

Thursday, November 28, 2019

5:00pm

SUB 6-06

We would like to respectfully acknowledge that our University and our Students' Union are located on Treaty 6 Territory. We are grateful to be on Cree, Dene, Saulteaux, Métis, Blackfoot, and Nakota Sioux territory; specifically the ancestral space of the Papaschase Cree. These Nations are our family, friends, faculty, staff, students, and peers. As members of the University of Alberta Students' Union we honour the nation-to-nation treaty relationship. We aspire for our learning, research, teaching, and governance to acknowledge and work towards the decolonization of Indigenous knowledges and traditions.

AGENDA (ARRC-2019-13)

2019-13/1 INTRODUCTION

2019-13/1a Call to Order

2019-13/1b Approval of Agenda

2019-13/1c Approval of Minutes

2019-13/1d Chair's Business

2019-13/2 QUESTION/DISCUSSION PERIOD

2019-13/2a Consultation Surrounding the Creation of a New Category Of Student Representative Associations Under Bylaw 6100

2019-13/2b Indigenous Representation on the Board of Governors Proposal

See ARRC-2019-13.02.

2019-13/2c Aboriginal Consultation/Engagement Bylaw

See ARRC-2019-13.03.

2019-13/3 COMMITTEE BUSINESS

2019-13/4 INFORMATION ITEMS

2019-13/4a ARRC Minutes (ARRC-2019-14-A) - Thursday, December 12, 2019.

See ARRC-2019-13.01.

2019-13/4b Indigenous Representation on the Board of Governors Proposal.

See ARRC-2019-13.02.

2019-13/4c Aboriginal Consultation/Engagement Bylaw

See ARRC-2019-13.03.

2019-13/5 **ADJOURNMENT**

2019-13/5a **Next Meeting:** Thursday, December 12, 2019 @ 5:00PM in SUB 6-06.

Study: Métis Albertan's Barriers to Entering Healthcare Professions

Would you like to help working towards identifying barriers to Métis Albertans entering Healthcare professions? The Métis Nation of Alberta with the Indigenous Medical and Dental Students Association are currently conducting a study on barriers to potential and current Métis medical student's admission and success in medical school

Thank you for interest in taking part in this survey that will be used to identify barriers that exist in the medical school admissions process for Metis students. This survey is a part of a larger study involving past, current and prospective Indigenous medical students. Be advised that this survey is anonymous and your information is completely safe and will be aggregated as data to inform and disseminate results.

The survey should take approximately 20 minutes to complete and your participation is voluntary; the answers and context you provide will be used to quantify the experience of current and prospective Métis students in the Faculty of Medicine & Dentistry (FoMD) at the University of Alberta (UofA) so that it may be improved for incoming students.

Please click on the following to read and accept the consent form which will take you to the survey:

[\[link\]](#)

If you have questions/concerns, please do not hesitate to contact the Principle Investigators: Cole Boettger <cboettge@ualberta.ca>, Kate Beggs <mkbeggs@ualberta.ca>, Jason Kreutz <jrkreutz@ualberta.ca>, Nicolas Gibson <ngibson1@ualberta.ca>, Andrew Volk <avolk@ualberta.ca> or the Research Supervisor (Dr. Konkin) at dkonkin@ualberta.ca. The plan for this study has been reviewed for its adherence to ethical guidelines by the Research Ethics Board at the University of Alberta (Pro00094433). For questions regarding participant rights and ethical conduct of research, please contact the Research Ethics Office at (780) 492-2615.

Thank you

Research Team:

Cole Boettger <cboettge@ualberta.ca>,
Kate Beggs <mkbeggs@ualberta.ca>,
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Health and Wellness, Métis Nation of Alberta

Jason Kreutz <jrkreutz@ualberta.ca>,
Peter Loughheed Leadership College, University of Alberta



**INFORMATION LETTER and CONSENT
FORM**

Study Title: Métis Albertan's Barriers to Entering Healthcare Professions

Research Team:

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Jason Kreutz <jrkreutz@ualberta.ca>,
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Background

Admission to medical school requires successful completion of several components such as the MMI, MCAT, university undergraduate degree, reference letters, and list of volunteer activities, to name a few. MCAT Scores [(Eskander et al., 2013; Hanson, 2010; White, 2008)], MMIs [(Eskander et al., 2013; Rees et al., 2016; Reiter et al., 2012)], and Undergraduate Degree Requirements [(Bailey, 2016; Baugh et al., 2019; Black & Hachkowski, 2019; Gordon & White, 2014; Henry et al., 2017; Morrissette & Gadbois, 2006; Pidgeon, 2019)] have been shown to have cultural bias, with Indigenous people scoring poorer than non-Indigenous people. Cultural understanding of volunteering may also disadvantage Indigenous students application to medical school – with the informal cultural helping-out within the community not being recognized as a form of volunteering [(Edwards, 2011)]. We hypothesize that there are many yet to be identified barriers to Métis medical student success and admission to medical school.

Purpose

The Truth and Reconciliation Commission Calls to Action (TRC) #23 calls on all levels of government to increase the number of Métis physicians. Continued colonial legacy has resulted in Métis Albertans being underrepresented in the healthcare field. Aboriginal Albertans represented at least 6.5% of the population of Alberta in the 2016 census, representing an increase of 56% since 1996 yet the number of Indigenous physicians in Canada in 2006 was 2.1% (an increase from 1.2% in 1996) (Arriagada, 2016; Nader, Kolahdooz, & Sharma, 2017). Given that there were 84,260 physicians in Canada in 2018, a gap of at least 3,707 Indigenous physicians exists ("Number of physicians by province/territory and specialty, Canada, Canadian Medical Association," 2018). Several universities have programs in place to promote Indigenous applicants to their medical schools, however, assuming no Indigenous physicians retire, it would take over 55 years for the gap to close as on average these programs 67 Indigenous students per year across Canada (Doria, 2017).

