean body and a clean spirit. We ask that we remain humble and open to being guided to the lessons that are all around us if our hearts are open. This is important because we can be pulled away from what is good to bad things like

“I am so proud of the amazing ideas that went into the ISP. The ISP is so important for the U of A community as a shining example of how Indigenous presence is integral to the betterment of our success and growth across campuses.”

Michelle Durocher

Executive Assistant,
Corporate and Foundation Relations

anger and hate. There is so much pain in the world. The pain causes the anger and hate. The sweetgrass reminds us to be in tune with goodness so that we can live a good life.

When we do this it also allows others to see who we are as people, and our goodness is an example of what is the right way to live. We are a gentle people. There is medicine in remembering that we are gentle. There is medicine in laughter. Our people like to laugh. Laughter brings healing. Laughter helps to remind us that no one is perfect; we are all just learning.

When we braid our hair, we pray. We think of the ones that came before us and of the Creator, asking them to shield us from bad things. We know that our ancestors see us and watch over us even though they are not with us in the here and now.

When we braid, we honour the ones that came before us and we take time to ask the Creator and them for help to live a good life. In this way, our braids are a way to care for the loved ones in front of us and to honour the ones who came before us. It [braiding] helps us to think on the things that make a good life. We do this in prayer. We say thanks for the gifts of the earth and we remember to care for each other and those gifts.”

Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan

This five-year plan is the University of Alberta's first formally endorsed Indigenous Strategic Plan and responds to the themes that emerged in dialogue by articulating specific goals, strategies and timelines.

The plan is grouped into three categories, or "strands," symbolizing the responsibilities of the Sweetgrass Teachings: Looking to the Past, In-Powering¹ the Present and Imagining the Future. These three groupings represent a sweetgrass braid and the accompanying prairie- and parkland-based Indigenous understandings, to reflect where the University of Alberta is primarily — though not only — located.

In many Indigenous cultures, the braid also represents mind, body and spirit and the balance needed among the three for good health and harmony in individuals and communities. It represents understandings about the relationality of all peoples and to all things living.

The braid was also selected as a reminder of the beauty, pride and resilience of Indigenous Peoples. The loss of braided hair is linked in communal memory to the trauma of colonialism and its assimilative practices. As the resurgence of Indigenous Peoples continues, the braid has become a symbol of defiance and identity assertion and also

represents that the past, present and future are intertwined.

This symbolism indicates that this strategic plan is a living document that will evolve as this work progresses. Within the context of this plan, the braiding of past, present and future is a commitment to restoring balance and wellness.

The content laid out in this document is a prioritization of the broad work of Indigenous Initiatives. Acknowledging that the breadth of the themes and strategies detailed in this plan require extensive institutional collaboration, this document aims to imagine the ways in which Indigenous-focused work might be built into institutional accountabilities and embedded into diverse structures, processes and roles. The goal is to create institution-wide responsibility to deliver on the outlined goals.

Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan reflects an important step in our institution's commitment to reconciliation in post-secondary education and research and to addressing the historical legacy of the residential school system and Canada's colonial history in a meaningful and lasting way.

¹ The modified word "In-Powering" was chosen deliberately to indicate that the skills and strengths needed for individual and collective success already reside in Indigenous peoples and communities. This strengths-based lens acknowledges that the focus of this work should be on removing structural barriers.

Where We Are in the Journey

It has been seven years since the final report of the Truth and Reconciliation Commission of Canada was released. The University of Alberta acknowledges that it is only at the beginning of this complex, generational work.

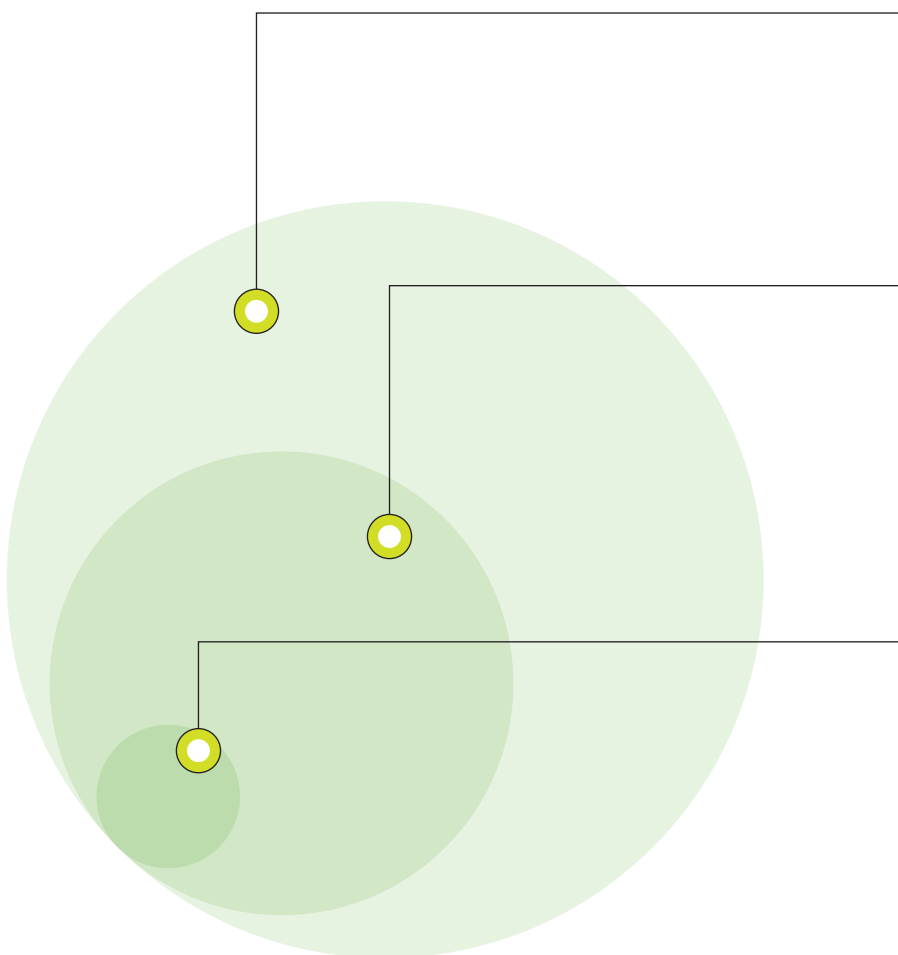
Universities across Canada have responded to the Truth and Reconciliation Commission's 94 Calls to Action in ways relevant to their institutional context. Throughout Canada, this work is still largely at its inception.

Indigenous knowledge holders tell us that life and living is a cyclical and recursive journey. At the start of each new day, we have the wisdom from the days past to feed into that day's journey, and as the day passes, we have an opportunity for new learnings that shape and change what we already know. In the same way, the institutional work of implementing *Braiding Past, Present and Future* will also be a recursive journey. We will build upon previous exposures, successes and lessons, sometimes appearing to go backwards, pausing and moving forward again with newly integrated understandings. Recursion is much more complex than repetition. Indigenous teachings about

humility in learning offer an understanding to this — we, *individually and collectively, are all on a journey of lifelong learning.*

In examining how universities have responded to reconciliation, University of Alberta scholars Adam Gaudry and Danielle Lorenz developed an evaluation framework to characterize this work. The strategies included in *Braiding Past, Present and Future* are intended to move the university along the path they described,¹⁰ from Inclusion Indigenization to a fulsome integration of Indigenous understandings: Decolonial Indigenization.

