

# **EXPERT PANEL ON INDIGENOUS RELATIONS**

## FINAL REPORT

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Through a vision imparted upon Elder Langford Ogemah, he gave to the School as he was directed, **Gaa-taa-gwii** (meaning “to join, to help”). The two eagle feathers symbolize the separate and unique physical locations of NOSM’s two host university locations - Lakehead University and Laurentian University. The red cedar base represents Mother Earth, who eloquently joins everything and everybody together. The black, red, yellow, and white ribbon signifies many races of human kind, who are part of NOSM as learners, staff, faculty, and the various advisory groups. Lastly, the four colours represent the four directions and overall, the symbolism of all of the parts represents interconnectedness regardless of physical location.

# Contents

|  |           |
|--|-----------|
| <b>Executive Summary</b> .....                             | <b>5</b>  |
| <b>Recommendations</b> .....                               | <b>8</b>  |
| <b>Introduction</b> .....                                  | <b>14</b> |
| <b>Context of NOSM</b> .....                               | <b>15</b> |
| <b>Expert Panel Review</b> .....                           | <b>17</b> |
| Background.....  | 17        |
| Purpose / Objectives of the Expert Panel.....              | 18        |
| <b>Methods / Scope</b> .....                               | <b>18</b> |
| <b>Principles of Engagement</b> .....                      | <b>20</b> |
| <b>Key Themes &amp; Recommendations</b> .....              | <b>21</b> |
| <b>Indigenous Learner Experience</b> .....                 | <b>21</b> |
| Wise Practices .....                                       | 21        |
| Recommendations.....                                       | 22        |
| <b>Indigenous Health Curriculum</b> .....                  | <b>23</b> |
| Wise Practices.....  | 24        |
| <b>Recommendations</b> .....                               | <b>25</b> |
| <b>Indigenous and Non-Indigenous Faculty at NOSM</b> ..... | <b>26</b> |
| Wise Practices .....                                       | 26        |
| Recommendations.....                                       | 27        |
| <b>Indigenous Affairs Unit</b> .....                       | <b>29</b> |
| Wise Practices .....                                       | 30        |
| Recommendations.....                                       | 30        |
| <b>Human Resources</b> .....                               | <b>31</b> |
| Wise Practices .....                                       | 31        |
| Recommendations.....                                       | 32        |
| <b>Indigenous Reference Group</b> .....                    | <b>33</b> |
| Wise Practices .....                                       | 34        |
| Recommendations.....                                       | 36        |
| <b>Involvement of Elders</b> .....                         | <b>36</b> |
| Wise Practices .....                                       | 37        |
| Recommendations.....                                       | 37        |

|  |           |
|--|-----------|
| <b>Indigenous Community Engagement and Participation .....</b> | <b>38</b> |
| Wise Practices .....   | 39        |
| Recommendations.....   | 40        |
| <b>Communication.....</b>                                      | <b>41</b> |
| Wise Practices .....   | 41        |
| Recommendations.....   | 42        |
| <b>Indigenous Cultural Safety .....</b>                        | <b>43</b> |
| Wise Practices .....   | 43        |
| Recommendations.....   | 44        |
| <b>Conclusion.....</b>   | <b>45</b> |
| <b>Appendix A .....</b>  | <b>46</b> |
| Expert Panel Members.....                                      | 46        |
| <b>Appendix B.....</b>   | <b>47</b> |
| Documents Reviewed by Expert Panel .....                       | 47        |
| Reports .....  | 47        |
| Other Material .....   | 47        |
| Journal Articles .....   | 48        |
| <b>Appendix C.....</b>   | <b>50</b> |
| Interview Guide.....   | 50        |
| <b>Appendix D .....</b>  | <b>52</b> |
| A Ladder of Citizen Participation (Arnstein, 1969) .....       | 52        |
| <b>Appendix E .....</b>  | <b>53</b> |
| Expert Panel Review Survey .....                               | 53        |

# Executive Summary

The Northern Ontario School of Medicine (NOSM) was established by the Government of Ontario with a social accountability mandate to increase the supply of physicians in Northern Ontario, while enhancing access to care and improving the health and well-being of the people in Northern Ontario including the health of Indigenous Peoples. Its unique structure as a joint initiative between two universities, Lakehead University in Thunder Bay and Laurentian University in Sudbury, in conjunction with both the diverse populations and vast distances between communities that it serves, has provided a novel environment into which learners are immersed for experiential health professions learning opportunities embedded within an understanding of social accountability. The experience at NOSM has been contingent upon building relationships with local Indigenous Peoples founded upon trust and respect, which necessitates addressing tensions and concerns that can strain those relations.

Over the years, dating back to when NOSM was being conceptualized, the local communities and population were brought together several times with those from the healthcare system and academic system to envision a new medical school to serve the region. Reports from each of those gatherings and the recommendations they provided have shaped the evolution of NOSM to be more reflective of the communities and population they serve. Similarly, in the broader Canadian context, there have been efforts to explore the various impacts that have been experienced by Indigenous populations, most recently through the Truth and Reconciliation Commission (TRC) of Canada. The Calls to Action outlined by the TRC were intended to recognize the cumulative impact of governmental policies on the Indigenous peoples of Canada but to also revitalize the relationship between Indigenous peoples and Canadian society.

The overarching goal of this review has been to build on NOSM's strengths as a medical school founded on principles of social accountability and community engagement, and to ensure that strategies, processes and structures are developed to deepen the relationships between NOSM and Indigenous Peoples upon a strong foundation of trust and respect. This includes addressing experiences of systemic racism, such that the roles, responsibilities and actions undertaken by all, aim to strengthen relations while supporting improvements to Indigenous health across Northern Ontario.

The Expert Panel collected and analysed information through document analysis, interviews, and a survey. Several key themes emerged as areas of focus for the development of recommendations that could assist NOSM as it moves forward. The key themes are:

1. **Indigenous Learner Experience:** a mix of positive and negative experiences from the time of application for admission through peer group interactions were reported, and present an opportunity to strengthen cultural safety and improve Indigenous learner experience.
2. **Indigenous Health Curriculum:** key needs identified were for Indigenous faculty to lead the development and implementation of the Indigenous health curriculum and the spiralling of content throughout both undergraduate and postgraduate programs.
3. **Indigenous and Non-Indigenous Faculty:** although there has been a recent hire of a full-time Indigenous faculty member, there is a need to develop a critical mass to lead all aspects of Indigenous health work as well as cultural safety and anti-racism training for all faculty.
4. **Indigenous Affairs Unit:** role clarity for the IAU, strengthening the integration of the IAU into the NOSM community, and leadership at both the Laurentian and Lakehead offices emerged as key needs.
5. **Human Resources:** in addition to recruiting more Indigenous faculty, the broader context of the union environment emerged as a potential challenge to recruiting Indigenous people across the NOSM organization.
6. **Indigenous Reference Group:** the structure of the IRG has limited its effectiveness in creating structural or institutional change that would support recommendations from the community. This has impacted the relationship between NOSM and the IRG.
7. **Involvement of Elders:** elder involvement started out strong particularly with respect to curriculum development but this has waned over time; in governance and leadership multiple people were unsure of the transition from an Elders Council into part of the IRG.

8. **Indigenous Community Engagement and Participation:** community partnership gatherings were well received however communication between gatherings is a concern. Governance participation was felt to be weakened when the changes to the board from representation to skills-based was made.
9. **Communication:** both communication within NOSM between different departments/ units as well as communication between NOSM and the communities it serves can be strengthened. Increasing skills for conflict resolution and negotiation is an important strategy for strengthening communication.
10. **Indigenous Cultural Safety:** concerns about cultural safety ranged from individual experiences of unsafe comments and behavior by learners and staff, to the devaluing of Indigenous knowledge; a specific parallel concern was that the admissions process does not adequately assess individual commitment to NOSM's stated values and mandate.

This report includes 44 recommendations that we hope will contribute to the strengthening of trust and respect between NOSM and Indigenous Peoples in order for the medical school to fulfill its social accountability mandate and create a healthier North while also serving as an example of reconciliation between non-Indigenous and Indigenous people in Canada.

# Recommendations

1. In addition to the strong support provided by the IAU, develop a broader community of support for Indigenous learners that strengthens ties with Indigenous student groups on the campus of the partner universities, Lakehead University and Laurentian University.
2. Organize formal mentorship of Indigenous medical students by Indigenous faculty and residents. Ensure that the mentors and mentees are supported through appropriate resources and faculty / professional development to maximize the impact of the mentorship.
3. Ensure that all people who participate on the Admissions Committee and in the Admissions process complete Indigenous Cultural Safety training.
4. Create a designated Indigenous Admissions Advisor position to (a) assist IAU with recruitment; (b) provide support for Indigenous applicants.
5. If necessary, amend the Terms of Reference to include Indigenous faculty member representation in addition to the Indigenous Admissions Advisor. This will support the NOSM Admissions team to ensure a fair and safe admissions process, including the development and use of selection tools that assess for attitudes and behaviours related to Indigenous peoples in all applicants.
6. Clarify the roles and responsibilities of IAU and Learner Affairs for academic and other support to Indigenous students during medical school related to both informal help and formal remediation.
7. The development and implementation of a longitudinal spiral Indigenous health curriculum should be led by Indigenous faculty and staff with appropriate resources.
8. Implement a longitudinal spiral curriculum, including program evaluations and student assessments, throughout the four years of medical school that build on the current teaching in CBM 106. Current gaps in the undergraduate medical education (UME) curriculum to be addressed include Indigenous perspectives of historical and contemporary relationships, concepts of power and privilege and how they are embedded at all levels of the system, and conflict resolution.