We know little about the specific perceived barriers to potential and current Métis medical student's admission and success in medical school. Without evidence of Métis barriers to admission, we lack the necessary foundation to plot a clear path forward in implementing TRC #23. This study seeks to fulfil the TRC



#23 in a distinctions-based approach by reporting the unique barriers of potential, current, and past Métis medical students to admission and success in healthcare with the intention of advising future policy to reduce or eliminate the identified barriers. An additional benefit is that the barriers are likely transferable to any Métis Albertan considering post-secondary education.

The objectives of our study are to:

1. Determine the perceived barriers to Métis student admission.
2. Determine the perceived barriers to Métis students completing medical school.
3. Determine the perceived barriers to Métis Physicians in practice.

Study Procedures

With a community advisory team of Elders and stakeholders, we will conduct a needs assessment survey and series of talking circles (focus groups) aimed at better understanding the barriers to medical school admission for Métis Albertans.

A) Anonymous Survey Collection:

Participants will be sent a link to an anonymous survey link. This will first send them to a consent form explaining the purpose of the survey and any potential harm from patriation. They will then be forwarded to a survey asking questions about basic demographics, barriers to medical school entry, and supports and services which did or could help mitigate these barriers. Questions will include close ended multiple-choice questions and more open-ended questions. This combination will help give space for those who are not able to participate in talking circles to give information beyond that which we have thought to ask. The survey will be hosted on REDCap, a secure web platform for building and managing online databases and surveys. Data will be stripped from collected data to ensure anonymity. Data will be kept in a secure place for a minimum of 5 years following completion of research project. Data will be destroyed 5 years after the end of the study. As questions about barriers can sometimes be upsetting surveys will also include a page to resources that participants can access if required.

B) Talking Circles

Another method of data collection will be talking circles, which have also been shown to have a therapeutic effect on the participant (Begoray & Banister, 2008; Mehl-Madrona & Mainguy, 2014). The talking circle will take place in collaboration with the Indigenous Medical and Dental Students Association of the University of Alberta to provide support and connection between Indigenous Physicians and Indigenous medical students. In a talking circle, talking piece (an object of special meaning to the facilitator) is passed among participants. Having the talking piece denotes it is one's time to contribute to the discussion, or pass along the opportunity to the next person.

Talking circles will start with a discussion of the purpose of the study and an explanation of any risks to participation and an acknowledgement that participants may leave at any time. Participants will then be given space to talk about any barriers they have faced. A facilitator will help keep the discussion on track and encourage participation using open ended questions as needed. Data will be collected using hand



written notes and/or electronic recordings. Names will not be collected and any information presented in the final report or retained in electronic copies of focus group notes will be aggregated to ensure participant anonymity.

Following focus group participation participants will be given a paper copy of the survey to complete. To ensure participant anonymity survey data collected at talking circles will be given a unique ID and entered into the database by a research team member who was not present at the talking circle. To ensure accuracy a second team member will verify the accuracy of data inputted from paper surveys.

Benefits

There is no direct benefit to participating in this study. Talking circles, which have also been shown to have a therapeutic effect on the participant (Begoray & Banister, 2008; Mehl-Madrona & Mainguy, 2014).

Risk

There are no expected direct risks in the participation of this study. As questions about barriers can be upsetting or reintroduce participants to past trauma, the surveys will also include a page to resources that participants can access if required.

Voluntary Participation

Volunteer participants will be recruited from an internal database of the Division of Community Engagement - Indigenous Health Initiatives, which lists past and current Métis medical students, networks of Métis Physicians, and Métis Nation of Alberta Citizens.

Confidentiality & Anonymity

Data from this study will be collected as confidentially as possible through the use of anonymized information collected via REDCap as a method of identifying and storing session data. Student's current university and year of study will be collected. No other identifiable information will be solicited. All collected data will be stored confidentially in a secured and encrypted server. Only the research team at the university will have access to the collected data. Collected information will be analyzed by the research team at the University independent from the Faculty of Medicine or Post Graduate programs. Data will be kept in a secure place for a minimum of 5 years following completion of research project. Data will be destroyed 5 years after the end of the study.

Further Information

If you have questions/concerns, please do not hesitate to contact the Principle Investigators: Cole Boettger <cboettge@ualberta.ca>, Kate Beggs <mkbeggs@ualberta.ca>, Jason Kreutz <jrkreutz@ualberta.ca>, Nicolas Gibson <ngibson1@ualberta.ca>, Andrew Volk <avolk@ualberta.ca> or the Research Supervisor (Dr. Konkin) at dkonkin@ualberta.ca. The plan for this study has been reviewed for its adherence to ethical guidelines by the Research Ethics Board at the University of Alberta (Pro00094433). For questions regarding participant rights and ethical conduct of research, please contact the Research Ethics Office at (780) 492-2615.



PLEASE READ THIS DOCUMENT CAREFULLY. YOUR SIGNATURE IS REQUIRED TO PARTICIPATE IN THIS RESEARCH STUDY. YOU MUST BE AT LEAST 18 YEARS OF AGE TO GIVE CONSENT TO PARTICIPATE IN RESEARCH.