Through the dialogues, we know that in some spaces at the University of Alberta, we are at the beginning of this path, increasing Indigenous representation and presence. In others, work has progressed to examining ways in which the university itself might engage in critical self-reflection



Decolonial Indigenization

Envisions the wholesale overhaul of the academy to fundamentally reorient knowledge production based on balancing power relations between Indigenous peoples and Canadians, transforming the academy into something dynamic and new.

Reconciliation Indigenization

A vision that locates indigenization on common ground between Indigenous and Canadian ideals, creating a new, broader consensus on debates such as what counts as knowledge, how should Indigenous knowledges and European-derived knowledges be reconciled, and what types of relationships academic institutions should have with Indigenous communities.

Indigenous Inclusion

A policy that aims to increase the number of Indigenous students, faculty and staff in the Canadian academy. Consequently, it does so largely by supporting the adaption of Indigenous people to the current (often alienating) culture of the Canadian academy.

to disrupt the colonial structures and practices that result in exclusion. The goal of this strategic plan is to move forward with the TRC's full conceptualization of the work of truth and reconciliation: to upend the intellectual underpinnings of colonial marginalization.

A key theme that emerged in the dialogues for this plan was the need for metrics to benchmark where the University of Alberta is at with respect to fulfilling its commitments to the TRC Calls to Action and Indigenous Initiatives more broadly. Work to collect information on progress, to document gains

and to identify challenges will inform next steps for this plan including the development of a reporting mechanism for the outlined goals and strategies. Aligned to this work is a TRC Report to Community, mandated by *For the Public Good*, which will specifically measure the institutional work on the Calls to Action, serving as a baseline for Indigenous-focused work. The goals and strategies in *Braiding Past, Present and Future* have been designed in such a way that the accountabilities are built across diverse portfolios and units and this adds additional layers of reporting and accountability as a practice as well.

“As chancellor and on behalf of the University of Alberta Senate, I affirm our strong support for the U of A's Indigenous Strategic Plan (ISP). Since I became chancellor, I have learned so much not only about our country's past, our history of injustices to Indigenous Peoples and the impact that continues to have on Indigenous Peoples today, but also about their vibrant cultures and Indigenous Ways of Knowing. Guided by Dr. Florence Glanfield, Shana Dion and others at the U of A, my understanding has grown dramatically and, for that, I am deeply grateful. Our Senate is proud of work we did in the past that led to the establishment of the Faculty of Native Studies,

but there is so much more work to be done. That's why Indigenous Initiatives are now one of the three priorities identified in the Senate's new strategic plan. Our actions will champion the ISP in any way we can, increase opportunities for Indigenous children to participate in the Senate's U School program, grow Indigenous representation on Senate, and support the ongoing work of the university in opening its doors to more and more Indigenous students. The plans are now in place, and we're only just beginning.”

Peggy Garritty
Chancellor





“My hope for this strategy is to lay the groundwork for future generations of students and staff to live and work as a connected community – *wahkohtowin*. It recognizes that we have two very different cultures that want to walk together in a Good Way. The success of the Indigenous Strategic Plan will depend on strong communication, openness and, most importantly, trust. The strategy is not just for our children but also for those not yet born, seven generations and into the future.”

Ceilidh Morrisette
 Research Co-ordinator, Faculty of Arts,
 Humanities Administrative Services



Janice Makokis, a legal scholar and U of A grad at the Kikino Métis Settlement and Saddle Lake Cree Nation.



“The University of Alberta’s vision is to illuminate our world-leading Indigenous-led and Indigenous-engaged research and practices, providing leadership in Indigenous scholarship, research and community engagement.”

Aminah Robinson Fayek
 Vice-President, Research and Innovation

“The Indigenous Strategic Plan does more than generate policy towards decolonial indigenization. It is a centre point and meeting place for our Indigenous faculty and staff at the University of Alberta. Colonialism has done much to diminish and get in the way of our relations – with each other and with the Land. The ISP is another way we resist this dispossession, helping us come together and reminding the university institution that we are on Indigenous, relational territory.”

Paul Gareau
 Assistant Professor, Faculty of Native Studies

“Getting to the truth was hard, but getting to reconciliation will be harder.”

*Truth and Reconciliation Commission of Canada,
Honouring the Truth, Reconciling for the Future*

“This painting represents the connection of my grandmother, mother and me, as I needed to see them — blanketed by love, security and strength in spite of the trauma of residential schools,” says Lana Whiskeyjack of her 2015 painting *Exploring Intergenerational Trauma Series, No. 1*. Used with permission.



Notes

Accountabilities

The named accountabilities listed for each of the strategies are not exhaustive and instead denote those most responsible (collectively) for beginning the work described. The accountabilities are listed alphabetically and not by order of precedence. Other leaders or units may also have work to contribute to the named strategies.

GOALS	STRATEGIES	ACCOUNTABILITIES	2022-23	2023-24	2024-25	2025-26	2026-27
10.0 Indigenous faculty and staff: recruitment and retention							
The University of Alberta is recognized as an employer of choice for Indigenous faculty and staff	10.1 Convene a working group to review and advise on relevant policies and procedures for the recruitment and retention of Indigenous faculty and staff, identifying challenges and opportunities	College Deans, Deans, VPUS&F		●			
	10.2 Identify and implement mechanisms to support equity processes and procedures for hiring and retaining Indigenous faculty and staff	College Deans, Deans, VPUS&F		●	●		
	10.3 Create a dedicated Indigenous human resources advisory position and a network of individuals to provide expertise in Indigenous hiring and retention practices	VPUS&F			●		

Acronyms

The following is a list of acronyms used in the charts:

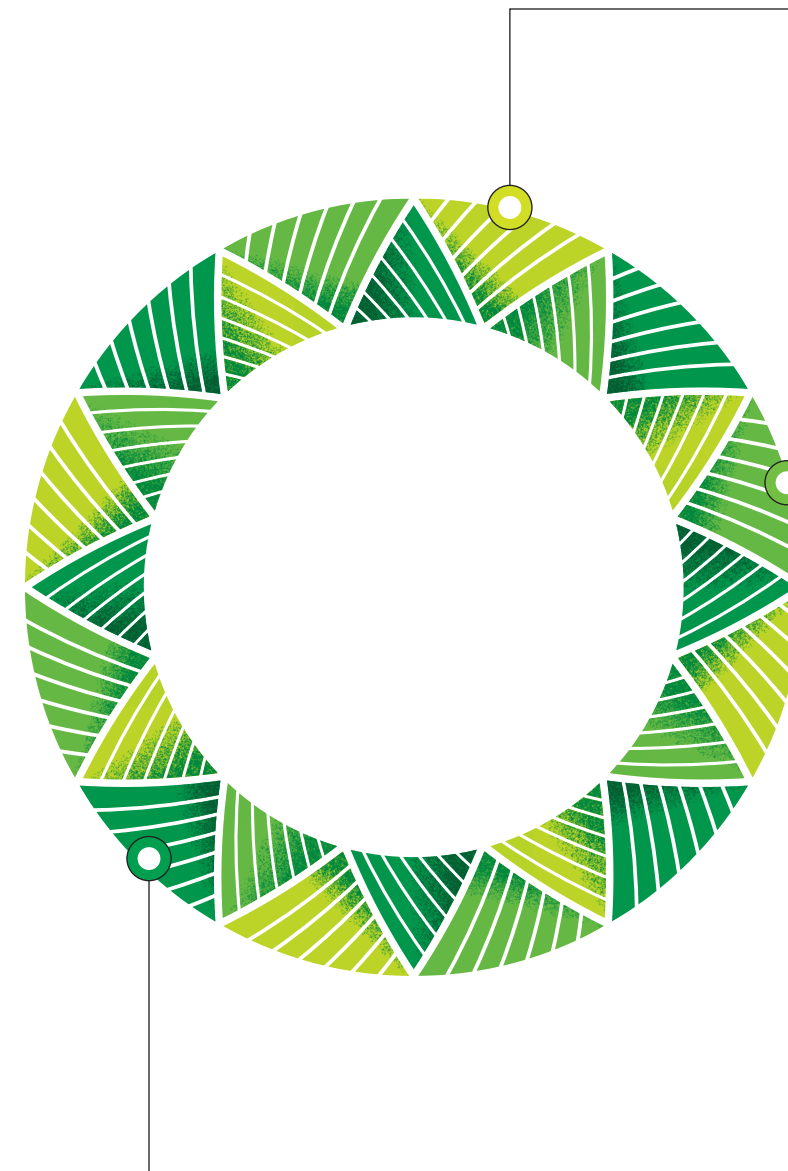
VPA	Vice-President (Academic)
VP&DOS	Vice-Provost and Dean of Students
VPER	Vice-President (External Relations)
VPFGSR	Vice-Provost and Dean (Faculty of Graduate Studies and Research)
VPF&O	Vice-President (Facilities and Operations)
VPIPR	Vice-Provost (Indigenous Programming and Research)
VPP	Vice-Provost (Programs)
VPLI	Vice-Provost (Learning Initiatives)
VPL&M	Vice-Provost, Library and Museums
VP&REG	Vice-Provost and Registrar
VPRI	Vice-President (Research and Innovation)
VP&AVPUAI	Vice-Provost and Associate Vice-President (International)
VPUS&F	Vice-President, University Services and Finance

Timeline

The five-year timeline noted in the charts and the associated dots communicate when work will begin on the strategies (and not completion targets). The years noted are aligned to the academic calendar year.

The Braid

The strategies outlined in this plan have been organized into three categories: Looking to the Past, In-Powering the Present and Imagining the Future. This approach symbolizes the responsibilities of the Sweetgrass Teachings (page 39) and represents the shared understandings that the council had of this teaching: balance, collective strength and responsibility to All Our Relations. These are at the heart of this cultural ethos and of this plan.



Looking to the Past

- 1.0 Indigenous leadership and co-ordination
- 2.0 Accountability and reporting
- 3.0 Indigenous Ways of Knowing: programs
- 4.0 Relationship with Indigenous lands and nations
- 5.0 Indigenous-centred policy, protocol and praxis
- 6.0 Reconciliation research and scholarship
- 7.0 University of Alberta community participation in reconciliation

In-Powering the Present

- 8.0 Indigenous students: recruitment, retention and completion
- 9.0 Indigenous student attainment: tackling barriers
- 10.0 Indigenous faculty and staff: recruitment and retention
- 11.0 Safe and welcoming spaces

Imagining the Future

- 12.0 Ethical research with Indigenous nations, peoples and lands
- 13.0 Indigenous-led research capacity development
- 14.0 Indigenous community engagement: nations, organizations and peoples
- 15.0 Indigenous community-engaged research
- 16.0 Indigenous community engagement: University of Alberta Senate
- 17.0 Indigenous community engagement: University of Alberta Alumni
- 18.0 Innovative funding



Looking to the Past

The first grouping of goals focuses on the “remedial” actions outlined by the Calls to Action issued by the Truth and Reconciliation Commission of Canada (TRC) and broader indigenization efforts. This grouping aims to remediate the erasure and exclusion of Indigenous knowledges, histories and knowledge systems. The work recognizes the gaps in traditional western higher education and also the harm that those gaps have had on the lived experiences of Indigenous Peoples. Implicit in this work is the acknowledgment that the university participated, and participates, in aspects of colonialism that were, and are, deeply harmful to Indigenous Peoples and that there is a wrong to right. The same power that was employed to disenfranchise Indigenous Peoples can now be brought to bear on the education of the students we serve and those beyond the institution.



GOALS	STRATEGIES	ACCOUNTABILITIES	2022-23	2023-24	2024-25	2025-26	2026-27
1.0 Indigenous leadership and co-ordination							
Centrally connect Indigenous-related teaching, learning, research and supports to ensure adequate resourcing, to better co-ordinate, to ensure Indigenous initiatives are Indigenous-led and that there is broad institutional accountability for this work	1.1 Hire an additional person in the Office of the Provost and Vice-President (Academic) to support the implementation of the Indigenous Strategic Plan (ISP)	VPA	●				
	1.2 Establish the Indigenous Advisory Council (IAC) as a group that can offer wisdom and guidance on actions taken by colleges, faculties and units in relation to goals in the ISP and Indigenous engagement	VPIPR		●			
	1.3 Create an Indigenous Wisdom Council of external Indigenous Knowledge Holders to assist with high-level, Indigenous-focused advice and decision-making	President, VPIPR		●			
	1.4 Map joint areas of responsibility across the University of Alberta to guide collaboration and share accountability for Indigenous Initiatives, including supporting the project or committee-based delegation of Indigenous staff to Indigenous-focused institutional work	All, VPIPR		●			
	1.5 Create structures within colleges, faculties and units, led or co-led by an Indigenous person, to develop college, faculty and unit actions to achieve the goals outlined in the Indigenous Strategic Plan	College Deans, Deans, VPA, VPER, VPF&O, VPRI, VPUS&F		●			