9. Integrate the core requirements for Indigenous health into the formal curriculum, resident assessment system and program evaluation of all residency programs at NOSM as outlined by the College of Family Physicians of Canada (CFPC) and Royal College of Physicians and Surgeons of Canada (RCPSC) through the identification of key competencies that build upon the roles within the CanMEDS Framework.
10. Ensure both Indigenous and non-Indigenous facilitators who lead sessions in the Indigenous health course are adequately and appropriately trained in anti-racist / anti-colonial pedagogical approaches and have sufficient support to create a safe learning environment for debriefing especially following difficult sessions.
11. For CBM 106, there is a need to outline processes for urgent issues related to student wellbeing or lapses in professionalism during the placements with respect to: (a) communication with communities; and (b) communication, roles and responsibilities of NOSM stakeholders (IAU, Academic Affairs, course leadership). Furthermore, medical school applicants should acknowledge and commit to meaningful and respectful participation in CBM 106 as a requirement for admission to NOSM.
12. Strong consideration should be given to the development of an Academic Unit focused on Indigenous Health in which Indigenous faculty can be supported to have meaningful involvement in admissions, student progress, UME and PGME curriculum, and Indigenous student affairs. It would be reasonable to merge this with the existing IAU.
13. NOSM should support the development and implementation of a formal network for Indigenous faculty through the new Academic Unit or the existing IAU. Activities might include a digital forum, newsletter, annual retreats, and protected time to attend national events such as the Indigenous Physicians Association of Canada (IPAC) Annual General Meeting or other activities. The structure and activities of this network could be determined at an outreach event for Indigenous faculty where they have an opportunity to share their experiences and determine future needs.
14. An Indigenous Health Workforce Development Plan should be developed and implemented. This should include a formal assessment of the needs for Indigenous faculty members and staff to lead all aspects of Indigenous Health work across NOSM. This includes for example: Indigenous faculty members to lead the review and further develop the UME Indigenous Health Course, strengthen presence of Indigenous health teaching in the core common curriculum and in specific residency program curricula, provide program leadership to the Northern

First Nations Residency Program, provide senior administrative leadership in Indigenous health at Executive Group (EG), participate on key decision-making committees, and provide programmatic leadership to IAU including student support and mentorship.

15. Consider a process to formalize Faculty Appointments for Elders.
16. Continuing professional development (CPD) in Indigenous health for all clinical and non-clinical faculty members must be made mandatory. Additionally, NOAMA and the Associate Deans should work with Indigenous educators and other stakeholders to develop mandatory academic deliverables related to Indigenous Health for the Local Education Groups. This requirement can be embedded within the CPD accreditation process for NOSM approved programs and activities.
17. There is a need to engage the academic health science centers, hospitals, and other clinical institutions / spaces that are associated with NOSM to ensure that they are culturally safe and supportive clinical learning environments for all learners, faculty members and staff. This will require the engagement of senior leadership at these facilities and institutions to recognize their important role in shaping the cultural environment into which all NOSM learners, faculty members and staff are immersed.
18. Whether NOSM moves forward with a merged Academic Unit with IAU or not, consideration should be given to having a Director for the IAU at each site. The Directors should be in weekly communication to ensure there is a unified vision and approach and equitable treatment of staff on each campus.
19. Once NOSM has created a larger strategic plan related to Indigenous affairs, the IAU Directors should work with their staff to establish clear and measurable work plans that include performance objectives. These should be reviewed by the IAU Directors during regularly scheduled monthly staff meetings.
20. There must be regular monthly staff meetings with the IAU where everyone is included. The sites must rotate in an equitable manner as to who will video conference in. Further it is recommended that at least one face to face IAU meeting, alternating between the Lakehead and Laurentian offices, occur every six months in order to strengthen the relationships and build a more cohesive team.

21. Supportive human resources policies and processes will be a critical part of the Indigenous Health Workforce Development Plan. Strong consideration should be given to policies which require specific recruitment of Indigenous peoples for job opportunities at NOSM including setting a minimum number of Indigenous peoples who should be interviewed for any given position. It will be important to engage the unions in this planning.
22. In order to support efforts at improving the cultural safety of the work and learning environments, hiring processes should include assessment of cultural safety and anti-racism for all faculty and staff positions.
23. Any search committee for a leadership role, research chair, Faculty position or staff position should comprise at least two Indigenous people. Additionally, all members of the search committee should participate in implicit bias training. In an effort to build Indigenous involvement in both Indigenous and non-Indigenous portfolios, this approach should apply to all hiring.
24. The IRG as it is currently constituted should be dissolved with the functions of the IRG distributed, with governance responsibilities embedded within the Board of Directors, while academic responsibilities are embedded within the Academic Leadership within NOSM. This dissolution should not occur until the new Indigenous governance structures are in place.
25. At the Board of Directors level, strong consideration should be given to further recruitment of more Indigenous Board members as well as the development of an Indigenous Affairs Sub-Committee of the Board. This subcommittee would be chaired by an Indigenous Board Member, include other Indigenous and non-Indigenous Board members as well as Indigenous faculty and students, respecting a balance between the East and West regions of Northern Ontario.
26. The Indigenous Affairs Sub-Committee would be responsible for monitoring clear metrics of NOSM's social accountability mandate with respect to Indigenous peoples, reporting on same to the Board, and holding the Dean / CEO accountable for progress.
27. Academic Leadership within NOSM should include a Dean's level senior administrative position, such as an Associate Dean, focused exclusively on Indigenous Academic Affairs and Community Engagement. This should be supported by strong Indigenous faculty engagement on Academic Council, and programmatic leadership of IAU or a new Indigenous Health Academic Unit (see recommendation 12) by Indigenous faculty.

28. The involvement of Elders in NOSM should be representative of the diverse First Nations and Métis communities that are served.
29. A minimum of two Elders could be integrated both into the Board of Directors and the Indigenous Affairs Sub-Committee of the Board.
30. Consideration should be given to establishing an Elders/ Knowledge Keepers Circle to support the IAU/ new Indigenous Health Academic Unit. The function of this Circle could include ceremonial/spiritual/cultural support to Indigenous faculty, staff and students when needed; providing vision, guidance and direction; and support continued cultural and community connection for Indigenous people in what is often challenging academic environments.
31. A Distinctions-Based Approach to community engagement, as well as Board representation and recruitment at all levels should be implemented.
32. Given the current context, resources should be identified to allow NOSM to have more of a visible presence in the Indigenous communities it serves, with opportunities for Senior Administration, the Board, faculty and staff to visit and engage local leaders.
33. Strong consideration should be given to the development and implementation of a re-engagement plan with a view to redefining the social accountability mandate and setting clear metrics of progress that are mutually agreeable and would chart the path towards the desired partnership.
34. Bilateral negotiations with key Indigenous stakeholders around appropriate relationships, governance and accountability mechanisms including the Board changes proposed above should occur. Changes to the Board structure should not happen unilaterally.
35. Role clarity for Indigenous faculty members in governance and/or academic leadership is required as well as their relationships to the IAU.
36. Relationships have deteriorated to the point where professional assistance in mediation and conflict resolution will likely be necessary for those who continue to have roles at NOSM. It will be imperative that the mediator have experience in cross-cultural contexts, a high degree of knowledge and experience facilitating dialogues around race and culture, and be mutually agreeable to all parties involved.

37. Consideration could be given to establishing a Faculty Code of Conduct and/or Professionalism policy that is clear and to which people are held equally accountable.
38. Executive Group and the Senior Administration need to be visible role models of the expected behaviour and also should participate in conflict resolution and negotiation professional development to increase their ability and confidence in addressing conflict. This should be a highly prioritized skill base for the incoming Dean/CEO.
39. Mentorship and executive / leadership coaching should be made available to all Indigenous faculty members with a particular focus on those in any leadership role.
40. There should be a clear cultural safety/anti-racism policy that applies to learners, faculty members and staff, and a clear process for reporting breaches of the policy.
41. While protecting anonymity, it is important that public reporting of the number of complaints each time period, investigations in process and completed, and outcomes (e.g. remediation, meeting with dean/ department head, letter in file, removal from teaching duties) occurs. This may serve to increase confidence in reporting but also sends a clear message about the unacceptability of culturally unsafe or racist behavior.
42. The team that receives and investigates complaints should have Indigenous representation and specific training in cultural safety and anti-racism.
43. Cultural safety and anti-racism training should be mandatory for all faculty members, staff, residents and medical students. Training should be progressive and should strengthen the ability of faculty members to work appropriately with Indigenous students. There should be consideration for the inclusion of assessment of cultural safety and anti-racism on clinical evaluations of learners as well as on annual performance reviews and reappointments for faculty.
44. In addition to developing relationships / partnerships with LEGs and other distributed clinical learning sites for the purposes of strengthening the Indigenous health curriculum and social accountability mandate, this is important in order to strengthen the ability to respond to concerns about cultural safety and racism in the distributed learning environments.

# Introduction

This report is based on an analysis conducted by an expert panel of four external faculty members who were commissioned to examine the relations, structures and policies that exist between the Northern Ontario School of Medicine (NOSM) and Indigenous Peoples. This includes the Indigenous Reference Group (IRG) including members of the Elders Council, Indigenous Affairs Unit (IAU), Indigenous learners, Indigenous faculty members and staff, and Indigenous communities and organizations. Through this process, the overarching goal is to build on NOSM's strengths as a medical school founded on principles of social accountability and community engagement, and to ensure that strategies, processes and structures are developed to deepen the relationships between NOSM and Indigenous Peoples upon a strong foundation of trust and respect. This includes addressing experiences of systemic racism, such that the roles, responsibilities and actions undertaken by all, aim to strengthen relations while supporting improvements to Indigenous health across Northern Ontario.

The first section of the report provides a general of context of NOSM followed by the background of the current situation that led to the establishment of an expert panel. The second section outlines the methods and scope of the expert panel including the principles of engagement. The third section provides a thematic analysis of the data collected from key documents, interviews with key stakeholders and organizations, and the results of a survey. Each theme is followed by a discussion of wise practices and recommendations for future directions.

# Context of NOSM

The Northern Ontario School of Medicine (NOSM) was established by the Government of Ontario with a social accountability mandate to increase the supply of physicians in Northern Ontario, while enhancing access to care and improving the health and well-being of the people in Northern Ontario. According to its website, NOSM was born of a grassroots movement by people from Northern Ontario who identified a need for health professionals. The medical school is unique in Canada in that it is a joint initiative between two universities, Lakehead University in Thunder Bay and Laurentian University in Sudbury. Additionally, the distributed model of medical education provides training for medical learners in more than 90 communities spanning across 800,000 square kilometers in Northern Ontario. NOSM was created with a specific social accountability mandate to improve the health of people in the region including the health of Indigenous Peoples.