Description of the Study: This study is an inquiry into the barriers that exist for indigenous students seeking entrance into medical schools in Canada and establishing a medical career. It will involve surveys and interviews with current, past and prospective Indigenous medical students while maintaining confidentiality of the participants.

Your Participation: You will be asked to fill out a questionnaire around your personal experiences. Additionally you may sign up for a Talking Circle at a later time (this is completely optional). Your personal information will be kept confidential from everyone but those conducting the study.

If you feel uncomfortable or wish to stop participating, you may do so at any time.

I confirm that I have read and understood the information about the project and my involvement.

I confirm that I have had the opportunity to ask questions and have these questions answered to my satisfaction prior to my involvement.

I understand that my participation is voluntary and that I am free to withdraw from the project at any time, without having to give a reason and without any consequences.

Participant's Name and Signature

Date

Witness's Name and Signature

Date

Thank you



References

- Bandiera, Glen, Caroline Abrahams, Mariela Ruetalo, Mark D. Hanson, Leslie Nickell, and Salvatore Spadafora. 2015. 'Identifying and Promoting Best Practices in Residency Application and Selection in a Complex Academic Health Network', *Academic Medicine*, 90: 1594-601.
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- Weissbart, Steven J., Soo Jeong Kim, Richard S. Feinn, and Jeffrey A. Stock. 2015. 'Relationship Between the Number of Residency Applications and the Yearly Match Rate: Time to Start Thinking About an Application Limit?', *Journal of Graduate Medical Education*, 7: 81-85.
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- Zeng, Andy; Brenna, Connor; Ndoja, Silvio 2019. "Fundamental Trends within Falling Match Rates: Insights from 10 years of CaRMS Data " In *The Canadian Conference on Medical Education*. Niagara Falls, ON.

1.1 Study Identification

All questions marked by a **red asterisk *** are required fields. However, because the mandatory fields have been kept to a minimum, answering only the required fields may not be sufficient for the REB to review your application.

Please answer all relevant questions that will reasonably help to describe your study or proposed research.

- 1.0 * Short Study Title (restricted to 250 characters):**
Métis Albertan's Barriers to entering the Medical Profession
- 2.0 * Complete Study Title (can be exactly the same as short title):**
Métis Albertan's Barriers to entering the Medical Profession
- 3.0 * Select the appropriate Research Ethics Board (Detailed descriptions are available at <http://www.reo.ualberta.ca/Human-Research-Ethics/Research-Ethics-Boards.aspx>):**
Research Ethics Board 2
- 4.0 * Is the proposed research:**
Unfunded
- 5.01 * Name of local Principal Investigator:**
[Nicolas Gibson](#)
- 6.0 * Type of research/study:**
Undergraduate student
- 7.0 Investigator's Supervisor (required for applications from undergraduate students, graduate students, post-doctoral fellows and medical residents to REBs 1 & 2. HREB does not accept applications from student PIs):**

[Dorothy Konkin](#)

- 8.01 Study Coordinators or Research Assistants:** People listed here can edit this application and will receive all email notifications for the study:

Name	Employer
Cole Boettger	Student

- 9.01 Co-Investigators:** People listed here can edit this application and will receive email notifications (*Co-investigators who do not wish to receive email, should be added to the study email list team below instead of here*).
If your searched name does not come up when you type it in the box, the user does not have the Principal Investigator role in REMO. Click the following link for instructions on how to [Request an Additional Role](#).

Name	Employer
Andrew Volk	Student

Name	Employer
Jason Kreutz	Student

10.01 Study Team: (co-investigators, supervising team, and other study team members) - People listed here cannot view or edit this application and do not receive email notifications.

Last Name	First Name	Organization	Role/Area of Responsibility	Phone	Email
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There are no items to display

1.5 Conflict of Interest

1.0 * Are any of the investigators or their immediate family receiving any personal remuneration (including investigator payments and recruitment incentives but excluding trainee remuneration or graduate student stipends) from the funding of this study that is not accounted for in the study budget?

Yes No

2.0 * Do any of investigators or their immediate family have any proprietary interests in the product under study or the outcome of the research including patents, trademarks, copyrights, and licensing agreements?

Yes No

3.0 * Is there any compensation for this study that is affected by the study outcome?

Yes No

4.0 * Do any of the investigators or their immediate family have equity interest in the sponsoring company? (This does not include Mutual Funds)

Yes No

5.0 * Do any of the investigators or their immediate family receive payments of other sorts, from this sponsor (i.e. grants, compensation in the form of equipment or supplies, retainers for ongoing consultation and honoraria)?

Yes No

6.0 * Are any of the investigators or their immediate family, members of the sponsor's Board of Directors, Scientific Advisory Panel or comparable body?

Yes No

7.0 * Do you have any other relationship, financial or non-financial, that, if not disclosed, could be construed as a conflict of interest?

Yes No

Please explain if the answer to any of the above questions is Yes:

Important

If you answered YES to any of the questions above, you may be asked for more information.

1.6 Research Locations and Other Approvals

- 1.0 * List the locations of the proposed research, including recruitment activities. Provide name of institution, facility or organization, town, or province as applicable

University of Alberta Faculty of Medicine and Dentistry Division of Community Engagement, Edmonton, AB

Participants will be recruited from an internal database in the Division of Community Engagement - Indigenous Health Initiatives of past Métis students.

Metis Nation of Alberta Department of Health and Wellness, Alberta Wide Email Distribution and Focus Groups within existing Health Forms

- 2.0 * Indicate if the study will use or access facilities, programmes, resources, staff, students, specimens, patients or their records, at any of the sites affiliated with the following (select all that apply):

Not applicable

List all health care research sites/locations:

- 3.0 Multi-Institution Review

- * 3.1 Has this study already received approval from another REB?