GOALS	STRATEGIES	ACCOUNTABILITIES	2022-23	2023-24	2024-25	2025-26	2026-27
2.0 Accountability and reporting							
Include Indigenous knowledge systems, experiences and perspectives in all undergraduate, graduate and continuing professional education programs via new course and new program approval and quality assurance processes	2.1 Publish a TRC Report to Community every two years to evaluate, report and act on institutional, faculty and unit responses to the TRC Calls to Action	College Deans, Deans, VPER, VPF&O, VPIPR, VPRI, VPUS&F		●		●	
	2.2 Include goals in alignment with the Indigenous Strategic Plan in unit-level strategic plans	College Deans, Deans, Department Chairs, VPER, VPF&O, VPRI, VPUS&F	●				
	2.3 Ensure that all leadership category reviews include reporting on activities related to the Indigenous Strategic Plan	President, VPA, VPER, VPF&O, VPRI, VPUS&F		●			
	2.4 Gather and co-ordinate data to track progress on achieving goals in the Indigenous Strategic Plan for internal and external reporting	All, VPIPR		●			
	2.5 Utilize the college structures of Associate Dean (Education), Associate Dean (Research), and the Strategic Initiatives office to collaborate and implement strategies to support the goals outlined in the Indigenous Strategic Plan	College Deans		●			
	2.6 Establish an Indigenous Strategic Plan implementation team, chaired by the VPIPR	President, VPA, VPER, VPF&O, VPRI, VPUS&F	●				
3.0 Indigenous Ways of Knowing: programs							
Weave Indigenous worldviews, histories and perspectives into all undergraduate, graduate and continuing professional education programs, recognizing the validity of Indigenous knowledge systems, remediating the knowledge gap on Indigenous historical and lived experiences, and strengthening academic rigour across disciplines	3.1 Include Indigenous knowledge systems, experiences and perspectives in all undergraduate, graduate and continuing professional education programs via new course and new program approval and quality assurance processes	College Deans, Deans, VPIPR, VPLI, VPP		●			
	3.2 Develop financial, administrative, leadership and mentorship processes to achieve the goal	College Deans, Deans, VPA, VPUS&F		●			
	3.3 Create resources and workshops for faculty to illuminate the institutional spaces in which the Indigenous curricular gap/Indigenous Ways of Knowing might be integrated into course materials; promote existing field-specific literature to support this work	VPLI, VPIPR			●		
	3.4 Establish institutional partnerships and relationships with Indigenous organizations and communities in support of Indigenous language revitalization, respecting that Indigenous communities have sovereignty over their languages	College Deans, Deans, VPIPR	●				
	3.5 Develop relevant Indigenous-focused programming for international students	VPIPR, VPLI, VP&AVPUAI			●		

GOALS	STRATEGIES	ACCOUNTABILITIES	2022-23	2023-24	2024-25	2025-26	2026-27
4.0 Relationship with Indigenous lands and nations							
Utilize university infrastructure (physical, web and communications) to acknowledge the foundational nature of Canada's relationships with diverse Indigenous nations, the First Peoples of the places that the University of Alberta currently manages, and to create safe and welcoming spaces for all	4.1 Incorporate the visibility of Indigenous territory, including Indigenous Peoples in consultation for land use and space design and considering what it would mean to regard land as a relation. This is meant to acknowledge the long history of our campuses as sites of Indigenous habitation, gathering and sacred significance, not as <i>terra nullius</i> .	VPER, VPF&O, VPIPR		●			
	4.2 Develop the necessary policies to support the use of university infrastructure for internal and external Indigenous community-building and gathering purposes and ceremony	VPF&O, VPIPR	●				
	4.3 Increase the digital and communications-based visibility of Indigenous presence at the university	VPER	●				
	4.4 Incorporate the Territorial Acknowledgments on the U of A main page and in all public addresses and written statements	VPER	●				
5.0 Indigenous-centred policy, protocol and praxis							
Examine and revise university policy and protocol to support respectful Indigenous inclusion	5.1 Revise and create new university policies to support and celebrate Indigenous inclusion, respectfully facilitate connections between the university and Indigenous communities, and bridge university/legal practices with Indigenous-centred protocols and Indigenous identity	VPER, VPF&O, VPIPR, VPRI, VPUS&F			●		
	5.2 Document and share appropriate cultural protocols for connecting with Elders, Knowledge Keepers and other Indigenous community members	VPIPR		●			
	5.3 Identify and remediate challenges with appropriate remuneration (honoraria) and culturally appropriate gifts within the university context	VPIPR, VPRI, VPUS&F	●				
	5.4 Align Indigenous-focused policy work with revisions of the Equity, Diversity and Inclusivity (EDI) plan and implementation	VPIPR		●			
6.0 Reconciliation research and scholarship							
Work with relevant partners to advance, fund and showcase reconciliation, indigenization and decolonization research and scholarship	6.1 Work with government entities to create a national research program with multi-year funding to advance an understanding of reconciliation	VPER, VPRI		●			
	6.2 Showcase the scholarship of U of A faculty members engaged in examining reconciliation or advancing aspects that increase historical and contemporary understandings of Indigenous Peoples, knowledge systems, nations, communities and lands	VPER, VPRI			●		
	6.3 Pursue mechanisms to fund reconciliation research	VPER, VPRI		●			
	6.4 Create a TRC-focused endowed chair	VPER, VPRI					●

“The Indigenous Strategic Plan outlines critical opportunities for reconciliation throughout our institution and requires action from the full University of Alberta community. We need to prioritize and increase our capacity for Indigenous-focused initiatives, such as curricular changes, so that we continue to work towards teaching, learning, researching and working together in good relations at the U of A. I’m committed to supporting Indigenous leadership on campus, and I am proud to play a role in bringing the plan to life.”

Steven Dew
Provost and Vice-President, Academic

GOALS	STRATEGIES	ACCOUNTABILITIES	2022-23	2023-24	2024-25	2025-26	2026-27
7.0 University of Alberta community participation in reconciliation							
Foster learning opportunities that enable all students, staff, faculty members and alumni to participate in reconciliation	7.1 Promote the Indigenous Canada: Looking Forward, Looking Back Massive Open Online Course (MOOC/mini-MOOC), including offering faculty and staff work time to complete the course, and utilize other developed courses such as the anti-Indigenous racism module to support this work	VPER, VPUS&F	●				
	7.2 Create a primer on the Indigenous Peoples of Alberta, including the different nations, cultural and linguistic differences, governance structures, geographical territories, treaty relationships and non-treaty relationships to address the knowledge gap	VPER, VPIPR, VPRI	●				
	7.3 Create and offer free courses, workshops, events and other resources to students, staff, faculty and alumni (during work hours for employees) to tackle the knowledge gap around racism, historical and contemporary Indigenous experiences and the foundational agreements	VPER, VPIPR, VPLI, VPUS&F		●			
	7.4 Partner with external entities, such as libraries, municipalities and public schools, to build capacity for TRC teachings within a larger collaborative system so that opportunities for learning can be taken up	VPER, VPIPR			●		
	7.5 Create programs that showcase the university's Indigenous cultural, archeological and artistic objects	VPER, VPIPR, VPL&M			●		
	7.6 Strengthen the partnership with the National Centre for Truth and Reconciliation to permanently preserve the memory of Canada's residential school system	VPA, VPIPR			●		
	7.7 Support activities and events to acknowledge and commemorate the victims and survivors of the residential school system	Chancellor, President, VPER, VPIPR	●				

Using ground-penetrating radar, Dr. Kisha Supernant, director of the Institute of Prairie and Indigenous Archaeology, works with Indigenous communities to locate the unmarked graves of residential school children who didn't come home.





In-Powering the Present

The second grouping of goals focuses on actions that support the recruitment and retention of a diverse group of students, faculty and staff. This work acknowledges the urgent need to address the systemic barriers that limit full Indigenous participation in the offerings of the university – barriers that have artificially prevented Indigenous Peoples from greater individual and collective sovereignty.