NOSM's relationship with Indigenous communities began early on when the school was being proposed and developed. The first of several workshops to engage with Indigenous communities was held in 2003. The workshop titled Follow Your Dreams was hosted by Wauzhushk Onigum First Nation near Kenora. This gathering brought together over 130 delegates from Indigenous communities across the North. Participants presented ideas about student admissions criteria, curriculum development, NOSM governance, the need to engage Indigenous youth, and how to provide adequate financial and emotional support to Indigenous learners. Many of the final recommendations from this gathering served as a blueprint for the development of the Northern Ontario School of Medicine.

The Follow Your Dreams report recommended that NOSM should be an “Indigenous-friendly medical school.” Two of the key recommendations were that NOSM MD graduates be able to practice in culturally safe ways to improve the health of Indigenous Peoples and communities, and that the School build and strengthen partnerships with Indigenous communities.

This led to establishment of the Indigenous Affairs Unit (IAU) and the Indigenous Reference Group (IRG). In addition, formal partnerships supported by written agreements were developed with Indigenous communities and organizations which enabled all NOSM medical students to undertake a mandatory four-week immersion experience in a remote, rural or urban Indigenous community in their first year.

Since the first workshop in 2003, five subsequent Indigenous Community Partnership Gatherings, including two focused on research, have taken place. Each of these gatherings both informed and provided an opportunity for NOSM leaders, faculty and

staff to work together with the Indigenous communities to strengthen integration of interests and needs of Indigenous Peoples throughout NOSM's education and research programs, organizational culture and daily interactions.

NOSM has been recognized both within Canada and internationally for its implementation of social accountability and strong community partnerships. The community gatherings highlight NOSM's commitment to listening and responding to the needs of key stakeholders, including Indigenous peoples and organizations. Further more, this commitment is reflected in NOSM's significant cohort of Indigenous learners and NOSM's early response and support for the Truth and Reconciliation (TRC) Calls to Action. Launched in July 2018, the remote family medicine residency program developed with Matawa Tribal Council is a recent initiative that underscores NOSM's innovative approaches to Indigenous health education and community partnership.

In addition to the IAU and the IRG, NOSM has numerous other structures that support ongoing Indigenous community relationships including the Elders Council, Indigenous community liaison staff at both Laurentian and Lakehead sites, as well as an Associate Dean of Community Engagement whose portfolio includes outreach to both Indigenous and Franco-Ontarians. In July 2018, NOSM hired a full time, tenure-track Indigenous faculty member to join the small, full time faculty complement of 17. In addition to their involvement as staff, faculty and learners, Indigenous people may participate on Academic Council where there are two designated seats as per the Academic Council constitution.



# Expert Panel Review

## Background

Following the release of the TRC report in 2015, NOSM began to reflect on and review its relationship with Indigenous Peoples, specifically responding to the TRC 94 Calls for Action. As part of its role in providing advice to NOSM's Dean and CEO on all pertinent matters and initiatives relating to NOSM's education, research and administration, the IRG brought forward a number of concerns based on feedback from Indigenous staff, learners and community members. These concerns, in their view, risk adversely impacting NOSM's ability to achieve its goals related to Indigenous Peoples and Indigenous health.

At a high level, the issues raised by the IRG include but are not limited to:

- Partnership between NOSM and Indigenous Peoples and communities should be moving to self-determination for Indigenous Peoples including addressing systemic racism.
- The need for Indigenous Peoples to have leadership, influence and authority in the School, whereas the experience to date of some Indigenous Peoples is of not having a voice at NOSM, or of not feeling able to speak up and/or not feeling heard or respected.
- Cultural safety, cultural and academic support in the learning and work environment at NOSM for students, residents, staff and faculty.
- The need for evaluation of the effectiveness of the six Indigenous Community Partnership Gatherings, including two focused on research.
- Adequate support for the IAU and the IRG.
- The importance of Indigenous Peoples developing and delivering specific curriculum related to Indigenous history, tradition, culture, world view and health for all learners, staff and faculty.
- The need for organizational processes that respect Indigenous history, tradition and culture including through education/ professional development for NOSM staff and faculty members.
- Accountability to the Indigenous Peoples and communities of Northern Ontario including engagement with Indigenous youth and research driven by Indigenous Peoples and communities to address the priority concerns of Indigenous Peoples.

## Purpose / Objectives of the Expert Panel

The Expert Panel consisted of four (4) external faculty members (see Appendix A) that were asked to examine the relations, structures and policies that exist between the NOSM and Indigenous Peoples including:

- Indigenous Reference Group (IRG) including members of the Elders Council;
- Indigenous Affairs Unit (IAU);
- Indigenous learners;
- Indigenous faculty members and staff;and,
- Indigenous communities and organizations.

The Expert Panel was asked to provide recommendations that would facilitate NOSM's ability to move forward with strategies, processes and structures that are developed to continually enhance trust and respect and a spirit of partnership. This includes addressing experiences of systemic racism, such that the roles, responsibilities and actions, undertaken by all, aim to strengthen relations while supporting improvements to Indigenous health across Northern Ontario.

## Methods / Scope

The Expert Panel undertook a desktop analysis of 19 key documents (see Appendix B). The analysis focused on recommendations or any evaluations of recommendations that had been made by Indigenous peoples relevant to the scope of this report.

The Expert Panel conducted a series of 36 face-to-face and video conference interviews with key staff, faculty, students, the Board of Directors of NOSM and the Indigenous Reference Group. The number of interviewees in each face-to-face session varied from one to more than 10 (latter includes meetings with the Board of Directors and the IRG). In addition to the Board and the IRG, interviewees included Indigenous and non-Indigenous Faculty, Senior Administrators and members of the Executive Group, learners, staff in the IAU and other relevant areas, Elders and members of Indigenous organizations including First Nations and Métis organizations/communities. These interviews were conducted between May – August 2018 mostly by two-three members of the expert panel, although all four panelists participated in the interviews over the course of the review. In a few instances, the interview may have been conducted by one panel member. Interviews took place at both NOSM at Lakehead and NOSM at Laurentian.

All interviews followed an agreed upon introduction and a series of open-ended questions (see Appendix C). Each interviewee was advised of the role of the Expert Panel and that the interviewers would be taking notes. Interviewees were advised that information gathered during the interviews would be analyzed to form broad themes and that no direct quotes would be used. Confidentiality would be maintained by not including any identifying information or quotes in the report. During the interviews, interviewees were presented the Ladder of Citizen Participation (see Appendix D) and asked to identify their perception of where the relationship between NOSM and Indigenous Peoples would lie.

In order to enable people who could not be interviewed a chance to have some input into the report, or to allow those who were interviewed alone or in groups to have another avenue for confidential feedback, a survey was distributed to 214 number of people including all those who had been invited to participate in an interview. The content of the survey is included in Appendix E.

There were 57 respondents (response rate of 27%); however most questions were answered by 54 people. Of the 57 respondents, 24 had been at NOSM for more than eight years, and 28 had been there between one and seven years. There were 13 learners, 4 senior administrators, 17 faculty members, and 9 board members who completed the survey. The remaining 14 respondents have a variety of different roles including staff, Elders and members of the IRG. Of those who completed the survey 22 self-identified as Indigenous.

The content of the interviews and the survey data were analyzed for emerging themes by one panel member, and subsequently reviewed by the other team members. The expert panel included Indigenous and non-Indigenous members with academic expertise in education, leadership, health policy and Indigenous medical education. The data collected were analyzed through a critical, decolonizing framework drawing on these diverse perspectives.

# Principles of Engagement

As per the Terms of Engagement the Expert Panel incorporated the following principles of engagement into their work:

- Recognition of the success and gains made since the creation of NOSM (2002).
- Recognition of the valued resource the IRG provides to the Dean and CEO, the Executive Group (EG) and NOSM as a school.
- Acknowledgement by all that the review is intended to help strengthen and improve trust, respect and partnerships going forward.
- Be mindful and tolerant of the cultural views and ways of all participants in the review.
- Recognition of the traumatic legacy and ongoing effects of colonization that result in severe inequities in health care and longstanding structural barriers that exist for Indigenous Peoples.
- Emphasis on a “shared responsibility” to implement solutions that are grounded in trust, mutual respect and collaboration.
- Recognition and respect for the traditional knowledge and world views of Indigenous Peoples and a holistic approach.
- Recognition of NOSM’s obligations to comply with government policies/ directives, accreditation standards, and legal statute/precedents.
- Pursuit of strategies that balance the needs and interests of the Indigenous Peoples and communities, and all NOSM learners, staff and faculty, including fiscal abilities of organizations.

# Key Themes & Recommendations

The following section outlines key themes identified by the expert panel based on the analysis of data from the key documents, interviews and survey. In addition to describing the primary themes, each section includes recommendations developed by the Expert Panel related to the respective themes.

## Indigenous Learner Experience

The experience of Indigenous learners, including medical students and residents, was discussed by many interviewees with sub themes that included a lack of integration with other Indigenous students on campus, difficulty navigating the complexities of medical school, and the need for mentorship by Indigenous faculty who understand their worldview and lived experience. Unfortunately, several learners described their encounters with numerous peers and faculty who expressed negative or racist comments towards Indigenous peoples; these experiences not only undermined their learning but also their sense of self and ability to be open about their Indigenous identity and culture.

Indigenous interviewees commented extensively on the medical school's admissions process. While a few noted overall positive experiences with adequate support, others noted a lack of supports during the process, and identified that there are more steps and extra work required for Indigenous applicants. With respect to the multiple mini-interview (MMI) process, the knowledge-based question related to Indigenous health was described as inadequate and potentially unsafe. Furthermore, several respondents noted that there is a perception by some people that the support for Indigenous applicants gives them an unfair advantage. Numerous interviewees also commented on the need for clarity with respect to who and what supports are provided to Indigenous medical students not only during the admissions process but during medical school; in particular, there is a lack of clarity around the process and provision of academic support required for remediation.

## Wise Practices

The University of British Columbia (UBC) has had a reputation for excellent longitudinal support of Indigenous learners for a number of years. This includes pre-admissions contact for applicants which helps build relationships and establishes a sense of safety for potential learners. Several schools including NOSM, the University of Manitoba and McMaster are doing pre-interview preparatory sessions for Indigenous applicants, and this can be built on by establishing mentoring relationships with senior Indigenous students and faculty.

