



Glossary of terms

AFMC Joint Collaboration to Action	The Joint Commitment to Action on Indigenous Health Report provides a roadmap for concrete institutional change that will best enable Canadian medical schools concerning TRC Calls to Action and fulfill their social accountability mandates concerning Indigenous health.
Ceremony	Indigenous ceremonies seek to strengthen a person's connection to the physical and spiritual world , provide healing or clarity, mark significant life moments, or offer remembrance and gratitude. Each ceremony has a specific purpose and holds an important place in Native history.
OCAP	The First Nations' principles of ownership, control, access, and possession – more commonly known as OCAP® – assert that First Nations have control over data collection processes and that they own and control how this information can be used.
Indigenous	In Canada, the term Indigenous peoples (or Aboriginal peoples) refers to First Nations, Métis Inuit, and Urban Indigenous Peoples . These are the original inhabitants of the land that is now Canada.
Land-based education	Land-based education is the passing on of knowledge from family, Elders, and knowledge keepers . It means living in harmony with the environment, respecting animals, and taking only what you need.
MMIWG2S+ 231 Calls to Justice	Murdered and Missing Indigenous Women Girls and Two-Spirited People+ Calls for Justice are aimed at ending genocide, tackling root causes of violence, and improving the quality of life of Indigenous women, girls, and 2SLGBTQIA people as a way forward.
Traditional Knowledge	For Indigenous Peoples traditional knowledge sees “all my relations” including all species and the earth; which maintains sustainable, respectful, and sacred connections to the land.



Tribal Council Ventures
Incorporated

Tribal Chiefs Ventures Inc. is federally incorporated as a not-for-profit organization and is a federally recognized Tribal Council representing Beaver Lake Cree Nation, Cold Lake First Nations, Frog Lake First Nations, Heart Lake First Nation, Kehewin Cree Nation, and Whitefish Lake First Nation No. 128.

TRC Calls to Action

The TRC calls to action **address the ongoing impact of residential schools on survivors and their families**. They also provide a path for Indigenous and non-Indigenous communities in Canada to create a joint vision of reconciliation.

UNDRIP

UNDRIP is important because it **establishes a universal framework of minimum standards for the survival, dignity, and well-being of the Indigenous Peoples**. It elaborates on existing human rights standards and fundamental freedoms as they apply to Indigenous Peoples

Urban Indigenous

Refers to **First Nation, Métis, and Inuit people living in cities, towns, and rural areas in Ontario**, and recognizes the diversity between and within Indigenous communities.

Wâpanacahkos

Wâpanacahkos is the Cree term for “the morning star”. Wâpanacahkos is the **brightest star at dawn and is the brightest object in the sky after the sun** (âpihtawikosisân) and the moon (tipiskâw pîsim).

Preamble

The Indigenous Health Program of the Faculty of Medicine & Dentistry is committed to

- Strengthening the bonds between Indigenous Peoples and cooperation among their nations.
- Contributing to the harmonious development of new approaches of collaboration with Indigenous communities to increase opportunities for decision making and involvement in health.
- Building on Indigenous rights and the right to self-determination among Indigenous individuals and communities.
- Supporting the Faculty in reaching its goals concerning the Truth and Reconciliation Calls to Action.
- Working together with the Faculty and its partners to meet its obligations defined by the Association of Faculties of Medicine of Canada Joint Commitment to Action.
- Promoting culturally safe education, policies, procedures, and practices toward safe learning environments that welcome Indigenous faculty members, staff, students, and members of Indigenous communities.

1. Vision and Mission

1.1. **Vision**

Offer leading Indigenous health education while cultivating and advancing Indigenous achievement.

1.2. **Mission**

Collaborate with Indigenous nations and communities to create innovative opportunities for Indigenous medical and dental scholarship, research, and knowledge development within Alberta, Northern Canada, and throughout the world.

2. Core Values

- 2.1. **Indigenous heritage** involves complete sets of knowledge systems, which contain unique values that draw upon rationality and relativity.
- 2.2. **Indigenous knowledge** stems from a spiritual connection to medicines, plants, animals, land, sky, water, and ecological matter that is linked to creation itself.
- 2.3. Indigenous peoples have the right to **self-determination**. Indigenous Peoples freely determine their political status and economic, social, and cultural development as these pertain to them.
- 2.4. **Treaties** and **land agreements** provide frameworks for ongoing cooperation and partnerships and are foundational to First Nations, Metis, and Inuit sovereignty and sharing of the land.