Yes No

- 4.0 If this application is closely linked to research previously approved by one of the University of Alberta REBs or has already received ethics approval from an external ethics review board(s), provide the study number, REB name or other identifying information. Attach any external REB application and approval letter in the Documentation Section – Other Documents.

2.1 Study Objectives and Design

- 1.0 Provide planned start and end date of human participant research.

Start Date:

11/30/2019

End Date:

11/30/2020

- 2.0 * Provide a lay summary of your proposed research which would be understandable to general public

The Truth and Reconciliation Commission Calls to Action (TRC) #23 calls on all levels of government to increase the number of Métis physicians. Continued colonial legacy has resulted in Métis Albertans being underrepresented in the healthcare field. Given that there were 84,260 physicians in Canada in 2018, a gap of at least 3,707 Indigenous physicians exists based solely on census information. Nearly one third of the 114,000+ self-identified Métis Albertans are citizens of the MNA, representing at least 2.6% of the population of Alberta. Several universities have programs in place to promote Métis applicants to their medical schools. Despite these efforts, it will take over 55 years for the gap to close with only ~67 Indigenous students per year across Canada. Many of the indigenous medical students at the University of Alberta are Métis Citizens.

We know little about the specific perceived barriers to potential and current Métis medical student's admission and success in medical school. Without evidence of Métis barriers to admission, we lack the necessary foundation to plot a clear path forward in implementing TRC #23. This study seeks to fulfil the TRC #23 in a distinctions-based approach by reporting the unique barriers of potential, current, and past Métis medical students to admission and success in healthcare with the intention of advising future policy to reduce or eliminate the identified barriers. An additional benefit is that the barriers are likely transferable to any Métis Albertan considering post-secondary education.

The objectives of our study are to:

1. Determine the perceived barriers to Métis student admission.
2. Determine the perceived barriers to Métis students completing medical school.
3. Determine the perceived barriers to Métis Physicians in practice.

Proposed Partnership and Project

- The Health department is proposing a partnership with the University of Alberta's Indigenous Medical and Dental Students' Association (IMDSA).
 - Formed by Métis (and other indigenous) medical students, we use our right to self-determination and self-government to promote an Indigenous presence in health professions. The specific purpose of the Indigenous Medical and Dental Students Association is to identify, represent, encourage, and advocate for the distinct needs of current and prospective Indigenous health care professionals that are grounded in our respective and distinctions-based traditions.
- The goal of this project is to positively impact Métis Albertans health by identifying barriers to entering medical school in order to inform supports and policies to increase the number of Métis physicians and healthcare providers in Alberta.
 - The required components of medical school admission (MCAT Scores, MMIs and Undergraduate Degree Requirements) have been shown to have cultural bias, with Métis Albertans scoring poorer than non-Indigenous people. We hypothesize that there are many yet to be identified barriers to Métis medical student admission to and success in medical school.
- With an MNA Métis advisory team, IMDSA will conduct a needs assessment survey and series of talking circles (focus groups) aimed at better understanding the barriers faced by Métis Albertans pursuing healthcare related professions. Participants will be recruited from networks of Métis Physicians, the Division of Community Engagement - Indigenous Health Initiatives, and Métis Nation of Alberta.
- Participants will be sent a link to an anonymous survey link. Names will not be collected and any information presented in the final

report or retained in electronic copies of focus group notes will be aggregated to ensure participant anonymity. MNA will approve all materials for this project, in collaboration with IMDSA.

3.0 * Provide a full description of your research proposal outlining the following:

- **Purpose**
- **Hypothesis**
- **Justification**
- **Objectives**
- **Research Method/Procedures**
- **Plan for Data Analysis**

Métis Albertan's Barriers to Entering Healthcare Professions

Preface

The terms “Aboriginal”, “First Nations/Inuit/Métis”, and “Indigenous” have different meanings to different people. In this document, Indigenous is meant to include all First Peoples including First Nations, Métis, and Inuit in Canada. Aboriginal is used when referring to the Faculty of Medicine and Dentistry (the faculty) definition: “Students who are of Aboriginal identity within the meaning of the Constitution Act, 1982, Section 35(2)” (*Admission of Aboriginal Applicants, Undergraduate Admissions, Calendar, University of Alberta, 2018-2019*).

Purpose

Indigenous peoples live on average between 4 and 12.5 years less than non-Indigenous Canadians (Anderson et al., 2016). Health outcomes in Indigenous people are greatly affected by Healthcare Providers (HCP) attitudes, abilities to provide clear information, and abilities to establish trusting relationships (Hislop et al., 1996). Indigenous patients are often faced with physicians who might not recognize or acknowledge the barriers they face to improving their health (Lavalley, Neville, Anderson, Shore, & Diffey, 2009). HCPs need increased awareness of cultural concepts as well as information on other barriers to care (Morgan & Wabie, 2012; Wakewich et al., 2016). “*Cultural sensitivity* is awareness that harm is possible and must be avoided. Cultural safety can be created through the education of HCPs. We need to examine our own cultural realities and attitudes that we bring to the encounter. We must be open minded and flexible and not blame the victims of historical and social processes for their current situation. It is the consumers of the service who decide which providers are culturally safe to practice” (Spoonley & Ramsden, 1993).

Hypothesis:

Admission to medical school requires successful completion of several components such as the MMI, MCAT, university undergraduate degree, reference letters, and list of volunteer activities, to name a few.