A 2017 study documented high levels of racial bias among faculty and learners participating in a medical school admissions process, with the highest level of bias shown by men and faculty.<sup>1</sup> Members of the Admissions Committee took the Implicit Association Test (n=140) between the 2011-12 and 2012-13 admissions cycle. Following the 2012-2013 cycle, a survey was distributed to the same committee that included questions about the value and impact of taking the Implicit Association Test (IAT). Almost 50% of respondents noted that they were conscious of their results during the admissions process, and 21% stated it impacted their decision-making during the process. The article notes that the class that matriculated following the integration of the IAT was the most diverse in the history of the medical school. The study authors note that future directions include a threefold strategy of baseline education on unconscious bias for all committee members, participation in the IAT, and a workshop on strategies to minimize or neutralize the bias.

## Recommendations

1. In addition to the strong support provided by the IAU, develop a broader community of support for Indigenous learners that strengthens ties with Indigenous student groups on the campus of the partner universities, Lakehead University and Laurentian University.
2. Organize formal mentorship of Indigenous medical students by Indigenous faculty and residents. Ensure that the mentors and mentees are supported through appropriate resources and faculty / professional development to maximize the impact of the mentorship.
3. Ensure that all people who participate on the Admissions Committee and in the Admissions process complete Indigenous Cultural Safety training.
4. Create a designated Indigenous Admissions Advisor position to (a) assist IAU with recruitment; (b) provide support for Indigenous applicants.
5. If necessary, amend the Terms of Reference of the Admission Committee to include Indigenous faculty member representation in addition to the Indigenous Admissions Advisor. This will support the NOSM Admissions team to ensure a fair and safe admissions process, including the development and use of selection tools that assess for attitudes and behaviours related to Indigenous peoples in all applicants.

<sup>1</sup> Capers Q, Clinchot D, McDougale L, and Greenwald A. Implicit Racial Bias in Medical School Admissions. *Academic Medicine*. 2017; 92(3): 365-9.

6. Clarify the roles and responsibilities of IAU and Learner Affairs for academic and other support to Indigenous students during medical school related to both informal help and formal remediation.

## Indigenous Health Curriculum

One of the core elements of Indigenous health teaching for medical students is CBM 106, also known as Module 106; it is a six-week course which includes a four-week immersion experience in Indigenous communities that is mandatory for all first-year medical students. Many people discussed the course as a foundation for Indigenous health education, and overall it is viewed very positively within NOSM. There were some specific concerns cited about the need for role clarity related to (a) communication with communities when medical students leave precipitously and, (b) issues and concerns related to medical student safety. Other concerns emerged about when it is reasonable for the school and for an Indigenous community to accommodate students who cannot or do not want to participate in this mandatory component of their training.

The arts-based teaching sessions for medical students that were created by NOSM and the Debajehmujig Theatre Group, an Indigenous performing arts company based on Manitoulin Island, were highly regarded. The collaboration was described as very positive and fruitful by both Indigenous and non-Indigenous collaborators. It was acknowledged that a similar pedagogical approach did not go well with residents and may be adapted in the future to the different learning styles and needs of these learners. In addition, the experience with the residents illustrated the need to increase the capacity of faculty to address professionalism concerns specifically related to racism and racial microaggressions.

Participants highlighted that there should be anti-racism education, as well as a longitudinal, spiraling Indigenous health curriculum in medical school beyond CBM 106.

At the postgraduate level, respondents noted that the curriculum varies greatly depending on the program. Numerous people referred to the new Remote Family Medicine First Nations Family Medicine Stream developed in partnership with Matawa First Nations Management as a promising example of community-based learning that benefits both residents and communities. In addition to the clinical learning, the residency contains extra training in trauma-informed care, cultural safety and competency, and it is currently building an Elder teaching program. There is currently a lack of dedicated Indigenous faculty leadership for the formalized curriculum development and implementation of this program. The current 0.1-0.2 FTE for

Indigenous faculty members to work with the PGME programs is seen as inadequate to meet the needs.

The residency-training programs in Psychiatry and Public Health and Preventative Medicine also have curriculum in Indigenous health, and one of the interviewees in a leadership position put forward a strong desire to create a new shared academic half-day in Indigenous Health for all PGY-1 residents at NOSM. A previous academic half-day in Indigenous Health was poorly reviewed by residents, and it was questioned whether this was related to a perceived lack of relevance or more broadly, to resident attitudes about Indigenous health, and/or the lack of prior learning about Indigenous peoples.

Numerous Indigenous respondents shared disturbing stories about the clinical learning environment where preceptors made negative comments about Indigenous peoples and some even mocked NOSM's commitment to Indigenous health. Learners (both medical students and residents) felt powerless to respond to their preceptors due to a fear of reprisal given the power dynamic that exists. At the same time multiple clinical faculty members were unaware of or actively denied that learners were experiencing racism in the clinical learning environment. They were also unaware of what processes they would use should a learner complain about racism.

## Wise Practices

The University of Manitoba (U of M) Max Rady College of Medicine has developed and implemented a 70 hour longitudinal Indigenous health course in the undergraduate medical education program. This is led by an Indigenous faculty Member and an Indigenous course coordinator. Anti-racism and anti-colonial pedagogical approaches are used, with a heavy focus on small group, interactive learning sessions. Curriculum and objective mapping does show close alignment with the content recommended in the TRC. The curriculum has not been evaluated yet, though ongoing discussions are occurring around how an evaluation could be done that appropriately contextualizes the impact of the curriculum within other influencing factors such as the hidden curriculum.

Developments in postgraduate medical education by the Indigenous Health Advisory Committees/ Working Groups of the Royal College of Physicians and Surgeons and the College of Family Physicians of Canada will clarify expectations regarding Indigenous health for residents.



## Recommendations

7. The development and implementation of a longitudinal spiral Indigenous health curriculum should be led by Indigenous faculty and staff with appropriate resources.
8. Implement a longitudinal spiral curriculum, including program evaluations and student assessments, throughout the four years of medical school that build on the current teaching in CBM 106. Current gaps in the undergraduate medical education (UME) curriculum to be addressed include Indigenous perspectives of historical and contemporary relationships, concepts of power and privilege and how they are embedded at all levels of the system, and conflict resolution.
9. Integrate the core requirements for Indigenous health into the formal curriculum, resident assessment system and program evaluation of all residency programs at NOSM as outlined by the College of Family Physicians of Canada (CFPC) and Royal College of Physicians and Surgeons of Canada (RCPSC) through the identification of key competencies that build upon the roles within the CanMEDS Framework.
10. Ensure both Indigenous and non-Indigenous facilitators who lead sessions in the Indigenous health course are adequately and appropriately trained in anti-racist / anti-colonial pedagogical approaches and have sufficient support to create a safe learning environment for debriefing especially following difficult sessions.
11. For CBM 106, there is a need to outline processes for urgent issues related to student wellbeing or lapses in professionalism during the placements with respect to: (a) communication with communities; and (b) communication, roles and responsibilities of NOSM stakeholders (IAU, Academic Affairs, course leadership). Furthermore, medical school applicants should acknowledge and commit to meaningful and respectful participation in CBM 106 as a requirement for admission to NOSM.

## Indigenous and Non-Indigenous Faculty at NOSM

There are 1600 clinical and non-clinical NOSM faculty in over 90 communities, and this includes 30-40 Indigenous faculty members based on recent surveys. Most of the Indigenous health content outside the clinical context is taught by full-time, tenure-track faculty who invite Indigenous people as guest speakers and work to co- create curriculum with them. Concerns were raised by both Indigenous and non- Indigenous respondents about having non-Indigenous faculty teach Indigenous content.

Several learners felt strongly that some sessions were one-sided from a Eurocentric perspective in a way that reinforced stereotypes and felt unsafe. Numerous people gratefully acknowledged the recent hiring of a full-time, tenure- track Indigenous faculty member. They did, however, state that all stakeholders must commit to prioritizing the mentorship, recruitment and hiring of both clinical and non-clinical Indigenous faculty, and that it is inadequate to have only one full-time, tenure-track Indigenous person at NOSM.

Many Indigenous faculty members expressed a desire for opportunities to meet regularly with their Indigenous colleagues across NOSM. As with learners, faculty members reported unsafe experiences both during their training and while in independent practice. They described racist comments made by colleagues, leaders and learners which have a cumulative erosive effect on wellbeing. Indigenous faculty referred to the challenges of working within a non-Indigenous institution but persist with their work due to a larger commitment to the community.

Although not universal, numerous Indigenous and non-Indigenous faculty participants referred to significant tensions and even overtly hostile encounters between Indigenous and non-Indigenous peoples at NOSM in the last few years with an escalation in the past 10 months.

Several interviewees suggested possible ways to support the continuing professional development in Indigenous health for stipendiary faculty such as the reappointment process as well as the academic deliverables required of the Local Educational Groups (LEGs). The annual Northern Lights Conference (to which all NOSM faculty are invited) was highlighted as a place where there is strong Indigenous health content.

## Wise Practices

Several medical schools/ health sciences faculty have established structures to support Indigenous health professional education. This includes a Centre for Excellence in Indigenous Health at UBC, the Ongomiizwin Indigenous Institute of Health and Healing at the U of M, and the Office of Indigenous Medical Education

at the University of Toronto. These structures are important for coalescing resources, providing tangential evidence of Indigenous health as a priority in the school, and collegial support for faculty and learners alike who often regard these structures as havens of safety.

Organizations like the Indigenous Physicians Association of Canada and the Pacific Region Indigenous Doctors Congress provide significant support to Indigenous physicians and learners as well as advancing knowledge and practice.

Collaborations through these networks have influenced developments like the IPAC-AFMC Core Concepts for First Nations, Métis and Inuit Health for Undergraduate Medical Education and have been the backbone for forming collaborative relationships that are currently underpinning work in the AFMC, RCPSC, and CFPC.

