

RECONCILIATION ACTION PLAN

RADY FACULTY OF HEALTH SCIENCES, UNIVERSITY OF MANITOBA



**University
of Manitoba**

**Rady Faculty of
Health Sciences**

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The Rady Faculty of Health Sciences has developed this Reconciliation Action Plan with input from approximately 100 Faculty, staff and students, input from Indigenous community leaders, and engagement with Knowledge Keepers. The Action Plan will be a living, breathing document and we believe that the mutually respectful, rights-based relationship between the Faculty and the Indigenous communities it serves is the most important outcome.



The Rady Faculty of Health Sciences is located on Treaty 1 Territory and the homeland of the Metis Nation. In roles of clinical service, research and education we serve diverse Indigenous communities including urban, rural and remote First Nations, Metis and Inuit peoples. Building on the 2011 University of Manitoba Statement of Apology and Reconciliation to Indian Residential School Survivors and the strong foundation of Indigenous health leadership built over time, we commit to fully implementing the Calls to Action that are within our mandate.

We acknowledge, as President Barnard did in 2011, that this Institution by not living up to its goals and ideals contributed to the harm done to First Nations, Metis and Inuit peoples. We acknowledge that Indigenous peoples, present in the Faculty as students, staff and Faculty, have experienced racism. We acknowledge that the ability of the Faculty to serve Indigenous communities has been limited by institutional and epistemic racism, including by the relative undervaluing of Indigenous Knowledge and Knowledge Keepers.

The Rady Faculty of Health Sciences fully accepts the Principles of Reconciliation as documented by the Truth and Reconciliation Commission of Canada to guide its renewed relationships with First Nations, Metis, and Inuit people. These principles include:

1. The United Nations Declaration on the Rights of Indigenous Peoples is the framework for reconciliation.
2. First Nations, Inuit and Metis peoples have Treaty, constitutional and human rights that must be respected.
3. Reconciliation is a process of healing of relationships that requires truth sharing, apology, and commemoration that acknowledge and redress past harms.
4. Reconciliation requires constructive action on addressing the ongoing legacies of colonialism that have destructive impacts on Indigenous peoples' health.
5. Reconciliation must create a more equitable society and close the gaps in health.
6. All Canadians share the responsibility.
7. The perspectives and understandings of Traditional Knowledge Keepers are vital.
8. Reconciliation requires political will, joint leadership, trust building, accountability, transparency and a substantial investment of resources.

In response to the health-related Calls to Action (Numbers 18-24), the Faculty has developed a plan in the following five theme areas:

HONOURING TRADITIONAL KNOWLEDGE SYSTEMS AND PRACTICES

SAFE LEARNING ENVIRONMENTS AND PROFESSIONALISM

STUDENT SUPPORT, MENTORSHIP AND RETENTION

EDUCATION ACROSS THE SPECTRUM

CLOSING THE GAP IN ADMISSIONS

Each of these theme areas contains specific action items with timelines and measurable landmarks. We commit to reporting on our progress annually to ensure we are doing our part in contributing to the broader work of Reconciliation in Canada.

Honouring Traditional Knowledge Systems and Practices

The Rady Faculty of Health Sciences acknowledges that the perspectives, understandings and practices of Aboriginal Elders and Traditional Knowledge Keepers are integral to long-term healing and reconciliation. We commit to supporting First Nation, Metis and Inuit peoples' cultural revitalization and integrating Indigenous knowledge systems, oral histories, protocols, and connections to the land in curriculum, research protocols and health service delivery models in accordance with respectful protocols guided by Elders and Knowledge Keepers.