3. Guiding Principles

- 3.1. **Respect:** Caring for others and being open by having a good spirit.
- 3.2. **Relationship:** Understanding and respecting relationships with the environment, animals, the spiritual realm, and one another.
- 3.3. **Reciprocity:** Cultivation of reciprocity between human and environmental ecosystems.
- 3.4. **Renewal:** Examining epistemologies and knowledges to restore the balance between people and nature as a reality that has existed prior to contact.
- 3.5. Guiding principles are symbolic of international and national conventions and legal instruments:
 - 3.5.1. United Nations Declaration on the Rights of Indigenous Peoples.



- 3.5.2. Truth and Reconciliation Commission of Canada Calls to Action.
- 3.5.3. Murdered and Missing Indigenous Women Girls and Two-Spirited People 231 Calls to Justice.
- 3.5.4. Association of Faculties of Medicine of Canada Joint Collaboration to Action.

4. Branding

Wâpanacahkos is the selected Cree term to identify the Indigenous Health Program going forward. Some socialization of wâpanacahkos has occurred internally and will roll out more broadly within the faculty, university community, and Indigenous partners once a branding strategy is in place, including an insignia design that is in keeping with the branded imagery guidelines.

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Wâpanacahkos is a term that came to Mosom Patrick (Rick) Lightning during a ceremonial event in Maskwacis, Alberta, in 2020. Mosom Rick felt the definition of wâpanacahkos, which translates to ‘the morning star,’ was a suitable identifier for the Indigenous Health Program because of its significance to youth, renewal, and its omnipresence. Wâpanacahkos symbolizes renewal and, to some people, ‘the beginning,’ particularly its significance to Indigenous children and youth.

Another aspect of having a branded insignia like wâpanacahkos is that it provides a unique identifier for Indigenous students within the Faculty of Medicine & Dentistry that honors their presence and belonging as contributors in the domains of the health and dental sciences. Secondly, the wâpanacahkos insignia identifies the program to university partners and Indigenous communities while offering a branded experience that is rooted in ceremony, language, and sacred belief systems.

The Office of the Dean and wâpanacahkos program will work with an Indigenous artist from Alberta to select an insignia design that will best represent the vision and mission of the program.

5. Program Objectives

- 5.1. Partner with Indigenous communities in the achievement of community-based training healthcare models, culturally safe healthcare, decolonized health education, and the increased enrollment of Indigenous students in FoMD programs.
- 5.2. Accelerate the self-determination of Indigenous Peoples throughout the health sciences through partnerships and innovative programming within FoMD, the University, and University Network.
- 5.3. Ensure inclusion of Indigenous traditional knowledge and ways of knowing are incorporated into all aspects of programming (education, research, community partnerships).
- 5.4. Undertake and support relevant Indigenous-focused research in inter- and transdisciplinary approaches that use Indigenous methodologies to investigate issues.
- 5.5. Establish FoMD as a world-class leader in Indigenous health.



6. Program Strategies

- 6.1. Improve, support, and positively retain Indigenous students within FoMD undergraduate and graduate programs through psychologically safe mentorship based on Indigenous knowledge, values, and mutual respect.
- 6.2. Build meaningful and trusting partnerships based on shared vision and goals.
- 6.3. Design medical education grounded in First Nation, Inuit, and Metis epistemologies and pedagogy.
- 6.4. Develop and implement a First Nations, Inuit, and Metis health research engagement protocol that upholds Indigenous sovereignty, traditional knowledge, OCAP principles, and ceremony as key components.
- 6.5. Integrate processes with UA Central Administration to develop and maintain Indigenous community, academic, and government partnerships.
- 6.6. Identify the minimum need-to-know level of Indigenous health training required for undergraduate medical and dental health sciences application in clinical settings.
- 6.7. Use the established minimum need to know Indigenous health knowledge in post-graduate medical education and professional development training.
- 6.8. Develop and implement an Indigenous health-based residency model that can be applied across participating medical programs.
- 6.9. Develop and participate in a Western Canadian Indigenous health sciences knowledge exchange and mentorship network.
- 6.10. Collaborate with and value the viewpoints of Indigenous health professionals and healers in the provision of educational programming.