## Recommendations

12. Strong consideration should be given to the development of an Academic Unit focused on Indigenous Health in which Indigenous faculty can be supported to have meaningful involvement in admissions, student progress, UME and PGME curriculum, and Indigenous student affairs. It would be reasonable to merge this with the existing IAU.
13. NOSM should support the development and implementation of a formal network for Indigenous faculty through the new Academic Unit or the existing IAU. Activities might include a digital forum, newsletter, annual retreats, and protected time to attend national events such as the Indigenous Physicians Association of Canada (IPAC) Annual General Meeting or other activities. The structure and activities of this network could be determined at an outreach event for Indigenous faculty where they have an opportunity to share their experiences and determine future needs.
14. An Indigenous Health Workforce Development Plan should be developed and implemented. This should include a formal assessment of the needs for Indigenous faculty members and staff to lead all aspects of Indigenous Health work across NOSM. This includes for example: Indigenous faculty members to lead the review and further develop the UME Indigenous Health Course, strengthen presence of Indigenous health teaching in the core common curriculum and in specific residency program curricula, provide program leadership to the Northern First Nations Residency Program, provide senior administrative leadership in Indigenous health at Executive Group (EG), participate on key decision-making committees, and provide programmatic leadership to IAU including student support and mentorship.

15. Consider a process to formalize Faculty Appointments for Elders.
16. Continuing professional development (CPD) in Indigenous Health for all clinical and non-clinical faculty members must be made mandatory. Additionally, NOAMA and the Associate Deans should work with Indigenous educators and other stakeholders to develop mandatory academic deliverables related to Indigenous Health for the Local Education Groups (LEGs). This requirement can be embedded within the CPD accreditation process for NOSM approved programs and activities.
17. There is a need to engage the academic health science centers, hospitals, and other clinical institutions / spaces that are associated with NOSM to ensure that they are culturally safe and supportive clinical learning environments for all learners, faculty members and staff. This will require the engagement of senior leadership at these facilities and institutions to recognize their important role in shaping the cultural environment into which all NOSM learners, faculty members and staff are immersed.

## Indigenous Affairs Unit

Many of the interview or survey participants underscored the central role of the Indigenous Affairs Unit (IAU) in the support of Indigenous learners, community outreach and liaison work, and ability to help guide non-Indigenous staff and faculty about work related to Indigenous peoples and communities. However, respondents also pointed out that the current structure may not be optimum due to the fact that the IAU is disconnected from activities in NOSM and the host universities. Participants who work in other units described feeling at a loss about how to address the social accountability mandate of NOSM with respect to Indigenous peoples, and as a result, all of the work falls to the IAU which leads to heavy workloads.

Some staff work off the two main sites of NOSM at Lakehead and Laurentian. This has created some distance, both physical and relational, in the working relationships with the school in general. Furthermore, the general division between NOSM at Lakehead and NOSM at Laurentian has always been a challenge and is complicated by the fact that Indigenous communities are very diverse across northern Ontario.

Numerous people also provided perspectives on the internal functioning of the IAU. While IAU staff do have job descriptions, respondents had a lack of clarity about the unit's strategic direction. Furthermore, there was a perception from both people inside and outside the IAU that staff within the IAU have not always been treated equally with respect to their workloads, feedback and personal needs.

In terms of their roles outside the IAU, staff sometimes feel disempowered, and may not bring their concerns about the IAU or NOSM beyond their director. Conversely, multiple people reported feeling afraid to approach the IAU to ask questions because of fear of being called racist or because they were not sure it was appropriate without an invitation.

Another source of confusion was the relationship between the IAU and the IRG, including what administrative or other support the IAU should provide to the IRG, and what reporting was required. Numerous people spoke about how the role of the IAU Director was difficult at times due to a lack of clarity about whether the Director is accountable to the IRG or to NOSM leadership. Further to this, the organizational structure positions the Director position within the administration with no formal links to faculty. This has caused some tension with respect to working relationships between faculty and support services.

## Wise Practices

At the U of M, Ongomiizwin currently implements a leadership model that has faculty members provide part-time program leadership to each of the health service, research and education units. This is paired with full time administrative leadership by well prepared Director level positions. Strong communication and collaboration are encouraged to ensure role clarity, unified vision, and shared decision-making.

This also ensures appropriate academic and administrative relationships with the broader faculty to accomplish the broad scope of work. This leadership model has evolved over time to respond to challenges with communication and the nature of Geographic Full Time (GFT) appointments.

GFT appointments are the general appointment mechanism for physician faculty at the U of M. In general, the individual contract or letter of offer will contain a specified amount of time for clinical work that is paid through fee-for-service or other mechanisms relevant to the practice type. The remainder of the time is allocated for academic activity including teaching, research and service, and may be associated with salary from the medical school for these roles.

## Recommendations

18. Whether NOSM moves forward with a merged Academic Unit with IAU or not, consideration should be given to having a senior management position for the IAU at each site rather than one Director who is based at NOSM at Lakehead or NOSM at Laurentian. The senior managers should be in weekly communication to ensure there is a unified vision and approach and equitable treatment of staff on each campus.
19. Once NOSM has created a larger strategic plan related to Indigenous affairs, the IAU senior managers should work with their staff to establish clear and measurable work plans that include performance objectives. These should be reviewed by the IAU Directors during regularly scheduled monthly staff meetings.
20. There must be regular monthly staff meetings with the IAU where everyone is included at both sites using the videoconferencing platform. Further it is recommended that at least one face to face IAU meeting, alternating between both NOSM at Laurentian and NOSM at Lakehead, occur every six months in order to strengthen the relationships and build a more cohesive team.

## Human Resources

Although there are opportunities for staff and faculty members to self-identify as Indigenous at NOSM, people may choose not to do so for various reasons. For example, the Demographic Information Update Form that is sent from the Faculty Affairs office to the 1600 clinical and non-clinical faculty members does include the opportunity to self-identify as First Nations, Métis or Inuit. It is reported that approximately 30-40 of the 1600 faculty self-identify as Indigenous (2.5%).

Respondents discussed how despite NOSM's commitment to social accountability, there is not a recruitment plan for Indigenous peoples, nor are there any designated senior executive positions for Indigenous peoples. NOSM is currently updating their policies and procedures related to Diversity and Equity, and when asked directly, most interviewees were not aware of any policy.

Almost half of survey respondents (46%) agreed that NOSM puts appropriate effort into recruiting a diversity of Indigenous students, staff and faculty as part of its social accountability mandate with respect to Indigenous communities while 31% disagree that they do. This would be consistent with the impression that there are some recruitment efforts, particularly focused on students, as well as a recent Indigenous faculty hire.

## Wise Practices

The Canadian Association of University Teachers (CAUT) has a policy statement on Indigenizing the Academy that provides leadership and direction on creating an environment that supports advancing Indigenous education goals.<sup>2</sup> It recognizes that collective agreements may need to be amended to facilitate these goals. Specific recommendations include committing to the ongoing and permanent expansion of Indigenous faculty and staff and mechanisms for the fair, transparent and peer-directed hiring of Indigenous faculty and staff.

In 2012 several leading Maori scholars published a literature review on Indigenous health workforce development that suggested six key strategies:<sup>3</sup>

- Framing initiatives within Indigenous world views;

2 CAUT. Policy Statement on Indigenizing the Academy. Available at: <https://www.caut.ca/about-us/caut-policy/lists/caut-policy-statements/indigenizing-the-academy>

3 Curtis E, Wilkair E, Stokes K, and Reid P. Addressing Indigenous health workforce inequities: A literature review exploring 'best' practice for recruitment into tertiary health programmes. *International Journal for Equity in Health*. 2012; 11:13. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/22416784/>

- Demonstrating a tangible institutional commitment to equity;
- Framing interventions to address barriers to Indigenous health workforce development;
- Incorporating a comprehensive pipeline model;
- Increasing family and community engagement;and,
- Incorporating quality data tracking and evaluation.

## Recommendations

21. Supportive human resources policies and processes will be a critical part of the Indigenous Health Workforce Development Plan. Strong consideration should be given to policies which require specific recruitment of Indigenous peoples for job opportunities at NOSM including setting a minimum number of Indigenous peoples who should be interviewed for any given position. It will be important to engage the unions in this planning.
22. In order to support efforts at improving the cultural safety of the work and learning environments, hiring processes should include assessment of cultural safety and anti-racism for all faculty and staff positions.
23. Any search committee for a leadership role, research chair, faculty position or staff position should comprise at least two Indigenous people. Additionally, all members of the search committee should participate in implicit bias training. In an effort to build Indigenous involvement in both Indigenous and non-Indigenous portfolios, this approach should apply to all hiring.



## Indigenous Reference Group

Overall, the participation of Indigenous Peoples within NOSM is viewed as positive. However, there are varied perspectives as to the role that the Indigenous Reference Group (IRG) should have. Some people described the IRG as purely advisory and suggested that it should remain so. Several participants saw this as at odds with an operational role and felt that day-to-day operations of NOSM should be performed by NOSM staff and faculty within the school without interference by the IRG. Conversely, other participants expressed significant concerns that its advisory nature does not provide enough opportunity for Indigenous Peoples to impact NOSM's activities and that there should be increased access to decision-making. These perceptions are complicated by the current leadership of the IRG who are both faculty members, who in the current structure are advisory to the Dean in one role and report to the Dean in another while in both roles trying to be accountable to the communities they serve.

Concerns about the current functioning of the IRG were raised by both Indigenous and non-Indigenous peoples. Some members of IRG felt the meetings were far too long and that time was not managed well; this significant time commitment made it difficult for members to participate meaningfully in the meetings. Numerous other examples were cited related to operational aspects of the IRG such as prolonged discussions about a strategic plan with no subsequent follow up and a lack of resources to operationalize ideas or issues that are brought forward at meetings.

Many people expressed having observed tension between the IRG and NOSM. Some interviewees situated this within the context of trying to do difficult work to respond to Indigenous community and learner needs without having the structural support to do so. Others attributed this to confrontational approaches. Despite the widespread observance of conflict and tension, no attempts at conflict resolution had been visible to members of the NOSM community.

Numerous people shared their perceptions that the IRG is more focused on the communities in northwestern Ontario and that there is not a balance of voice from the northeast. Concerns also surfaced that the IRG appears to be controlled by a small number of members such that others are stepping back rather than speaking up.

Other specific feedback received about the IRG was that numerous leaders and programs at NOSM could benefit from its guidance and expertise rather than solely reporting to the Dean. Additionally, there was a sense that members of the IRG may not have the time to effectively engage in a mutual exchange of information between their respective organizations and NOSM, and that this could be strengthened by having PTOs and other representatives providing brief updates on events, happenings and other developments that may be of interest to NOSM, IAU and the Director of the IAU.