Table 1: Honouring Traditional Knowledge by Bridging Bio-Psycho-Social Paradigms

Action	Responsibility	Timeline	Measurable Landmark
I. Develop protocol and respectful behavior guidelines for students and professional learners to utilize prior to participating in Traditional Knowledge translation activities and/or ceremonies.	Executive Director, Indigenous Health Services, Indigenous Institute of Health and Healing Knowledge Keepers	December 2017	<ul style="list-style-type: none"> • Knowledge Keepers Advisory Council formed • Gathering with Faculty, Staff and Knowledge Keepers held • Guidelines developed and distributed faculty wide
II. Provide credited experiential learning opportunities as student electives or selectives with Elders and Traditional Knowledge Keepers	Executive Director, Indigenous Academic Affairs, Indigenous Institute of Health and Healing Executive Director, Indigenous Health Services, Indigenous Institute of Health and Healing Undergraduate, Graduate and Postgraduate programs Knowledge Keepers	Ongoing	<ul style="list-style-type: none"> • # student electives throughout the core curriculum • # summer student placements with Elders • # financially supported ceremonies and ceremonialists with preceptor status (like a tuition payment)
III. Deliver structured learning opportunities for current health professional learners to participate in land-based and ceremonial experiences through various modes and mediums.	Director of Indigenous Health Integration, Indigenous Institute of Health and Healing Knowledge Keepers Undergraduate, Graduate and Postgraduate programs	January 2018	<ul style="list-style-type: none"> • # of traditional healers/medicine people with nil appointments • # of ceremonies supported financially • # of professionals/faculty engaged/participating
IV. Review existing curricula and redesign where needed to Traditional Healing Ways in under grad and post grad programs to enhance the bio-psycho-social model to be inclusive of "spiritual" beliefs and practices.	College Deans and Indigenous Health Leads	August 2018	<ul style="list-style-type: none"> • # of hours

Table 2: Honouring Traditional Knowledge through Inclusive Policies and Procedures

Action	Responsibility	Timeline	Measurable Landmark
I. Revise hospitality policy to support cultural feasting for sessions or seminars	Director of Operations, Indigenous Institute of Health and Healing Central Administration	June 2017	<ul style="list-style-type: none"> • Reduced barriers for hospitality approvals • Policy exclusions created based on established criteria • Policy exclusions created based on established criteria
II. Revise remuneration policy to allow for gifting or giveaway ceremonies	Director of Operations, Indigenous Institute of Health and Healing Central Administration	June 2017	<ul style="list-style-type: none"> • Reduced barriers for purchasing gifts • Policy exclusions created based on established criteria
III. Create a remuneration policy for honorariums reflective of knowledge and expertise of elders	Director of Operations, Indigenous Institute of Health and Healing Central Administration	June 2017	<ul style="list-style-type: none"> • At least \$500/day and \$250 for half day
IV. Revise faculty appointment and promotion policies to be peer reviewed and guided by community recognition of Elders/Knowledge Keepers	College Deans Vice-Dean, Indigenous Health, Rady Faculty of Health Sciences Vice-Dean, Academic Affairs, Rady Faculty of Health Sciences	June 2018	<ul style="list-style-type: none"> • Elder classification and appointment process created by Elders and peer reviewed accordingly

Safe Learning Environments and Professionalism

We at the University of Manitoba value Indigenous People and their systems of knowledge, values and relationships that are rooted in this land. We want to treat Indigenous patients, students and colleagues with respect and dignity, free from racism. We want respectful relationships to foster an exchange of knowledge and values that allows us all to live better together in this land. A safe learning environment is one in which patients, students and teachers are free from racism, harassment or abuse AND in which there is a clear mechanism to manage breaches in safety.



Table 3: Supporting and ensuring accountability for faculty, learners, and instructors to create and maintain a safe learning environment, including intervening when the learning environment is unsafe.

Action	Responsibility	Timeline	Measurable Landmark
I. Supporting the Centre for Aboriginal Health Education in their ongoing development of anti-racist content in the Indigenous Health curriculum	TRC Working Group UGME and PGME Deans Associate Dean, Professionalism	December 2016–ongoing	<ul style="list-style-type: none"> Increased number of facilitators leading sessions Resource list developed for facilitators who need support after sessions
II. Develop a public campaign to demonstrate our commitment to supporting a safe learning environment	Council of Deans, Rady Faculty of Health Sciences Vice-Dean, Indigenous Health Director of Communications & Marketing, Rady Faculty of Health Sciences	September 2017	<ul style="list-style-type: none"> Working Group formed Multimedia campaign launched
III. Develop and implement a faculty development program ensuring that all teachers have the skills and commit to fostering a safe learning environment, free from racism.	Vice-Dean, Indigenous Health Vice-Dean, Interprofessional Education Director of Education, Indigenous Institute of Health and Healing	June 2018	<ul style="list-style-type: none"> Baseline assessment of capacity and needs completed Modules/ learning opportunities completed # faculty members participating
IV. Develop and implement a process by which concerns about racism in the learning environment raised by patients, learners, staff or faculty are addressed as issues of professionalism	Associate Dean, Professionalism Vice-Dean, Indigenous Health	September 2017	<ul style="list-style-type: none"> Assessment of current process, who is/isn't using it, and effectiveness is completed Process refined or new process developed