MMI

There are many types of interviews: multi mini-interviews (MMI), panel, and traditional interviews. Panel interviews have a team of people (typically a medical student, community member, and faculty) who will ask you a series of questions about a topic. Traditional interviews have one person asking you a traditional question (e.g. why do you want to be a physician?). The MMI is a series of stations where you will be asked one question by a different person at each station. You are given a set amount of time in each room and then move onto the next station. The MMI was developed by McMaster University and is widely used in Canadian medical school admissions ("Manual for Interviewers 2017/18 Admissions Undergraduate Medical Program Michael G. DeGroot School of Medicine," 2017). MMI stations can generally be grouped into several categories with summaries and suggested approaches available (To, 2013). The University of Alberta utilizes the MMI as its main interview format for medical school admission.

MCAT

For most medical schools in Canada an application involves the requirement of a Medical College Admissions Test score (MCAT). The MCAT is a standardized multiple-choice exam with the purpose of appraising applicants on four categories. These categories include critical and analytical reasoning, and knowledge of social, behavioral and natural sciences. MCAT Scores were found to be normally distributed (Daitch, Short, Bertolini, & MacPherson, 2005). However, concerns have arisen that the MCAT produces an inherent bias in the medical admissions process (Eskander, Shandling, & Hanson, 2013). This is based on the financial burden that is associated with both taking and preparing for the MCAT. MCAT preparation courses are available to those that can afford the substantial costs although this is likely to give an advantage over those that cannot (Hanson, 2010). The financial burden has been outlined as a potential barrier for Indigenous populations that is compounded by the lack of MCAT testing centers in the northern territories of Canada (Hanson, 2010). These compounding factors in one aspect of the medical admissions process may partially explain the relatively small number of Indigenous physicians compared to their expected proportion in the population.

Undergraduate Degree

Undergraduate degree university admission requires completion of a highschool diploma, with Indigenous highschool graduates estimated at 24.8% in 2011 compared to 78% in non-Indigenous Canadians (Gordon & White, 2014). In 2011, the proportion of non-Indigenous Canadians completing an undergraduate degree was 26.5% compared to 9.8 % for Indigenous students (Gordon & White, 2014). Gaining admission to medical school remains a highly competitive process to which underprivileged populations are disproportionately disadvantaged (Baugh, Vanderbilt, & Baugh, 2019). Most Canadian medical schools require either partial or full completion of an undergraduate bachelor's degree to be eligible for admission. While academic requirements and selection vary amongst medical schools, the academic threshold to gain consideration for admission is highly competitive. Despite increasing levels of degree conferral amongst Indigenous students and the implementation of support systems, Indigenous students still face barriers to attaining a degree suitable for medical school admission (Pidgeon, 2019). Such barriers include interpersonal discrimination, subtle forms of racism, microaggressions, feelings of isolation, and dissatisfaction with the university system (Bailey, 2016). Even with increased degree completion in recent years, Indigenous students have consistently lower

undergraduate retention and completion rates than that of the Canadian national average (Black & Hachkowski, 2019). Additionally, Indigenous postsecondary students face obstacles such as institutional insensitivity to Indigenous cultures, values, histories, and knowledge systems. Factors such as distrust of the education system due to the residential school legacy, lower academic readiness for university education, and feelings of social discrimination also play a role in postsecondary participation and completion for Indigenous students (Black & Hachkowski, 2019). Lower amounts of Indigenous faculty, and lower levels of influence, power, and prestige amongst those that exist within postsecondary institutions may also serve to alienate Indigenous students (Henry et al., 2017). The unique difficulties of attaining high academic achievement for Indigenous university students is often exacerbated by financial concerns, having to relocate, separation from family and friends, and adapting to the university environment (Morrissette & Gadbois, 2006). The aforementioned serves to create unique barriers to the academic success of Indigenous post-secondary students, which is necessary for entrance into healthcare related professional programs.

Volunteering

Volunteerism for Indigenous people has been strongly ingrained in cultural traditions of helping, caring and sharing and is perceived as a social responsibility rather than volunteerism (Daitch et al., 2005; Kerr, Savelsberg, Sparrow, Tedmanson, & Australia, 2001; Little, 2005; Little, Auchterlonie, & Stephen, 2005; Mowatt & Young, 2006). This tradition has been passed down through generations. In current society, volunteering in the community has a positive association with reporting better health, even when income is also considered (Bethune et al., 2018). The term 'volunteer' does not exist in most Indigenous languages – it is an expected behaviour to help others and therefore referred to as "helping out" rather than volunteerism (Edwards, 2011). The differences in perceptions of traditional views of volunteerism and those held amongst Indigenous Peoples might be a reason why Indigenous peoples do not readily associate helping out and volunteering. While helping out is seen as a way of life and integral to a sense of community, volunteering is viewed as something difficult. Due to tradition in Indigenous culture, Indigenous Peoples are far more accustomed to informal volunteerism compared to formal volunteerism. Therefore, one of the first obstacles for Indigenous students applying to medicine is a lack of appreciation or understanding of informal volunteerism by Canadian medical schools. Another obstacle arises from beliefs. The complex setting of the formal voluntary sector may be discouraging to Indigenous Peoples and seen as a barrier to the expression of traditional values. Additionally, Indigenous students may be less comfortable with structured goal orientated activities, rather than people-oriented activities (Edwards, 2011).