Survey respondents were fairly evenly split with respect to the question of whether NOSM's governance structures allow for Indigenous communities or peoples to appropriately influence, monitor and evaluate its social accountability mandate with respect to Indigenous communities. Approximately 33% agreed that the current governance structure does allow it, while 28% disagree with the statement. The IRG and the Board are the two main mechanisms by which this function occurs.

## Wise Practices

NOSM is unique in its bicameral structure that includes a Board that the Dean/ CEO reports directly to, thus there are not specifically parallel examples to draw from. However, guidance can be found within the TRC to build upon NOSM's currently existing response to the TRC Calls to Action through action on governance.

One of the TRC documents entitled *What We Have Learned: Principles of Truth and Reconciliation* provides ten principles to guide the process of reconciliation.<sup>4</sup> The first of these principles is that the *United Nations Declaration on the Rights of Indigenous Peoples* is the framework for reconciliation at all levels and across all sectors of society. This is cross-referenced in Call to Action 24 of the TRC which includes UNDRIP as part of the content that a medical school course on Indigenous health should include. The first major theme of UNDRIP is the right of Indigenous peoples to be self-determining, to have leadership and authority over matters which impact them and the full expression of their rights.<sup>5</sup> This would point strongly to the need for institutions with a stated commitment to reconciliation to have appropriate mechanisms for Indigenous leadership in governance and operations.

In addition to the TRC, there are promising practices from an analysis of interviews with key stakeholders and Aboriginal/Indigenous advisory councils that are part of the Ontario post-secondary system.<sup>6</sup> Their review acknowledges that there cannot be a one size fits all approach to ensuring meaningful Indigenous participation in an educational institution. They do outline eight formal practices and five leadership practices that could also assist NOSM going forward.

4 Truth and Reconciliation Commission of Canada. *What we have learned: Principles of Truth and Reconciliation*. 2015. Available at: [http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Principles\\_2015\\_05\\_31\\_web\\_o.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Principles_2015_05_31_web_o.pdf)

5 United Nations. *United Nations Declaration on the Rights of Indigenous Peoples*. 2007. Available at: [http://www.un.org/esa/socdev/unpfii/documents/DRIPS\\_en.pdf](http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf)

6 A review of Aboriginal education councils in Ontario. Final Report. March 2016. Prepared by Academica Group, Inc. London, ON. <http://www.oneca.com/documents/Academica%20Report%202016.pdf>

The eight formal practices to support successful Indigenous Advisory Councils are:

- Setting clear terms of reference;
- Ensuring majority membership is from the community;
- Putting in place complementary structures to the advisory council;
- Integrating the advisory council within institutional decision-making bodies;
- Aligning the advisory council and institutional strategic plans;
- Ensuring senior leadership presence at meetings;
- Ensuring leadership and participation in postsecondary funding for Indigenous learners with budget oversight (both in applying and in reviewing the outcomes of the funding requests); and,
- Sharing of data and research.

This document also points out the importance of leadership within the Aboriginal/ Indigenous advisory councils noting the success often depends on committed, determined and sustained leadership of key individuals. The five aspects of leadership that they highlight include:

- Senior leadership team engagement;
- Indigenous leadership on the advisory council;
- Meaningful agendas for community engagement;
- Bridge building with communities; and,
- Availability of funding for Indigenous education.

## Recommendations

24. The IRG as it is currently constituted should be dissolved with the functions of the IRG distributed, with governance responsibilities embedded within the Board of Directors, while academic responsibilities are embedded within the Academic Leadership within NOSM. This dissolution should not occur until the new Indigenous governance structures are in place.
25. At the Board of Directors level, strong consideration should be given to further recruitment of more Indigenous Board members as well as the development of an Indigenous Affairs Sub-Committee of the Board. This subcommittee would be chaired by an Indigenous Board Member, include other Indigenous and non-Indigenous Board members as well as Indigenous faculty and students, respecting a balance between the East and West regions of Northern Ontario.
26. The Indigenous Affairs Sub-Committee would be responsible for monitoring clear metrics of NOSM's social accountability mandate with respect to Indigenous peoples, reporting on same to the Board, and holding the Dean / CEO accountable for progress.
27. Academic Leadership within NOSM should include a Dean's level senior administrative position, such as an Associate Dean, focused exclusively on Indigenous Academic Affairs and Community Engagement. This should be supported by strong Indigenous faculty engagement on Academic Council, and programmatic leadership of IAU or a new Indigenous Health Academic Unit (see recommendation 12) by Indigenous faculty.

## Involvement of Elders

Elder involvement in curriculum development started out initially strong but numerous participants described how over time, their involvement has declined and largely depends on who is available. Over the years there has been Elder involvement with opening and closing of some management meetings and occasionally, directors, managers and other leaders refer to Elders for their advice and wisdom.

Elders have been involved in teaching CBM 106, and were noted by numerous people, including learners, to be a critical component of a student's learning journey within medicine.

The members of the Elders Council also are invited to join the IRG meetings.

## Wise Practices

There is significant variation in how academic centers engage with Elders or Knowledge Keepers. From our collective experience we offer the following principles to consider. Elders should be representative of both the communities that are served as well as the student body. For example, a student body that includes a majority of Métis students may find more connection with a Métis Knowledge Keeper. Another key principle to consider is the locally relevant cultural protocols for identifying and engaging elders or Knowledge Keepers. Often, Elders provide the feedback that they prefer long term relationships and the opportunity to contribute in ways they find meaningful. Expectations must be given to all members of the NOSM community to ensure that the knowledge of the Elders is shown equal respect to the knowledge shared by respected faculty members. It is helpful if relationships with Elders can be built around existing relationships of Indigenous Faculty, Staff or Board members, or trusted community partners.

Ongomiizwin does have a Knowledge Keepers Circle. Knowledge Keepers were asked and provided the name Ongomiizwin along with the teaching of “clearing a path for generations to come.” Discussions with the Knowledge Keepers inspired the vision, mission and mandate. The Circle was also the core of a Knowledge Keepers Gathering in September 2017 that provided teaching and guidance on honouring traditional knowledge systems within the Faculty of Health Sciences.

## Recommendations

28. The involvement of Elders in NOSM should be representative of the diverse First Nations and Métis communities that are served.
29. A minimum of two Elders could be integrated into the Board of Directors and also into the Indigenous Affairs Sub-Committee of the Board.
30. Consideration should be given to establishing an Elders/ Knowledge Keepers Circle to support the IAU/ new Indigenous Health Academic Unit. The function of this Circle could include ceremonial/ spiritual/ cultural support to Indigenous faculty, staff and students when needed; providing vision, guidance and direction; and support continued cultural and community connection for Indigenous people in what is often challenging academic environments.

# Indigenous Community Engagement and Participation

Several respondents commented positively on the responsiveness of NOSM to the Indigenous community although this was not echoed by all. A recurrent comment was related to the perception that early in the school's development, relationships with Indigenous communities and PTOs was strong but in subsequent years, it diminished. At the outset, there was the ability for a community engagement team to go into communities and meet with people; this was also an opportunity to help determine whether proper infrastructure was in place for a community to be able participate effectively in NOSM activities. These community visits have waned significantly over the years due to budgetary restrictions. Numerous Indigenous community members described how there is not necessarily the social and professional infrastructure in every community or Indigenous organization to support the work of NOSM. Consequently, community level involvement in NOSM varies with some communities and organizations that are heavily involved and others who would like to be but are not.

Communication issues were cited by many community respondents: there is a sense that communication is poor. For example, not all communities understand that the NOSM students from CBM 106 are not yet trained doctors, and gave feedback to their PTO that they also would like to host more senior students who can participate in a health activity or project identified by the community itself. Communities continue to be wary of research that is not relevant, and about how their data is used.

Many participants described a sense of loss of Indigenous engagement at the Board governance level when the Board moved from a representative structure to a skills-based one. There are currently two Indigenous Board members and one IRG rep on the Nominations and Community Relations Sub-Committee of the board, this is viewed as insufficient. Specifically, with fewer Indigenous people present at Board meetings, people feel more uncomfortable to speak up or raise issues.

Numerous participants questioned the current IRG advisory model and also the functioning of the IRG, and articulated a need for structures to support engagement rather than depending entirely on the work and relationships of specific individuals.

Although NOSM does have relationships with the MNO, their relationship with the francophone Métis community is not close at this time. Concern was raised that there may be more knowledge of First Nations needs and history than of the Métis experience and needs.

Survey participants were shown the Ladder of Citizen Participation (see Appendix D) and asked to reflect on the level of participation of Indigenous communities with respect to NOSM and its social accountability mandate. No respondents selected the lowest rung (manipulation) or the highest rung (citizen control). 41% of respondents selected responses in the citizen power domains (delegated power or partnership), while 55% selected responses in the tokenism domains (placation, consultation or informing). These responses can be compared to where participants felt the appropriate level of participation is, with 80% of respondents saying the level of participation should be in the citizen power domains. This shows that most respondents agree that the level of participation of Indigenous communities and peoples should be strengthened.

Strengthening community participation will be dependent on two critical factors: (1) resources; and (2) the ability to resolve tension when it occurs. Both of these facets were explored in the survey. Just over half of respondents (61%) agree or strongly agree that NOSM dedicates appropriate resources to fulfilling its social accountability mandate with respect to Indigenous communities with 15% disagreeing. With respect to managing tensions and conflict resolution, one third of respondents agree that when tensions arise in the relationship between NOSM and Indigenous community partners, there is sufficient trust to explore the tension through dialogue. While 20 people responded neutrally, 30% disagreed that there is sufficient trust. This is consistent with themes that emerged around lack of trust not just between NOSM and Indigenous community partners but also internally between non-Indigenous members of NOSM and the IRG.

Issues of power and control emerged in many interviews, as well as an apprehension about tokenistic rather than meaningful engagement. In order to support the social accountability mandate, suggestions were made about the creation of clear metrics and a mechanism for communities to provide feedback on the work of NOSM.

## Wise Practices

The discussion above related to the Principles of Reconciliation and UNDRIP should be similarly applied in how NOSM builds upon its current community engagement practices. NOSM's explicit social accountability mandate and geographical span offer both challenges and opportunities in how it engages with Indigenous communities.