Action	Responsibility	Timeline	Measurable Landmark
V. Develop and distribute a policy with clear roles, responsibilities and mechanisms for accountability for creating and maintaining a safe learning environment	TRC Working Group Associate Dean, Professionalism Vice-Dean, Indigenous Health	September 2017	<ul style="list-style-type: none"> Policy is developed and available on website Policy is included in orientation of all new students and faculty
VI. Develop and implement a performance management and evaluation system that allows faculty, learners and teachers to receive performance feedback on their ability to facilitate a safe learning environment with opportunities for further training when a need is identified.	Deans/ Department Heads Associate Deans of Education Executive Director, Indigenous Academic Affairs, Indigenous Institute of Health and Healing Director of Indigenous Health Integration, Indigenous Institute of Health and Healing	September 2018	<ul style="list-style-type: none"> Performance feedback forms are revised to include section on safety of learning environment Evaluation forms are revised to include section on safety of learning environment # programs/ departments using new feedback and evaluation forms # individual faculty members/ instructors receiving feedback about safety of learning environment
VII. Work in partnership with licensing bodies and Regional Health Authorities to support importance of cultural safety for all health care providers and develop process for addressing deficiencies.	Dean, Rady Faculty of Health Sciences & Vice-Provost (Health Sciences) CEO of WRHA and possibly other RHAs Vice-Dean, Indigenous Health Executive Director, Indigenous Academic Affairs, Indigenous Institute of Health and Healing Council of Deans, Rady Faculty of Health Sciences	September 2017	<ul style="list-style-type: none"> Signed/ endorsed statement of support for culturally safe learning environments Joint TRC Action plan focused on safe learning, work and health care environments is developed Joint Oversight Committee of TRC Action Plan is developed and meets regularly Implementation of Joint TRC Action Plan

Student Support, Mentorship, and Retention

The Truth and Reconciliation Commission Call to Action number 23 explicitly calls for increasing the number of Indigenous professionals working within the health care field. Once Indigenous learners enter health professional studies we are committed to supporting their successful completion as health professionals with strengthened First Nations, Metis or Inuit identity and community connections through support, mentorship and retention.

Table 4: Upholding the success of First Nations, Metis and Inuit Learners

Action	Responsibility	Timeline	Measurable Landmark
I. Build Student Support, Mentorship and Retention (SSMR) Working Group within The Rady Faculty of Health Sciences, University of Manitoba, and Winnipeg community.	SSMR Working Group Council of Deans, Rady Faculty of Health Sciences	May 2017	<ul style="list-style-type: none"> Working Group is formed Each College is actively participating in SSMR Working Group
II. Complete an environmental scan: Collect existing data from all colleges and other Canadian universities around strengths and gaps in service.	SSMR Working Group Senior Lead, Indigenous Health Student Affairs	March 2017– September 2017	<ul style="list-style-type: none"> Environmental Scan is completed
III. Student Needs Assessment: Consultation Activity using “Mixer” format to identify needs	SSMR Working Group Senior Lead, Indigenous Health Student Affairs	September 2017– October 2017	<ul style="list-style-type: none"> Consultation activity(ies) are held Report on results of consultation is completed
V. Further develop and implement student support programs to address gaps and build on strengths in service.	SSMR Working Group Senior Lead, Indigenous Health Student Affairs	October 2017– December 2018	<ul style="list-style-type: none"> Action plan is developed based on information from Environmental Scan and Consultation #/ type of new student support activities



Education Across the Spectrum

The Rady Faculty of Health Sciences recognizes that the current state of Indigenous health in Canada is a direct result of Canadian government policies, including the legacy of the residential school system, and the ideologies of racism and colonialism that underpinned them. The health of Indigenous People and their communities continues to be compromised because health care providers lack a deeper understanding of these issues and a commitment to the provision of culturally safe, reflective practice. In accordance with the TRC recommendations regarding health care provider education, the FHS commits to ensuring that its students, trainees and faculty will be provided training in cultural safety, conflict resolution, human rights and anti-racism, which will be evaluated and augmented in an ongoing process of continuing professional education.