7. Core Program Components

- 7.1. **Recruitment & Retention:** Collaborate with First Nation, Métis, Inuit, and Urban Indigenous networks to recruit and retain Indigenous students in the medical and dental sciences.
- 7.2. **Education:** Develop and integrate community-led Indigenous health curricula within FoMD educational programs.
- 7.3. **Community Partnerships:** Establish multi-level partnerships to develop and implement strategies to advance Indigenous enrollment, appropriate curricular content, and increased awareness of Traditional Knowledge.
- 7.4. **Research:** Lead Indigenous health educational research and knowledge mobilization.

8. Program Tasks

8.1. Recruitment & Retention

- 8.1.1. Evaluate and redesign medical admissions processes to ensure a higher level of community participation, cultural safety, anti-Indigenous racism, and traditional practices are part of the experience for Indigenous and non-Indigenous applicants.
- 8.1.2. Evaluate and redesign an Indigenous medical student mentorship program that is culturally grounded and includes a professional and clinical support network. This mentorship is to be offered in person and virtually.
- 8.1.3. Collaborate with First Nation, Metis, and Inuit community networks (Indigenous health directors, Tribal Councils, First Nations, and Indigenous community-based organizations) to recruit and mentor k-12 students.
- 8.1.4. Develop a northern and remote-specific outreach program that is tailored to the local, cultural, and geographic needs of partners and students.



8.2. Education

- 8.2.1. Develop an online module for the provision of Indigenous cultural safety for use at the UME and PGME levels.
- 8.2.2. Design a pilot clerkship model tool kit for Wâpanacahkos staff to support urban and rural clinical teaching sites with FoMD Faculty and Indigenous partnership (i.e, TCVI, Enoch).
- 8.2.3. Develop an Elder online mentorship program for Elders, students, and residents.
- 8.2.4. Partner with FoMD programs to develop certificate programs based on Indigenous health (theoretical or applied).
- 8.2.5. Partner with AHS for the alignment of learning resources for post-graduate medical education.

8.3. Community Development

- 8.3.1. Work with UA Central Administration on multi-level partnership agreements related to Indigenous health education and community wellness.
- 8.3.2. Work with Indigenous community partners to establish and maintain an Advisory Council within the 2022-23 year.
- 8.3.3. Develop partnership agreements that are culturally relevant to First Nation, Inuit, and Metis communities and inclusive of Indigenous reference points and ways of knowing.
- 8.3.4. Build an Indigenous community network of healthcare providers, scholars, researchers, leaders, and education stakeholders.

8.4. Research

- 8.4.1. Play a key role in the Prairie Inclusive Knowledge Exchange Network for the development of mentorship programs and reciprocal collaboration among Western Canadian Universities.
- 8.4.2. Engage Indigenous communities in the development of an Indigenous health research protocol framework and produce a report for research stakeholders.
- 8.4.3. Contribute toward Indigenous health research at UA on studies with academic partners.
- 8.4.4. Conduct knowledge translation for research undertaken that is applicable to a medical education context.

9. Outcomes and Deliverables

9.1. Community input into program activities

- 9.1.1. Up to 6 MoRU agreements with First Nation, Metis, and Inuit organizations.
- 9.1.2. Up to 6 Indigenous rural and remote community clerkship programs.
- 9.1.3. A completed pilot of First Nation secondary school mentorship program.
- 9.1.4. A completed pilot of a post-secondary school mentorship program.
- 9.1.5. A new applicant mentorship program phase 1, phase 2.
- 9.1.6. An up-to-date admission application and selection process endorsed by Indigenous Elders and partners.
- 9.1.7. New curriculum plan phase 1, phase 2 inclusive of Indigenous advisory council approval.
- 9.1.8. Up to 4 examples of Indigenous community inclusion within FoMD.