Hypothesis:

MCAT Scores [(Eskander et al., 2013; Hanson, 2010; White, 2008)], MMIs [(Eskander et al., 2013; Rees et al., 2016; Reiter et al., 2012)], and Undergraduate Degree Requirements [(Bailey, 2016; Baugh et al., 2019; Black & Hachkowski, 2019; Gordon & White, 2014; Henry et al., 2017; Morrissette & Gadbois, 2006; Pidgeon, 2019)] have been shown to have cultural bias, with Indigenous people scoring poorer than non-Indigenous people. Cultural understanding of volunteering may also disadvantage Indigenous students application to medical school – with the informal cultural helping-out within the community not being recognized as a form of volunteering [(Edwards, 2011)]. We hypothesize that there are many yet to be identified barriers to Métis medical student success and admission to medical school.

Justification:

Indigenous people's rights were restricted by governmental policies which outlawed traditional ceremonies (e.g. Sundance, Potlach), relocated Indigenous peoples to reserves, took Indigenous children away from their communities to Residential Schools, and prohibited Indigenous people from voting, attending university, owning land, entering a public bar, or being in a profession, unless they gave up their Status (McCormick & Wong, 2006). The continued colonial legacy has resulted in Indigenous people being underrepresented in the healthcare field. Aboriginal Albertans represented at least 6.5% of the population of Alberta in the 2016 census, representing an increase of 56% since 1996 yet the number of Indigenous physicians in Canada in 2006 was 2.1% (an increase from 1.2% in 1996) (Arriagada, 2016; Nader, Kolahtooz, & Sharma, 2017). Given that there were 84,260 physicians in Canada in 2018, a gap of at least 3,707 Indigenous physicians exists ("Number of physicians by province/territory and specialty, Canada, Canadian Medical Association," 2018). Several universities have programs in place to promote Indigenous applicants to their medical schools, however, assuming no Indigenous physicians retire, it would take over 55 years for the gap to close as on average these programs 67 Indigenous students per year across Canada (Doria, 2017).

We know little about the specific perceived barriers to current Métis medical student's admission and success in medical school. The Truth and Reconciliation Commission of Canada Calls to Action (TRC) #23 specifically states:

"We call on all levels of government to: (i) increase the number of Indigenous professionals working in the healthcare field. (ii) Ensure the retention of Indigenous healthcare providers in Indigenous communities. (iii) Provide cultural competency training for all healthcare professionals."

Without evidence of Métis barriers to admission, we lack the necessary foundation to plot a clear path forward in implementing TRC #23. This study seeks to fulfil the TRC #23 by reporting the perceived barriers of past and current Métis medical students to admission to medical school with the intention of advising future policy to reduce or eliminate the identified barriers. Objectives

The objectives of our study are to:

- 1) Determine the perceived barriers to Métis medical student admission.
- 2) Determine the perceived barriers to completing medical school.
- 3) Determine the perceived barriers to practicing as a Physician.

Method

With a community advisory team of Elders and stakeholders, we will conduct a needs assessment survey and series of talking circles (focus groups) aimed at better understanding the barriers to medical school admission for Métis Albertans. [Participants will be recruited from an internal database of the Division of Community Engagement - Indigenous Health Initiatives, which lists past and current Métis medical students, networks of Métis Physicians, and Métis Nation of Alberta Citizens.](#)

A) Anonymous Survey Collection:

Participants will be sent a link to an anonymous survey link. This will first send them to a consent form explaining the purpose of the survey and any potential harm from patriation. They will then be forwarded to a survey asking questions about basic demographics, barriers to medical school entry, and supports and services which did or could help mitigate these barriers. Questions will include close ended multiple-choice questions and more open-ended questions. This combination will help give space for those who are not able to participate in talking circles to give information beyond that which we have thought to ask. The survey will be hosted on REDCap, a secure web platform for building and managing online databases and surveys. Data will be stripped from collected data to ensure anonymity. Data will be kept in a secure place for a minimum of 5 years following completion of research project. Data will be destroyed 5 years after the end of the study. [As questions about barriers can sometimes be upsetting surveys will also include a page to resources that participants can access if required.](#)

B) Talking Circles

Another method of data collection will be [talking circles, which have also been shown to have a therapeutic effect on the participant \(Begoray & Banister, 2008; Mehl-Madrona & Mainguy, 2014\)](#). The talking circle will take place in collaboration with the Indigenous Medical and Dental Students Association of the University of Alberta to provide support and connection between Indigenous Physicians and Indigenous medical students. In a talking circle, talking piece (an object of special meaning to the facilitator) is passed among participants. Having the talking piece denotes it is one's time to contribute to the discussion, or pass along the opportunity to the next person.

Talking circles will start with a discussion of the purpose of the study and an explanation of any risks to participation and an acknowledgement that participants may leave at any time. Participants will then be given space to talk about any barriers they have faced. A facilitator will help keep the discussion on track and encourage participation using open ended questions as needed. Data will be collected using hand written notes and/or electronic recordings. Names will not be collected and any information presented in the final report or retained in electronic copies of focus group notes will be aggregated to ensure participant anonymity.

Following focus group participation participants will be given a paper copy of the survey to complete. To ensure participant anonymity survey data collected at talking circles will be given a unique ID and entered into the database by a research team member who was not present at the talking circle. To ensure accuracy a second team member will verify the accuracy of data inputted from paper surveys.

Analysis

Survey and talking circle data will first be cleaned to remove any identifying information, such as names or details likely to be traceable back to a single individual. Information from the talking circles will then be categorized based on broad themes to look for commonalities across groups. Open ended survey data will then be added into these categorization schemes to ensure participants who participated in the survey only are included. Quotations will be used where appropriate to give more specific examples, though identifying information such as names or places will be removed.