GOALS	STRATEGIES	ACCOUNTABILITIES	2022-23	2023-24	2024-25	2025-26	2026-27
8.0 Indigenous students: recruitment, retention and completion							
Graduation rates at the University of Alberta exceed the provincial proportion of Indigenous Peoples	8.1 Support the Indigenous Recruiter Circle in developing wise undergraduate student recruitment and retention practices that make the University of Alberta a destination of choice	VP&DOS, VP®		●			
	8.2 Convene a group to review, update, track and report on Indigenous graduate student recruitment and retention practices to develop and implement a recruitment and retention strategy that makes the University of Alberta a destination of choice	VPGSR			●		
	8.3 Establish new and expand current innovative methods of relationship building and early learning engagement with Indigenous students (e.g., USchool, DiscoverE) in Grades K-9	Chancellor, VP&DOS, VP®, VPIPR			●		
	8.4 Establish innovative pathways to support the entry of Indigenous students in Grades 7-12 into programs with low rates of Indigenous participation	Chancellor, VP&DOS, VP®, VPIPR			●		
	8.5 Indigenize, and expand, undergraduate student recruitment practices to make the University of Alberta a destination of choice	VP®		●			
	8.6 Utilize data from the Indigenous Student Success Survey to support recruitment and retention	VP&DOS, VPGSR, VPRED		●			
	8.7 Develop strategies to support students from remote Indigenous communities, acknowledging that those students may require differing types and levels of support to achieve success	VP&DOS, VP®		●			
	8.8 Expand the online delivery of programs and courses in order to connect with mature and underserved Indigenous learners	VPA					●

In-Powering the Present (continued)

“As Alberta’s pre-eminent teaching and research institution, the University of Alberta has a responsibility to participate in reconciliation by incorporating Indigenous worldviews in its curriculum, providing opportunities for Indigenous community-engaged research, and ensuring our campuses are welcoming to, and truly inclusive of, Indigenous students, faculty, staff and communities. The Board of Governors and its committees will therefore support and uphold the ISP to ensure adequate focus and progress.”

Kate Chisholm
Chair, Board of Governors

GOALS	STRATEGIES	ACCOUNTABILITIES	2022-23	2023-24	2024-25	2025-26	2026-27
9.0 Indigenous student attainment: tackling barriers							
Develop strategies to remove financial and other barriers to full Indigenous student participation in the offerings of the university	9.1 Identify and advocate for new funding opportunities for Indigenous students with government funders, corporate sponsors and individual donors, partnering with relevant university units	VPER			●		
	9.2 Promote student awareness of existing financial supports and provide assistance in the funding application process	VP&DOS, VP®, VPF&GSR		●			
10.0 Indigenous faculty and staff: recruitment and retention							
The University of Alberta is recognized as an employer of choice for Indigenous faculty and staff	10.1 Convene a working group to review and advise on relevant policies and procedures for the recruitment and retention of Indigenous faculty and staff, identifying challenges and opportunities	College Deans, Deans, VPUS&F		●			
	10.2 Identify and implement mechanisms to support equity processes and procedures for hiring and retaining Indigenous faculty and staff	College Deans, Deans, VPUS&F			●		
	10.3 Create a dedicated Indigenous human resources advisory position and a network of individuals to provide expertise in Indigenous hiring and retention practices	VPUS&F			●		
	10.4 Engage with Association of Academic Staff of the University of Alberta (AASUA) and Non-Academic Staff Association (NASA) to build policies that support Indigenous-focused hiring and retention equity processes	VPUS&F			●		
	10.5 Track and report on Indigenous faculty and staff hiring and retention, utilizing the institutional census as a possible tracking mechanism	VPIPR, VPUS&F				●	
	10.6 Establish an Indigenous mentorship program for Indigenous faculty and staff to increase institutional capacity in Indigenous leadership	VPIPR, VPUS&F		●			
	10.7 Ensure the availability of Indigenous counsellors via the Employee and Family Assistance Program (EFAP)	VPUS&F			●		

“It has been my pleasure to be an active listener in the creation of the U of A’s Indigenous Strategic Plan. This plan will serve as the foundation to strengthen the university’s focus on Indigenous communities and partners. As vice-president, I affirm Facilities and Operations’ commitment to acknowledging Indigenous voices and culture and, wherever possible, endeavour to incorporate and acknowledge these perspectives through our physical infrastructure.”

Andrew Sharman
Vice-President, Facilities and Operations

GOALS	STRATEGIES	ACCOUNTABILITIES	2022-23	2023-24	2024-25	2025-26	2026-27
11.0 Safe and welcoming spaces							
Create safe and welcoming physical and virtual spaces for First Nations, Inuit and Métis students, faculty, staff and community members	11.1 Create and offer anti-racism and cultural sensitivity training in partnership with relevant units for all U of A faculty, staff and students	VPA		●			
	11.2 Review University of Alberta policies, practices and governance mechanisms for addressing institutional and individual racism	VPA, Vice-Presidential Portfolios, VPUS&F		●			
	11.3 Build Indigenous virtual and in-person networks as a community-building exercise and in acknowledgment of the fact that, due to colonial trauma, universities are often the first safe place in which some Indigenous individuals are able to explore identity and reconnect with community	VPIPR	●				
	11.4 Support the First Peoples’ House Round Dance, promoting participation by the wider community (internal and external) and co-ordinating the participation of multiple units in this event	VP&DOS, VPER, VPIPR			●		
	11.5 Develop an Indigenous Initiatives Communications Strategy that increases the visibility of Indigenous Peoples and appropriate representations of Indigenous presence	VPER, VPIPR	●				
	11.6 Ensure Indigenous Initiatives are included as part of faculty, staff and student orientations	VP&DOS, VP®, VPF&GSR, VPUS&F	●				
	11.7 Finalize and implement plans for more appropriate, dedicated and adequate space for First Peoples’ House, the Transition Year Program (TYP) and other Indigenous programmatic offerings and student and community needs	VP&DOS, VPF&O, VPIPR	●				
	11.8 Continue to advocate for and develop strategies – using the lessons learned from dedicated space for First Peoples’ House – to support the construction of Maskwa House as a place of understanding, welcome and cultural connection, where Indigenous and non-Indigenous students, faculty, staff and external community together celebrate the unique and proud histories of Indigenous Peoples, and where Indigenous Peoples can access social, cultural and spiritual supports that enable teaching, learning and research success	VP&DOS, VPF&O, VPIPR				●	