Table 5: Implement a shared pre-licensure longitudinal core curriculum or core objectives in Indigenous health across the Colleges

Action	Responsibility	Timeline	Measurable Landmark
I. Identify and engage existing structures people that could support the development of the curriculum objectives within the FHS and the broader university	Council of Deans, Rady Faculty of Health Sciences Executive Director, Indigenous Academic Affairs, Indigenous Institute of Health and Healing College Advisory Council on Indigenous Health Director of Indigenous Health Integration, Indigenous Institute of Health and Healing	March 2017	<ul style="list-style-type: none"> Working Group/ Committee formed Strategy for development and implementation of core objectives is completed
II. Create a curriculum map of existing Indigenous Health curriculum across the Colleges and a repository of existing curriculum content.	Director of Indigenous Health Integration, Indigenous Institute of Health and Healing	December 2017	<ul style="list-style-type: none"> Map is completed Repository is available
III. Develop and implement a process for involvement of diverse Indigenous communities in defining the outcomes for a shared curriculum	Director of Indigenous Health Integration, Indigenous Institute of Health and Healing Executive Director, Indigenous Academic Affairs, Indigenous Institute of Health and Healing	September 2018	<ul style="list-style-type: none"> Community engagement plan developed # gatherings/ community engagement events Demographics of people involved in community events Core objectives developed and widely distributed
IV. Obtain commitment from all Colleges to implement core curriculum/ objectives	Dean, Rady Faculty of Health Sciences & Vice-Provost (Health Sciences) Council of Deans, Rady Faculty of Health Sciences Vice-Dean, Indigenous Health	October 2018	<ul style="list-style-type: none"> Signed/ endorsed statement of importance of core Indigenous health objectives Importance of Indigenous health reflected in Faculty and Colleges Mission/ Vision statements and strategic plans

Action	Responsibility	Timeline	Measurable Landmark
V. Advocate for inclusion of Indigenous health core objectives/ standards in national accreditation process for all FHS programs.	Dean, Rady Faculty of Health Sciences & Vice-Provost (Health Sciences) Council of Deans, Rady Faculty of Health Sciences Vice-Dean, Indigenous Health Executive Director, Indigenous Academic Affairs, Indigenous Institute of Health and Healing	November 2018-ongoing	<ul style="list-style-type: none"> Draft accreditation standards/ objectives are developed for each relevant body Number and type of advocacy activities Inclusion of standards
VI. Provide professional development on cultural safety to all members of the Rady Faculty of Health Sciences.	Dean, Rady Faculty of Health Sciences & Vice-Provost (Health Sciences) Council of Deans, Rady Faculty of Health Sciences Vice-Dean, Indigenous Health	January 2017-ongoing	<ul style="list-style-type: none"> # and demographic details of members of FHS community completing online cultural safety training

Table 6: Creating professional development opportunities for faculty members and health care providers involved in Indigenous health care or education

Action	Responsibility	Timeline	Measurable Landmark
I. Require completion of Online Cultural Safety training (or equivalent) by all faculty and clinical teachers	Council of Deans, Rady Faculty of Health Sciences	January 2017-ongoing	<ul style="list-style-type: none"> # and demographic details (e.g. staff type, department, college) of members of FHS community completing online cultural safety training
II. Develop and implement a faculty self-assessment tool for reflection on Indigenous Health	Director of Indigenous Health Integration, Indigenous Institute of Health and Healing Director of Education, Indigenous Institute of Health and Healing Executive Director, Indigenous Academic Affairs, Indigenous Institute of Health and Healing	December 2018	<ul style="list-style-type: none"> Working Group formed Literature review of existing tools completed Self-assessment tool developed Self-assessment tool pilot completed Guidelines for use developed # faculty using tool, description of demographics of those using
III. Develop and implement ALLY-like training/ certification for faculty and clinical teachers that are involved in delivery of Indigenous Health content.	Director of Indigenous Health Integration, Indigenous Institute of Health and Healing Chair, Social Accountability Council of Deans, Rady Faculty of Health Sciences	December 2018	<ul style="list-style-type: none"> Working Group formed Environmental scan of existing Ally training programs Ally training developed # faculty/ clinical teachers participating in training

Closing the Gap in Admissions

Enhancing Opportunity

The Rady Faculty of Health Sciences understands the significant social and economic barriers experienced by First Nations, Métis and Inuit peoples, and how these barriers can limit the opportunity to enter health professional education. We commit to efforts that will remove or address these barriers so that First Nations, Métis and Inuit learners have equal opportunity to access health professional education.