Given the diversity of the communities that NOSM serves, one principle that will be important to explicitly enact is the utilization of a distinctions-based approach.<sup>7</sup> Distinctions-based approaches avoid the use of one strategy to engage with all

<sup>7</sup> Government of Canada. Principles Respecting the Government of Canada's Relationship with Indigenous Peoples. 2018. Available at: <http://www.justice.gc.ca/eng/csj-sjc/principles.pdf>

Indigenous communities and rather negotiates the interaction separately with First Nations, Métis and Inuit peoples to ensure that the unique historical and current contexts that shape experiences and needs are understood and respected.

National and provincial Indigenous organizations have long stated the need to have specific approaches for First Nations, Métis and Inuit peoples. More recently the Government of Canada has committed to this as one of its principles, stating that a distinctions-based approach is needed to ensure that the unique rights, interests and circumstances of the First Nations, the Métis Nation and Inuit are acknowledged, affirmed and implemented.

## Recommendations

31. A Distinctions- Based Approach to community engagement, as well as Board representation and recruitment at all levels should be implemented.
32. Given the current context, resources should be identified to allow NOSM to have more of a visible presence in the Indigenous communities it serves, with opportunities for Senior Administration, the Board, faculty and staff to visit and engage local leaders.
33. Strong consideration should be given to the development and implementation of a re-engagement plan with a view to redefining the social accountability mandate and setting clear metrics of progress that are mutually agreeable and would chart the path towards the desired partnership.
34. Bilateral negotiations with key Indigenous stakeholders around appropriate relationships, governance and accountability mechanisms including the Board changes proposed above should occur. Changes to the Board structure should not happen unilaterally.



## Communication

As mentioned earlier in this report, many people described that communication between NOSM and communities needs to be strengthened. Various examples were cited such as when there are formal meetings in a community, community members often do not know about them. It seems the communication with communities depends on the work location and home community of the IAU Director: Northwestern communities feel there is not enough communication when the Director is located at NOSM at Laurentian and vice versa.

Frequently, participants also brought forward examples of poor communication between various units and portfolios at NOSM, and generally perceive that NOSM functions in silos (UME, PGME, Learner Affairs, IAU, etc). Poor communication may be compounded by ambiguity or lack of clarity around roles and responsibilities with respect to community relations, admissions and support for Indigenous students.

Communication with clinical faculty seemed inconsistent according to numerous people. There is, however, a survey completed during the reappointment process that is reported to have a good response rate.

As mentioned earlier, numerous participants referred to several hostile relationships, and suggested a need for clear processes related to conflict resolution and mediation. Inappropriate and unprofessional behavior was reported at multiple levels of NOSM including EG, and by both non-Indigenous and Indigenous faculty. As with the perceptions around lack of conflict resolution, the general perception is that the inappropriate and unprofessional behavior has gone largely unaddressed and thus has been openly or tacitly accepted.

Survey respondents were quite similar in their responses to questions about conflict resolution within NOSM. Only 18% of respondents agreed that when tensions arise between non-Indigenous and Indigenous individuals involved in NOSM, there are appropriate mechanisms and support available to resolve the conflict. In contrast 40% disagreed with this statement. This is consistent with the emerging theme that the lack of support for conflict resolution created a space for tensions to continue to escalate, and furthered a sense of fear to try to address conflicts.

## Wise Practices

There are multiple opportunities for leadership development in conflict resolution and managing disruptive behavior. This includes courses such as:

- Crucial Conversations Training<sup>8</sup>
- Conflict Management and Negotiation<sup>9</sup>
- Disruptive Behavior: A Rational Approach for Physician Leaders<sup>10</sup>

These courses are just examples. They each echo the sentiment that a behavior that is observed but not addressed is a behavior that is acceptable. A limitation with these courses and similar ones is that they are often unprepared to deal with dynamics around power and privilege or with race and racism.

## Recommendations

35. Role clarity for Indigenous faculty members in governance and/or academic leadership is required as well as their relationships to the IAU.
36. Relationships have deteriorated to the point where professional assistance in mediation and conflict resolution will likely be necessary for those who continue to have roles at NOSM. It will be imperative that the mediator have experience in cross-cultural contexts, a high degree of knowledge and experience facilitating dialogues around race and culture, and be mutually agreeable to all parties involved.
37. Consideration could be given to establishing a Faculty Code of Conduct and/or Professionalism policy that is clear and to which people are held equally accountable.
38. Executive Group, the Senior Administration and all other leaders at NOSM need to be visible role models of the expected behaviour and also should participate in conflict resolution and negotiation professional development to increase their ability and confidence in addressing conflict. This should be a highly prioritized skill base for the incoming Dean/CEO.
39. Mentorship and executive / leadership coaching should be made available to all Indigenous faculty members with a particular focus on those in any leadership role.

8 Vital Smarts. Crucial Conversations Training. Website: <https://www.vital-smarts.com/crucial-conversations-training/>

9 CMA Physician Leadership Institute. Conflict Management and Negotiation. Website: <https://www.cma.ca/En/Pages/pmi-course-conflict-management-negotiation.aspx>

10 CMA Physician Leadership Institute. Disruptive Behavior: A Rational Approach for Physician Leaders. Website: <https://www.cma.ca/En/Pages/pmi-course-disruptive-behaviour.aspx>

## Indigenous Cultural Safety

As referenced throughout this document, many people who participated in our interviews and survey voiced concerns about the cultural safety of Indigenous peoples at NOSM. These concerns include the fact that Indigenous peoples may be treated as subservient and that at times, Indigenous Knowledge is devalued. Unfortunately, non-Indigenous employees also reported feeling uncomfortable for not knowing something about Indigenous protocols and Indigenous peoples and being afraid to ask given prior negative interactions.

Despite numerous examples of inappropriate or unprofessional behaviour, including targeted comments to a racialized student and negative Facebook posts, the process for how breaches in a student's code of conduct are managed did not seem clear to numerous individuals, including faculty members in leadership positions.

NOSM has recognized the need to create inclusive and culturally safe spaces, and developed a Cultural Competency Task Force to work towards making changes within the institution and in the clinical environments. Currently, it is unclear what metrics it will use and what will happen with the 22 recommendations identified by the task force.

The survey platform was limited in its ability to analyze results by self-identified Indigenous status. Since by definition an environment can only be judged as culturally safe or culturally unsafe by the Indigenous people who experience it, it is difficult to understand what the survey results mean in this regard. Almost half of respondents (44%) agreed with the statement that NOSM provides learning and work environments that are culturally safe and free of racism for Indigenous students, staff, learners and community partners. Sixteen respondents considered themselves neutral, and 15% disagreed with the statement. That being said, there were a significant number of comments in the open text fields about how the environment is culturally unsafe, echoing many of the comments made during the interviews. Of particular note, concerns were raised about the significant number of non-Indigenous learners who are admitted despite having no commitment to the social accountability mandate and how these learners can negatively influence the safety of the environment.

## Wise Practices

BC, Manitoba and Ontario all have versions of a similar online cultural safety module. The asynchronous online training takes 8-12 hours to complete over an eight week period. It is done in groups with online facilitation. Modules cover race, racism, white privilege, Indigenous history, cultural safety and identity among other topics. This serves as a potential foundational course for faculty and staff.

A study done by Anderson et al at the University of Manitoba documented that although experiences of racism were universal among the Indigenous medical students interviewed, a very small proportion ever challenged or reported the experiences.<sup>11</sup> Reasons for this can vary but include fear of repercussions; repeated or furthered trauma from the experience; lack of safety in the process; and, perception that nothing will happen anyway.

There is a general trend across the country to address learner mistreatment. Clear policies on learner mistreatment which are widely known among faculty, staff and students with multiple avenues for reporting are important. Without a specific focus on cultural safety/ anti-racism these processes will likely not meet the needs of Indigenous learners, according to our cumulative experience.

## Recommendations

40. There should be a clear cultural safety/anti-racism policy that applies to learners, faculty members and staff, and also a clear process for reporting breaches of this policy.
41. While protecting anonymity, it is important that public reporting of the number of complaints each time period, investigations in process and completed, and outcomes (e.g. remediation, meeting with dean/department head, letter in file, removal from teaching duties) occurs. This may serve to increase confidence in reporting but also sends a clear message about the unacceptability of culturally unsafe or racist behavior.
42. The team that receives and investigates complaints should have Indigenous representation and specific training in cultural safety and anti- racism.
43. Cultural safety and anti-racism training should be mandatory for all faculty members, staff, residents and medical students. Training should be progressive and should strengthen the ability of faculty members to work appropriately with Indigenous students. There should be consideration for the inclusion of assessment of cultural safety and anti-racism on clinical evaluations of learners and on annual performance reviews as well as on reappointments for faculty.
44. In addition to developing relationships / partnerships with LEGs and other distributed clinical learning sites for the purposes of strengthening the Indigenous health curriculum and social accountability mandate, this is important in order to strengthen the ability to respond to concerns about cultural safety and racism in the distributed learning environments.

<sup>11</sup> Anderson M, Woods A, Lavallee B, and Cook C. Unsafe learning environments: Indigenous medical students' experiences of racism. *LIME Good Practice Case Studies*; 2017; 4: 18-25.

# Conclusion

Overall there was much recognition of the work that NOSM has been doing with respect to engaging with Indigenous peoples and communities. The social accountability mandate of NOSM is well known throughout the organization, and across the other sixteen medical schools. NOSM is also well known for its distributed model of learning. However, there is no doubt that the relationship at all levels between NOSM and Indigenous peoples has become increasingly strained.

The preceding recommendations are put forth to provide some guidance and direction for NOSM and are designed to set NOSM on a pathway to begin rebuilding its relationships with Indigenous peoples and communities and importantly create a safe space for Indigenous learners. We recommend that a multi-year implementation plan be developed with ongoing reporting and feedback internally, to the Board of Directors, and with relevant Indigenous community partners.

In doing so, we hope this will allow NOSM, its faculty members, staff and learners, the Indigenous people of Northern Ontario and the communities of the region to recommit and make further progress on the goal of improving the quality of education and care for all and creating a healthier North.