Endorsement by University Governance

GOALS	STRATEGIES	ACCOUNTABILITIES	2022-23	2023-24	2024-25	2025-26	2026-27
16.0 Indigenous community engagement: University of Alberta Senate							
Engage the University of Alberta Senate to increase the presence of Indigenous Peoples and the visibility of Indigenous Initiatives and to engage the broader community in Indigenous Initiatives at the University of Alberta	16.1 Develop a strategy to increase the representation of Indigenous Peoples and initiatives in the activities of the University of Alberta Senate	Chancellor, President		●			
	16.2 Review and revise honorary doctorate criteria and processes to encourage and ensure nominations of Indigenous people	Chancellor, President		●			
	16.3 Award at least one Indigenous person an honorary doctorate in each academic year	Chancellor, President		●			
17.0 Indigenous community engagement: University of Alberta Alumni							
Connect with and celebrate Indigenous graduates of the University of Alberta	17.1 Develop programming priorities for Indigenous alumni to engage with, and increase the profile of, these graduates	VPER	●				
	17.2 Review and revise alumni award nomination practices to encourage and ensure Indigenous alumni are nominated	VPER		●			
	17.3 Establish an Indigenous Alumni Council	VPER	●				
	17.4 Engage with Indigenous alumni to assist with employment transitions	VPER		●			
	17.5 Create an Indigenous alumni engagement position	VPER			●		
18.0 Innovative funding							
Develop and imagine innovative ways to partner with diverse funders to support Indigenous students, initiatives, research and scholarship	18.1 Identify priorities for fundraising in support of Indigenous-engaged research and scholarship activities	VPER, VPIPR, VPRI		●			
	18.2 Pursue innovative partnerships to fund the creation of Indigenous community spaces	VPER, VPF&O			●		
	18.3 Pursue innovative partnerships to fund the reduction of barriers (e.g., tuition support such as a youth-in-care bursary) and access to essentials such as internet, computers, food and housing	VP&DOS, VPER, VPF&O, VPIPR		●			
	18.4 Pursue innovative approaches for supporting the entry of under-represented Indigenous students, including innovative early and community-specific recruitment, pre-entrance supports, transitional programming and graduate student recruitment	VP&DOS, VPER, VPF&O, VPIPR			●		

Endorsed unanimously by General Faculties Council and the Board of Governors in June 2022, *Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan* represents the institution’s commitment to taking up the goals and strategies detailed in this plan across academic, administrative and community spaces.

As president and provost, we commit to supporting this work and all it entails. We invite you to read this plan and consider the ways in which you might contribute to this work.

Bill Flanagan
President and Vice-Chancellor

Steven Dew
Provost and Vice-President, Academic

“For me, the ISP represents crucial and cutting-edge policy created by and for Indigenous Peoples who are part of the University of Alberta community. Though created over the past few years, the document owes its existence to the thousands of Indigenous Peoples who have walked the halls of this university over the past century and have persevered through times not so welcoming as they are now. In creating this document, we honour those who came before and seek to make the path easier for future generations. Much work remains to be done in the journey of reconciliation between the University of Alberta and Indigenous Peoples, and this document is a critical step in that journey.”

Willow White
 Assistant Professor, English & Indigenous Studies, Augustana Faculty



Superintendent Brian Wildcat, a U of A grad, visits with students at Ermineskin Elementary School in Maskwacis, Alta., where his daughter, Devon Wildcat, teaches. The phrase, *Nehiyaw Niya*, visible on the bulletin board, translates to “I am Cree.”

“Let us put our minds together to see what we can build for our children.” –Chief Sitting Bull

“Education is a universal human right, and more and more we are seeing an increase of Indigenous students pursuing university. This is because of those advocating for those voices who have yet to be heard (*âhkamêyimok* – don’t give up/keep going). The Indigenous leadership within the university is choosing to stand up and no longer be silent for the future generations, for this I am thankful (*kinanâskomitin* – I thank you).”

Dallas Cardinal
 Project Co-ordinator, Supporting Indigenous Languages Revitalization, Office of the Provost and Vice-President (Academic)



Untitled (1981) by Victoria Mamnguksualuk (1930-2016) of Nunavut is part of the University of Alberta Museums Art Collection. It depicts hunters travelling across the land. (University of Alberta Museums Art Collection; The Clifford E. Lee Collection; 1983.44.17)

Affirmation for Action by the University Community

Following the lengthy consultations informing *For the Public Good* in 2016, the *Strategic Plan for Equity, Diversity and Inclusivity* in 2018, *University of Alberta for Tomorrow* in 2021 and the institutional brand in 2021, the University of Alberta made broad and powerful commitments to Indigenous post-secondary education, research and engagement, and to ensuring a response to the Calls to Action issued by the Truth and Reconciliation Commission of Canada (TRC).

This affirmation aims to serve as the university's visible commitment to respond to the TRC's Calls to Action and broader indigenization efforts – work that remains urgent.

The calls are at the heart of the work to address the systemic barriers that limit full Indigenous participation in the offerings of the university – historical and contemporary barriers that have artificially prevented Indigenous Peoples from achieving greater individual and collective sovereignty.

In recognizing the great power of education, the TRC noted that universities have a particular responsibility, ability and opportunity to contribute to reconciliation by enacting curricular changes that correct the historic record, by incorporating reconciliation learning, by increasing Indigenous representation in professions, and by eliminating education and employment gaps for Indigenous Peoples. This document reaffirms the university's commitment to engage with Indigenous Ways of Knowing, Being and Doing in order to acknowledge the deliberate erasure and exclusion of

Indigenous knowledge systems. The same power that was employed to disenfranchise Indigenous Peoples can now be brought to bear on the education of the students we serve and those beyond the institution.

The U of A acknowledges that indigenization is an institutional journey that will likely take generations to address. Only intentional, conscientious, systemic changes can move the institution closer to these critical goals.

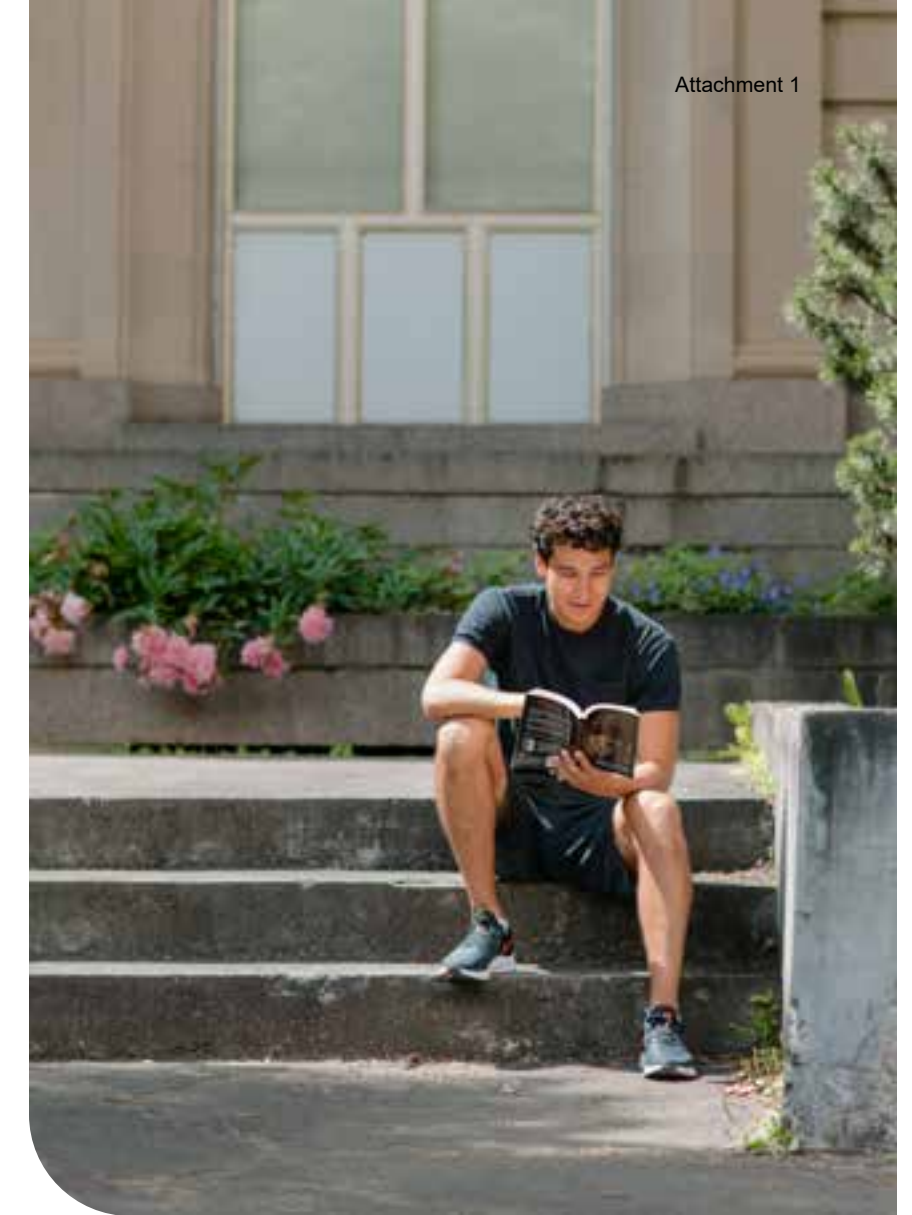
In the spirit of these understandings – and with an acknowledgment that the work to indigenize the institution touches on every academic, administrative and operational aspect of the university – we, as signatories, affirm our commitment as individuals, as educators, as researchers, as administrators and as leaders to act on Indigenous Initiatives within our units and across the institution.