Table 7: Enhancing Opportunity through Outreach

Action	Responsibility	Timeline	Measurable Landmark
I. Develop a map which shows where current Indigenous students are from, and where current outreach programs service to identify gaps and inform future planning.	Director of Admissions in each college Senior Lead, Indigenous Health Student Affairs	September 2017	<ul style="list-style-type: none"> Map completed
II. Implement an advocacy campaign for equitable funding for On-Reserve First Nations education.	Student-led groups	May 2018	<ul style="list-style-type: none"> Student meetings with provincial and federal politicians to discuss campaign Campaign materials distributed widely Endorsement of campaign by First Nations leadership
III. In partnership with Indigenous educators and other faculties, develop a longitudinal health/ health career based science and math curriculum that could be implemented in elementary, middle, and secondary schools where there are high proportions of Indigenous learners.	Recruitment Officer, Senior Lead, Indigenous Health Student Affairs Director of Biomedical Youth Program Director of Indigenous Health Integration, Indigenous Institute of Health and Healing Executive Director, Indigenous Academic Affairs, Indigenous Institute of Health and Healing	September 2019	<ul style="list-style-type: none"> Initial meetings held with Faculties of Science, Kinesiology and Indigenous educators Inventory of current activities in Manitoba Inventory of online or other available resources Proposals developed and resources secured Curriculum/ science and math outreach program is developed and implemented



Action	Responsibility	Timeline	Measurable Landmark
VI. Provide professional development on cultural safety to all members of the Rady Faculty of Health Sciences.	Dean, Rady Faculty of Health Sciences & Vice-Provost (Health Sciences) Council of Deans, Rady Faculty of Health Sciences Vice-Dean, Indigenous Health	January 2017-ongoing	<ul style="list-style-type: none"> # and demographic details of members of FHS community completing online cultural safety training
IV. Provide structured opportunities for current health professional learners to participate in education and health career promotion when they are outside of Winnipeg as part of the distributed learning models.	Indigenous Health Promotion Group Office of Interprofessional Collaboration Director of Indigenous Health Integration, Indigenous Institute of Health and Healing Senior Lead, Indigenous Health Student Affairs	May 2018	<ul style="list-style-type: none"> 5 students teams formed to develop workshop case-based scenarios to engage junior high and high school aged youth 5 scenarios that can be used by learners for health career promotion During Rural Week or other placements all students are selecting a scenario and presenting it to local youth
V. Develop and distribute outreach materials that highlight the contributions of Indigenous peoples to math, science and health.	Director of Communications & Marketing, Rady Faculty of Health Sciences Senior Lead, Indigenous Health Student Affairs Indigenous Achievement	September 2018	<ul style="list-style-type: none"> Website that is youth friendly and easy to navigate is live # website hits and social media interactions # Hard copies sent throughout province and where

Table 8: Enhancing Opportunity through Admissions Policies and Processes

Action	Responsibility	Timeline	Measurable Landmark
I. Review all current online and print materials such as Applicant Information Bulletins to ensure the use of uniform, strength-based language and messaging particularly regarding Indigenous learners.	Director of Indigenous Health Integration, Indigenous Institute of Health and Healing	September 2018	<ul style="list-style-type: none"> All College admissions websites have been reviewed and language updated All policy documents related to Indigenous students or Indigenous health have been reviewed and updated
II. Review current entrance criteria and assess whether any present an unreasonable barrier to Indigenous learners.	Director of Indigenous Health Integration, Indigenous Institute of Health and Healing Executive Director, Indigenous Academic Affairs, Indigenous Institute of Health and Healing Director of Admissions in each college	December 2018	<ul style="list-style-type: none"> Initial meeting with Admissions from each College by June 2017 Review of criteria, comparison with national and international standards completed Recommendations developed and implemented
III. Review and strengthen criteria and admissions processes that facilitate the identification of students who are likely to contribute to a positive learning environment for First Nations, Métis and Inuit learners.	Director of Admissions in each college Director of Indigenous Health Integration, Indigenous Institute of Health and Healing Executive Director, Indigenous Academic Affairs, Indigenous Institute of Health and Healing	December 2018	<ul style="list-style-type: none"> MMI stations, panel interview questions, or equivalent processes are reviewed New stations or questions are developed through an engagement process that allows students to demonstrate desired behaviors/ attitudes
IV. Through meaningful engagement processes, obtain input from First Nations, Métis and Inuit communities about the admissions criteria and qualifications for entry into health professional education and preferred mechanisms for community participation in interview processes.	Indigenous Panel Lead Admissions Offices Executive Director, Indigenous Academic Affairs, Indigenous Institute of Health and Healing Director of Indigenous Health Integration, Indigenous Institute of Health and Healing	December 2018	<ul style="list-style-type: none"> #/ type of community engagement activities description of participants in community engagement activities Community-informed characteristics and qualifications for health professionals are identified Framework for review of current admissions policies/ processes based on community input developed Collaborative review of Colleges admissions policies and processes completed # Community members participating in admissions processes Community member satisfaction with inclusion in admissions process



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Ongomiizwin@umanitoba.ca

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