# Appendix A

## Expert Panel Members

### **Dr. Marcia Anderson**

Medical Officer of Health, Winnipeg Regional Health Authority

Executive Director of Indigenous Academic Affairs, Ongomiizwin Indigenous Institute of Health and Healing, Rady Faculty of Health Sciences, University of Manitoba

Assistant Professor, Department of Community Health Sciences and Department of Internal Medicine, Max Rady College of Medicine, University of Manitoba

### **Dr. Sheila Cote-Meek**

Associate Vice President of Academic & Indigenous Programs

Professor, School of Rural and Northern Health, Laurentian University, Sudbury, Ontario

### **Dr. Jerry M. Maniate**

Vice President of Education, The Ottawa Hospital

Assistant Professor, Department of Medicine and the Department of Innovation in Medical Education, Faculty of Medicine, University of Ottawa

### **Dr. Lisa Richardson**

Co-lead, Indigenous Medical Education, MD Program, Faculty of Medicine Assistant

Professor, Department of Medicine, Faculty of Medicine, University of Toronto

# Appendix B

## Documents Reviewed by Expert Panel

### Reports

1. 2003 Follow Your Dreams
2. 2006 Keeping the Vision
3. 2008 Research Gathering Report
4. 2011 Living the Vision
5. 2014 Walking the Vision
6. 2017 NOSM's Pathways to Well-Being Workshop
7. Achievement Report 2017
8. Indigenous Research Gathering Report 2016
9. NAN Health Summit- Summary Report 2017
10. NOSM Response to TRC April 2017
11. NOSM Roadmap to 2020
12. NOSM Strategic Plan 2020
13. Report to Northern Ontario 2017
14. 2017 Position Statement on Urban Indigenous Health
15. Urban Indigenous Action Plan-Full-report\_eng.

### Other Material

1. NOSM Elders Handbook: How the Medical School Engages and Works with Aboriginal Elders
2. NOSM Indigenous Affairs Unit Brochure
3. IRG Issues and Recommendations2017

4. IRG Terms of Reference
5. Aboriginal Communications Strategy Report 2007
6. NOSM BiCam Governance (PPT)
7. NOSM Governance Chart
8. IRG NOSM Backgrounder: Structure and Function (PPT)
9. NOSM Remote First Nations Residency Program Backgrounder & Proposal
10. O Mercredi Remote FN Stream presentation (Feb 2018)
11. NOSM / Matawa First Nations Management / EFM / MFNM Backgrounder (Jan 2018)
12. Remote First Nations Selection Process
13. Relationship Agreement Lakehead/Laurentian/NOSM (2015)
14. NOSM By-Law No 8 (Sept 21, 2016)
15. List of NOSM Videos on YouTube
16. Social Accountability as a Framework for The Moral Obligations of a health Institution (2018) by Dr. Alex Anawati
17. Academic Principles (June 2017)
18. Academic Council Constitution (Dec 2014)
19. Financial Records

## Journal Articles

1. From the community to the classroom: the Aboriginal health curriculum at the Northern Ontario School of Medicine. CJRM 2014
2. Faculty analysis of distributed medical education in Northern Canadian Aboriginal communities
3. Community Engagement: A central feature of NOSM's socially accountable distributed medical education
4. Northern perspectives on medical elective tourism: a qualitative study. CMAJ 2016
5. Critical Pedagogy as a means to achieving social accountability in medical education. IJCP 2015



6. Milestones on the social accountability journey: Family medicine practice locations of Northern Ontario School of Medicine graduates. *Canadian Family Physician* 2016
7. Delivering on social accountability: Canada's Northern Ontario School of Medicine. *The Asia Pacific Scholar* 2016

# Appendix C

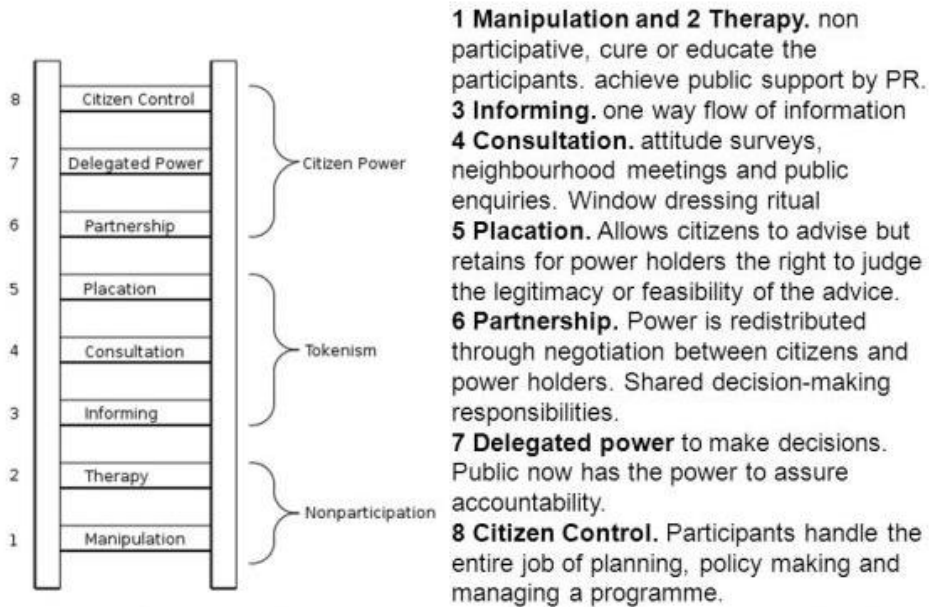
## Interview Guide

1. Introduce ourselves and the purpose of the interview as part of the Expert Panel on NOSM, its social accountability mandate and relationship to Indigenous peoples/ communities. I/ we are going to take some notes during the conversation. We will be reviewing our notes for broad themes and reporting that way so no one will be identified and no direct quotes will be used. Can we ask you to introduce yourselves and let us know what you would like to focus on during the time we have together?
2. What is your perception of the relationship between NOSM and Indigenous Peoples or communities?
  - How is the communication?
  - How are Indigenous Peoples or communities involved in the school?
  - What governance structures are in place to support the relationship?
  - What is the role of the IRG in this regard?
  - What is the level of influence of Indigenous Peoples/ communities within the school?
  - With reference to diagram of participation included on next page, where would you place the level of Indigenous participation in NOSM?
  - Where do you see gaps in the inclusion of Indigenous Peoples or opportunities for Indigenous Peoples or communities to influence the school?
3. Do you consider NOSM to be safe for Indigenous Peoples? That is, are the environments in which the business of NOSM is carried out culturally safe and free of racism? Do the policies and processes align with principles of cultural safety for Indigenous learners and employees? Can you add some specific examples of this?
4. How does NOSM evaluate the effectiveness of its mandate for social accountability with the Indigenous communities it serves and the relationship with these communities?
  - How do you/ does NOSM know that the relationship is working?
  - Are Indigenous communities experiencing the benefits or services they expected to through the creation of NOSM?

5. How is self-determination of Indigenous peoples understood and what are the ways that NOSM is trying to make progress on respecting self-determination and other rights of Indigenous peoples?
  - By NOSM?
  - By individuals?
6. How are Indigenous peoples represented among students, staff, tenure-track (or salaried) faculty and senior leadership/senior administrative positions (that is numbers of First Nations, Métis and Inuit)?
  - Is that perceived as adequate?
  - Are there targets or workforce development plans?
  - What barriers have been identified and what plans are in place to address them? How could this be addressed?
  - Are Indigenous people on decision-making committees? Which ones?
  - What is Indigenous staff turnover like? How are Indigenous staff supported?
7. What is the organizational culture including formal and hidden curriculums around Indigenous health and the school's accountability to Indigenous peoples/communities it serves?
8. How are Indigenous students supported? Has effectiveness been evaluated and if so, how?
9. Any other topics to explore?
10. What solutions or strategies could be used to move forward?

# Appendix D

## A Ladder of Citizen Participation (Arnstein, 1969)



<http://lithgow-schmidt.dk/sherry-arnstein/ladder-of-citizen-participation.html>

# Appendix E

## Expert Panel Review Survey

### **How long have you been at NOSM?**

- Less than 1 year
- 1-3 years
- 4-7 years
- More than 8 years

### **What best describes your role at NOSM?**

- Student
- Resident
- Non-Academic Staff
- Academic Staff or Faculty
- Clinical Faculty
- Senior Administrator
- Indigenous Reference Group Member
- Other:

### **Do you self-identify as Indigenous (First Nations, Métis or Inuit)?**

- Yes
- No

**Please rank the following statements on the provided scale from strongly disagree to strongly agree.**

**The social accountability mandate of NOSM with respect to Indigenous communities permeates the operations of NOSM at all levels.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**NOSM dedicates appropriate resources to fulfilling its social accountability mandate with respect to Indigenous communities.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**NOSM's governance structure allows for Indigenous communities or people to appropriately influence, monitor and evaluate its social accountability mandate with respect to Indigenous communities.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**NOSM has adequate numbers of Indigenous students, staff and faculty to provide leadership and fulfill its social accountability mandate with respect to Indigenous communities.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**NOSM puts appropriate effort into recruiting a diversity of Indigenous students, staff and faculty as part of its social accountability mandate with respect to Indigenous communities.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**NOSM provides work and learning environments that are culturally safe and free of racism for Indigenous students, staff, learners and community partners.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**When tensions arise in the relationship between NOSM and Indigenous community partners, there is sufficient trust to explore the tension through dialogue.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**When tensions arise between non-Indigenous and Indigenous individuals involved in NOSM, there are appropriate mechanisms and support available to resolve the conflict.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**I feel adequately and appropriately represented through the current structures and processes.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Note: Please comment or clarify your answer here: [insert open text field]



**The next 2 questions relate to the Ladder of Citizen Participation [included as Appendix D in this report]:**

**With reference to the diagram, how would you characterize the level of participation of Indigenous communities with respect to NOSM and its social accountability mandate?**

- Citizen Control
- Delegated Power
- Partnership
- Placation
- Consultation
- Informing
- Therapy
- Manipulation

**With respect to the above diagram, what do you think the appropriate level of participation for Indigenous communities in NOSM is?**

- Citizen Control
- Delegated Power
- Partnership
- Placation
- Consultation
- Informing
- Therapy
- Manipulation

What are 3-5 actions NOSM could do to strengthen its social accountability mandate with respect to its relationship with Indigenous peoples and communities?

Any other comments you would like to provide:







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