Quantitative survey analyses will follow and be informed by the qualitative analysis. If possible, data will be separated by age and gender, though this will depend on final sample size. Data will be analyzed using SPSS. Participant demographics will be compared, using crosstabs, to the barriers they experienced and what would have helped to look for patterns in who is helped or harmed by what. Overall frequencies by age and gender will also be conducted to look at the current picture of perceived barriers among different groups. If the sample size allows more complex methods such as linear regression may be used to look at how much different factors effect particular barriers or supports.

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- 4.0 Describe procedures, treatment, or activities that are above or in addition to standard practices in this study area (eg. extra medical or health-related procedures, curriculum enhancements, extra follow-up, etc):**
- 5.0 If the proposed research is above minimal risk and is not funded via a competitive peer review grant or industry-sponsored clinical trial, the REB will require evidence of scientific review. Provide information about the review process and its results if appropriate.**
- 6.0 For clinical trials, describe any sub-studies associated with this Protocol.**

2.2 Research Methods and Procedures

Some research methods prompt specific ethical issues. The methods listed below have additional questions associated with them in this application. If your research does not involve any of the methods listed below, ensure that your proposed research is adequately described in Section 2.1: Study Objectives and Design or attach documents in the Documentation Section if necessary.

1.0 * This study will involve the following(select all that apply)

Interviews and/or Focus Groups

Research focusing on First Nations, Inuit and Metis Peoples

Surveys and Questionnaires (including internet surveys)

NOTE 1: Select this ONLY if your application SOLELY involves a review of paper charts/electronic health records/administrative health data to answer the research question. If you are enrolling people into a study and need to collect data from their health records in addition to other interventions, then you SHOULD NOT select this box.

NOTE 2: Select this option if this research ONLY involves analysis of blood/tissue/specimens originally collected for another purpose but now being used to answer your research question. If you are enrolling people into the study to prospectively collect specimens to analyze you SHOULD NOT select this box.

2.5 Interview and/or Focus Groups

1.0 Will you conduct interviews, focus groups, or both? Provide detail.

With a community advisory team of Elders and stakeholders, we will conduct a needs assessment survey and series of talking circles (focus groups) aimed at better understanding the barriers to medical school admission for Métis Albertans.

2.0 How will participation take place (e.g. in-person, via phone, email, Skype)?

Another method of data collection will be talking circles, which have also been shown to have a therapeutic effect on the participant (Begoray & Banister, 2008; Mehl-Madrone & Mainguy, 2014). The talking circle will take place in collaboration with the Indigenous Medical and Dental Students Association of the University of Alberta to provide support and connection between Indigenous Physicians and Indigenous medical students. In a talking circle, talking piece (an object of special meaning to the facilitator) is passed among participants. Having the talking piece denotes it is one's time to contribute to the discussion, or pass along the opportunity to the next person.

Talking circles will start with a discussion of the purpose of the study and an explanation of any risks to participation and an acknowledgement that participants may leave at any time. Participants will then be given space to talk about any barriers they have faced. A facilitator will help keep the discussion on track and encourage participation using open ended questions as needed. Data will be collected using hand written notes and/or electronic recordings. Names will not be collected and any information presented in the final report or retained in electronic copies of

focus group notes will be aggregated to ensure participant anonymity. Following focus group participation participants will be given a paper copy of the survey to complete. To ensure participant anonymity survey data collected at talking circles will be given a unique ID and entered into the database by a research team member who was not present at the talking circle. To ensure accuracy a second team member will verify the accuracy of data inputted from paper surveys.

3.0 How will the data be collected (e.g. audio recording, video recording, field notes)?

Data will be collected using hand written notes and/or electronic recordings. Names will not be collected and any information presented in the final report or retained in electronic copies of focus group notes will be aggregated to ensure participant anonymity.

2.8 First Nations, Inuit and Metis People

1.0 * If you will be obtaining consent from Elders, leaders, or other community representatives, provide details:

The Métis Nation of Alberta (MNA) is the representative voice of the Métis people in Alberta. The geographical span of the MNA encompasses the entirety of the province, which is divided into 6 regions. Nearly one third of the 114,000+ self-identified Métis Albertans are citizens of the MNA. The MNA is responsible for improving health outcomes for our citizens, with the Ministry of Health, Children, and Youth, committed to developing policies and implementing programs and services that will result in the betterment of health outcomes for Métis Albertans.

The MNA Health department is proposing a partnership with the University of Alberta's Indigenous Medical and Dental Students' Association (IMDSA). IMDSA was formed by Métis (and other indigenous) medical students. We use our right to self-determination and self-government to promote an Indigenous presence in health professions. The specific purpose of the Indigenous Medical and Dental Students Association is to identify, represent, encourage, and advocate for the distinct needs of current and prospective Indigenous health care professionals that are grounded in our respective and distinctions-based traditions.

MNA will approve all materials for this project, in collaboration with IMDSA. IMDSA and MNA are in the process of forming a partnership for this project. Métis medical students will obtain consent from the Métis Elders and all participants prior to using their lived experiences.

Ceremony will be presented as well as honorariums to the Elders.

2.0 If leaders of the group will be involved in the identification of potential participants, provide details:

The Métis Nation of Alberta has many Elders who will be involved in directing the project.