We invite community members, learners and all those interested in participating in this change, to sign the affirmation.

“Through the Indigenous Strategic Plan, the University of Alberta now has a path forward with specific actions to improve the university experience for students and staff. Most significant is that this document will uphold the TRC Calls to Action and UNDRIP, including the International Decade for Indigenous Languages, which recognizes Indigenous Peoples' rights, language and culture.”

Pamela McCoy Jones

Executive Director, Supporting Indigenous Language Revitalization, Office of the Vice-Provost, Indigenous Programming and Research



“As the College of Health Sciences pursues our mandate of advancing the full spectrum of human health and wellness in individuals and communities, we are strongly committed to approaching this challenge through the lens of equity, diversity and inclusion. In particular, we must continue to strengthen our commitment to Indigenous initiatives and leadership as we do this important and necessary work. Contending with the painful Canadian legacy of colonialism must inform every decision we make as we advance systems changes in our teaching, learning and research. Indigenous leaders in the College of Health Sciences are guiding us in challenging past

academic approaches, building new ways of knowing, and underscoring the importance of health sciences as a powerful tool for change. There is much to do in our commitment to support Indigenous individuals and communities within our college and in the broader context of our reach, and much of that work will involve acknowledging the ways so many of our systems have fallen short. But the power of this transformation is and will continue to be profound and will build the foundation for a better and stronger collective future.”

Greta Cummings
Interim Dean,
College of Health Sciences



“The IGSA sees the inherent value in envisioning a future for the university where Indigenous knowledge, lands and people are partners in leading the U of A for tomorrow. The incorporation of so many teachings and languages in this living document sets a tone for the ongoing process of truth and reconciliation that is respectful of, and values, the diversity and beauty of our Nations, languages, people and cultures. We look forward to walking this new path together, as partners in this shared vision of success for Indigenous and settler communities alike.”

Indigenous Graduate Students' Association

Some of the photos have names listed and some do not; this respects the wish of the people in the photos.

The selected photos are a small representation of the diversity of the Indigenous people and initiatives at the University of Alberta. They do not capture all of the Indigenous spaces, initiatives or individuals.



“To have a strategic plan made by Indigenous people who have collaborated and worked tirelessly for the future generations of indigeneity at the University of Alberta is an enormous accomplishment. Less than 50 years ago, being an Indigenous student at the U of A was a rarity and yet here we are in 2022, with students who are stronger, driven with purpose and thriving. This Indigenous Strategic Plan will be the charter for the next seven generations of students and academia alike.”

Shannon Cornelsen

Vice-President, Consultation and Engagement,
Indigenous Students' Union

Endnotes

- 1 Truth and Reconciliation Commission of Canada, Honouring the Truth, Reconciling for the Future (PDF), 2015, Summary of the final report of the Truth and Reconciliation Commission of Canada, available at: https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Executive_Summary_English_Web.pdf [accessed 1 June 2022], p.1.
- 2 Truth and Reconciliation Commission of Canada, Honouring the Truth, Reconciling for the Future (PDF), 2015, Summary of the final report of the Truth and Reconciliation Commission of Canada, available at: https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Executive_Summary_English_Web.pdf [accessed 1 June 2022], p.8.
- 3 Truth and Reconciliation Commission of Canada, Honouring the Truth, Reconciling for the Future (PDF), 2015, Summary of the final report of the Truth and Reconciliation Commission of Canada, available at: https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Executive_Summary_English_Web.pdf [accessed 29 April, 2022], p.vi.
- 4 Assembly of First Nations, Dismantling the Doctrine of Discovery, January 2018, available at: <https://www.afn.ca/wp-content/uploads/2018/02/18-01-22-Dismantling-the-Docctrine-of-Discovery-EN.pdf>, [accessed 21 May, 2022].
- 5 For an explanation of terra nullius, please see Assembly of First Nations, Dismantling the Doctrine of Discovery, January 2018, available at: <https://www.afn.ca/wp-content/uploads/2018/02/18-01-22-Dismantling-the-Docctrine-of-Discovery-EN.pdf>, [accessed 21 May, 2022].
- 6 UN General Assembly, United Nations Declaration on the Rights of Indigenous Peoples : resolution/adopted by the General Assembly, 2 October 2007, A/RES/61/295, available at: <https://www.refworld.org/docid/471355a82.html> [accessed 29 April, 2022], p.3.
- 7 UN General Assembly, United Nations Declaration on the Rights of Indigenous Peoples : resolution/adopted by the General Assembly, 2 October 2007, A/RES/61/295, available at: <https://www.refworld.org/docid/471355a82.html> [accessed 29 April, 2022].
- 8 Library of Parliament, Legal and Social Affairs Division, Parliamentary Information and Research Service, Isabelle Brideau, Background Paper: The Duty to Consult Indigenous Peoples, Publication No. 2019-17-E, 12 June, 2019, available at: <https://www.rcaanc-cirnac.gc.ca/eng/1331832510888/1609421255810> [accessed 29 April 2022], p.1.
- 9 Truth and Reconciliation Commission of Canada, Honouring the Truth, Reconciling for the Future (PDF), 2015, Summary of the final report of the Truth and Reconciliation Commission of Canada, available at: https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Executive_Summary_English_Web.pdf [accessed 29 April 2022], p.8.
- 10 Gaudry, Adam, and Danielle Lorenz. 2018. "Indigenization as Inclusion, Reconciliation, and Decolonization: Navigating the Different Visions for Indigenizing the Canadian Academy." *AlterNative: An International Journal of Indigenous Peoples* 14 (3): 218–27. <https://doi.org/10.1177/1177180118785382>.