9.2. Demonstrated support of Indigenous self-determination

- 9.2.1. Provide up to 3 teaching opportunities for Indigenous PhD students or PGME students.
- 9.2.2. Wâpanacahkos staff members each participate in meaningful engagement on a minimum of 5 FoMD committees.
- 9.2.3. Incorporate up to 7 traditional teachings of First Nation, Metis, and Inuit knowledge keepers and Elders from Alberta and beyond.
- 9.2.4. Faculty development training plan completed.
- 9.2.5. Faculty development training program implemented.
- 9.2.6. Indigenous medical student mentorship plan developed.
- 9.2.7. Indigenous medical student mentorship plan implemented.
- 9.2.8. Up to 5 significant examples of Indigenous community input, including expert input and feedback related to pedagogy.
- 9.2.9. Up to 5 significant examples of Indigenous community input, including expert input and feedback related.
- 9.2.10. Demonstrated completion rate of 80% of AFMC Commitment to Action.

9.3. Demonstrated inclusion of Indigenous ways of knowing within UME and PGME

- 9.3.1. Up to 2 significant research and education projects were done in partnership with AHS.
- 9.3.2. Develop an Indigenous research engagement framework in consultation with Indigenous scholars.
- 9.3.3. Demonstrate the approaches used.
- 9.3.4. Work with community members on an approach to clinical assessment methods.
- 9.3.5. Illustration of how work that is conducted demonstrates Indigenous methods in processes and outcomes.
- 9.3.6. Education module on how Indigenous approaches are being used in clinical contexts.

9.4. Demonstrated inclusion of Indigenous ways of knowing within UME and PGME

- 9.4.1. Module developed that specifically includes in-depth traditional medicine and its integration within clinical settings.
- 9.4.2. Traditional knowledge applied to admission processes.
- 9.4.3. Clear and meaningful program data phase 1, phase 2.
- 9.4.4. PGME traditional knowledge inclusion.
- 9.4.5. Elders and knowledge keeper module developed with IMDSA.
- 9.4.6. Up to 2 significant research and education projects were done in partnership with AHS.

9.5. Indicators of Excellence

- 9.5.1. The new website is fully integrated with Indigenous medical school prep and current student resources and networks.
- 9.5.2. Established advisory council.
- 9.5.3. Up to \$500,000 of external support.
- 9.5.4. Clear and meaningful program data phase 1, phase 2.
- 9.5.5. The Dean's grand rounds on Indigenous health and speaker series branded and socialized as such.
- 9.5.6. Up to 6 provincial, federal, or international board and committee seats.



- 9.5.7. Up to 6 Academic articles that reference Wâpanacahkos.
- 9.5.8. Up to 20 new and unique media articles.
- 9.5.9. Minimum of B+ TRC Report Card 2021-2024.
- 9.5.10. Inroads in the international circumpolar region made.

10. Performance Management & Evaluation

- 10.1.1. Develop a performance management plan that reviews system change outcomes, including the list as follows.
- 10.1.2. Prioritization and contribution toward policies and guidelines (i.e., anti-racism, research).
- 10.1.3. Adoption of wise practices that support positive change.
- 10.1.4. Ensure social accountability with the program and projects completed with partner organizations.
- 10.1.5. Establish a key performance indicator framework and dashboard to track quarterly at the executive level and maintain the data longitudinally.
- 10.1.6. Evaluation of continuous improvement based on how FoMD and community partners are responding to key objectives.
- 10.1.7. PME to be discussed by Indigenous Advisory Council for input and endorsement.
- 10.1.8. Other Administrative Activities include the list as follows.
- 10.1.9. Establishing a performance management plan for reporting of key metrics at the executive, advisory council, and partner levels.
- 10.1.10. Strategic consultation with VP Indigenous Programming & Research to collaborate, leverage, and partner for the benefit of the program, faculty, and greater University.
- 10.1.11. Working with a FoMD leadership and finance partnership to grow a program that is both financially accountable and sustainable.
- 10.1.12. Partner with advancement initiatives in the development of substantial funding that is flexible to maximize programmatic opportunities while minimizing administrative management.

11. Program Governance

- 11.1. Wâpanacahkos will ensure alignment to Indigenous values and priorities through two Elders-in-Residence and an Advisory Council.
- 11.2. Elders-in-Residence to provide advice and support to faculty, staff, and students.
- 11.3. Council will be co-chaired by the Executive Director, Wâpanacahkos, and appointed member of the Council. Council will consist of key experts in Indigenous health.
- 11.4. Terms of reference will be drafted as the first aspect of business once the Council is established.
- 11.5. Administrative support for the Council will be provided by the Dean's Office.
- 11.6. Council outcomes to be reported at FoMD Executive Council.