**Together,
we are leading
with purpose.**



**UNIVERSITY
OF ALBERTA**

**Office of the Vice-Provost,
Indigenous Programming and Research**

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**Governance Executive Summary
Action Item**

Agenda Title	Change of Status of Faculty of Extension
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Motion

<p>THAT the Board Learning, Research and Student Experience Committee, on the recommendation of General Faculties Council, recommend that the Board of Governors rescind the Faculty status from the Faculty of Extension, effective upon final approval.</p>

Item

Action Requested	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Recommendation
Proposed by	Dr. Steven Dew, Provost and Vice-President (Academic), Dr. Wendy Rodgers, Interim Dean, Faculty of Extension
Presenter(s)	Dr. Steven Dew, Provost and Vice-President (Academic), Dr. Wendy Rodgers, Interim Dean, Faculty of Extension

Details

Office of Administrative Responsibility	Provost and Vice-President (Academic)
The Purpose of the Proposal is (please be specific)	To approve the change in status of the Faculty of Extension that will facilitate creation of the administrative structure to support growth in continuing education.
Executive Summary (<i>outline the specific item – and remember your audience</i>)	<p>Continuing Education (ConEd) programs are important components of the University’s goals to be more inclusive and accessible to a greater diversity of learners as well as pedagogies and pedagogical modalities. Continuing Education represents increasingly relevant opportunities for learners at all stages of their careers and lives, as well as industry.</p> <p>With increased attention to expanding access points to the University by Faculties, learners, and stakeholder groups and increasing ConEd opportunities, there is a need for a coordinated, institution-spanning hub that supports the development, delivery, and engagement in ConEd.</p> <p>The hub model will restructure the current Continuing Professional Education (CPE) activities based on function in order to permit a scaling out of these activities, building on its long history at the University. The transition will involve moving the CPE activities from the current Faculty of Extension to the central hub. Therefore, the status of Faculty is no longer required.</p> <p>Some of the foundational questions that have shaped the planning process include:</p> <ul style="list-style-type: none"> • How can the University of Alberta design and offer the most relevant ConEd programs to the benefit of learners, Faculties, and where applicable, in response to needs in the labour market? • What can the University of Alberta learn from comparator institutions in regards to developing an institutional framework to effectively support and promote ConEd?



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	<ul style="list-style-type: none"> ● In light of broad Faculty interest in developing and offering ConEd, how can the current expertise and activities be scaled to meet those demands? ● How does SET and restructuring impact the Faculty of Extension? ● How can the University of Alberta leverage the existing expertise in the Faculty of Extension towards supporting CPE across the institution? Are there ways to merge this expertise into other administrative service units, such as CTL and the Registrar's Office? <p>Through consultations, as well as a review of effective practices at peer institutions, several major themes have emerged to inform our next steps:</p> <ul style="list-style-type: none"> ● Continuing education is an important interface with our broader community and supports lifelong engagement with the University; ● A more centralized model, where a shared continuing education unit supports the priorities and needs identified by Faculties, has benefits for leveraging expertise and business practices; ● Overall, the portfolio of continuing education offerings is better supported through a more consistent institutional brand and student experience; ● Standardization of administrative processes for continuing education can enable better enrolment data and reporting, more informed decision making about investments in new courses/programs, and more efficient administration; ● There are opportunities to pool expertise and administrative resources to support continuing education alongside online education, while recognizing these are distinct fields with distinct pedagogies; and ● In the absence of academic staff, research, and centres and institutes, ongoing Faculty status is not the most effective organizational model for Extension going forward, but its work and expertise form a strong basis for transitioning to a hub model. Centralizing these resources can make them available to the whole University and facilitate scaling up our continuing education activity. <p>The most recent round of consultation with committees included helpful discussion about how the new model will support the work of the Faculties, the important intersections between support for continuing education and support for online programming, the mechanisms through which the hub will engage with Faculties, the financial model for supporting continuing education going forward.</p>
Supplementary Notes / context	



Engagement and Routing (Include proposed plan)

<p>Consultation and Stakeholder Participation</p>	<p>President and Vice-Chancellor Dr. Maria Mayan, former Interim Dean, Faculty of Extension Deans' Council (DC) - Subvention Discussion (January 8, 2020) [Note - Faculty members and for-credit programs were transitioned out of the Faculty of Extension to other Faculties by July 1, 2020.] Provost's Advisory Committee of Deans (PACD) (January 6, 2021, April 7, 2021, September 1, 2021, December 1, 2021, February 2, 2022) Dean's Council (January 21, 2021, February 3, 2021, May 19, 2021, September 1, 2021) Provost's Advisory Committee of Chairs (April 20, 2021) GFC APC - Changes to Faculty of Extension (April 14, 2021) GFC APC - Changes to Faculty of Extension (May 5, 2021) GFC APC – Future of CPE at the University of Alberta (September 22, 2021) GFC APC - Upcoming changes to the Faculty of Extension's Status (April 13, 2022) Vice-Provosts' Council (VPC) GFC - Future of CPE (November 29, 2021) GFC - Upcoming changes to the Faculty of Extension's status (May 2, 2022) Board Learning, Research, and Student Experience Committee (BLRSEC) Board of Governors Quad Post: June 4, 2020 - Developing a new strategy for the Faculty of Extension Quad Post: July 2, 2020 - Message from the Provost - News on Extension</p> <p><u>Faculty of Extension Town Halls 2021/2022</u> July 16, 2021 August 11, 2021 August 27, 2021 October 22, 2021 November 12, 2021 December 8, 2021 February 4, 2022 March 24, 2022</p> <p><u>Extension Steering Committee Meetings</u> April 28, 2021 May 31, 2021 June 15, 2021 June 28, 2021 July 6, 2021 July 12, 2021 July 20, 2021</p>
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Approval Route (Including Meeting Dates)	Academic Planning Committee - May 18, 2022 General Faculties Council - June 6, 2022 Board Learning, Research, and Student Experience Committee - June 7, 2022 Board of Governors - June 17, 2022
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Strategic Alignment

Alignment with <i>For the Public Good</i>	Objective 10: Expand access to and engagement in the University of Alberta for learners engaging in continuing and professional education programs, experiences, and lifelong learning activities.	
Alignment with Core Risk Area	Please note below the specific institutional risk(s) this proposal is addressing.	
	<input type="checkbox"/> Enrolment Management <input checked="" type="checkbox"/> Faculty and Staff <input checked="" type="checkbox"/> Funding and Resource Management <input type="checkbox"/> IT Services, Software and Hardware <input checked="" type="checkbox"/> Leadership and Change <input type="checkbox"/> Physical Infrastructure	<input checked="" type="checkbox"/> Relationship with Stakeholders <input checked="" type="checkbox"/> Reputation <input type="checkbox"/> Research Enterprise <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Student Success
Legislative Compliance and jurisdiction	PSLA Section 28 GFC APC Terms of Reference GFC Terms of Reference BLRSEC Terms of Reference Board of Governors Terms of Reference	

Prepared by: Kathleen Brough, Chief of Staff, Office of the Provost and Vice-President (Academic)