3.0 Provide details if:

- property or private information belonging to the group as a whole is studied or used;
- the research is designed to analyze or describe characteristics of the group, or
- individuals are selected to speak on behalf of, or otherwise represent the group

- 4.0 *** Provide information regarding consent, agreements regarding access, ownership and sharing of research data with communities:**
MNA will approve all materials for this project, in collaboration with IMDSA. MNA will retain ownership and all rights to the publication of the research conducted. The Métis medical students will publish in collaboration with the MNA and have the ability to use share the research in publications (such as the Pacific Region Indigenous Doctors Congress).
- 5.0 **Provide information about how final results of the study will be shared with the participating community (eg. via band office, special presentation, deposit in community school, etc)?**
The MNA will distribute the results of the research as they see fit via email, website publications, and at the Annual Métis Nation of Alberta Health Forum.
- 6.0 **Is there a research agreement with the community?**
 Yes No

2.9 Surveys and Questionnaires (including Online)

- 1.0 **How will the survey/questionnaire data be collected (i.e. collected in person, or if collected online, what survey program/software will be used etc.)?**
Participants will be sent a link to an anonymous survey link. This will first send them to a consent form explaining the purpose of the survey and any potential harm from patriation. They will then be forwarded to a survey asking questions about basic demographics, barriers to medical school entry, and supports and services which did or could help mitigate these barriers. Questions will include close ended multiple-choice questions and more open-ended questions. This combination will help give space for those who are not able to participate in talking circles to give information beyond that which we have thought to ask. The survey will be hosted on REDCap, a secure web platform for building and managing online databases and surveys. Data will be stripped from collected data to ensure anonymity.
- 2.0 **Where will the data be stored once it's collected (i.e. will it be stored on the survey software provider servers, will it be downloaded to the PI's computer, other)?**
Data will be collected via REDCap, a secure web platform for building and managing online databases and surveys then stored on a faculty and MNA hosted server with standard encryption and password access.
- 3.0 **Who will have access to the data?**
Principle Investigators and Study Coordinators. Following focus group participation participants will be given a paper copy of the survey to complete. To ensure participant anonymity survey data collected at talking circles will be given a unique ID and entered into the database by a research team member who was not present at the talking circle.

3.1 Risk Assessment

1.0 * Provide your assessment of the risks that may be associated with this research:
Minimal Risk - research in which the probability and magnitude of possible harms implied by participation is no greater than those encountered by participants in those aspects of their everyday life that relate to the research (TCPS2)

2.0 * Select all that might apply:

Description of Possible Physical Risks and Discomforts

- No Participants might feel physical fatigue, e.g. sleep deprivation
- No Participants might feel physical stress, e.g. cardiovascular stress tests
- No Participants might sustain injury, infection, and intervention side-effects or complications
- No The physical risks will be greater than those encountered by the participants in everyday life

Possible Psychological, Emotional, Social and Other Risks and Discomforts

- Possibly Participants might feel psychologically or emotionally stressed, demeaned, embarrassed, worried, anxious, scared or distressed, e.g. description of painful or traumatic events
- No Participants might feel psychological or mental fatigue, e.g. intense concentration required
- No Participants might experience cultural or social risk, e.g. loss of privacy or status or damage to reputation
- No Participants might be exposed to economic or legal risk, for instance non-anonymized workplace surveys
- No The risks will be greater than those encountered by the participants in everyday life

3.0 * Provide details of all the risks and discomforts associated with the research for which you indicated YES or POSSIBLY above.
Participants might feel a bit distressed discussing barriers and challenges they've faced to get into medical school

4.0 * Describe how you will manage and minimize risks and discomforts, as well as mitigate harm:
The participant will have the opportunity to skip any question they do not feel comfortable answering

5.0 Is there a possibility that your research procedures will lead to unexpected findings, adverse reactions, or similar results that may require follow-up (i.e. individuals disclose that they are upset or distressed during an interview/questionnaire, unanticipated findings on MRI, etc.)?
 Yes No

6.0 If you are using any tests in this study diagnostically, indicate the member(s) of the study team who will administer the measures/instruments:

Test Name	Test Administrator	Organization	Administrator's Qualification
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There are no items to display

- 7.0 **If any research related procedures/tests could be interpreted diagnostically, will these be reported back to the participants and if so, how and by whom?**

3.2 Benefits Analysis

- 1.0 *** Describe any potential benefits of the proposed research to the participants. If there are no benefits, state this explicitly:**
There are no direct benefits to the participants of this study.
- 2.0 *** Describe the scientific and/or scholarly benefits of the proposed research:**
This study seeks to fulfil the Truth and Reconciliation Calls to Action #23 by reporting the perceived barriers of past and current Métis medical students to admission to medical school with the intention of advising future policy to reduce or eliminate the identified barriers.
- 3.0 **If this research involves risk to participants explain how the benefits outweigh the risks.**
Without evidence of Métis barriers to admission, we lack the necessary foundation to plot a clear path forward in implementing TRC #23.

4.1 Participant Information

- 1.0 *** Will you be recruiting human participants (i.e. enrolling people into the study, sending people online surveys to complete)?**
 Yes No
- 1.1 **Will participants be recruited or their data be collected from Alberta Health Services or Covenant Health or data custodian as defined in the Alberta Health Information Act?**
 Yes No

4.2 Additional Participant Information

- 1.0 **Describe the participants that will be included in this study. Outline ALL participants (i.e. if you are enrolling healthy controls as well):**
Participants will be recruited from an internal database of the Division of Community Engagement - Indigenous Health Initiatives, which lists past and current Métis medical students, networks of Métis Physicians, and Métis Nation of Alberta Citizens.
- 2.0 *** Describe and justify the inclusion criteria for participants (e.g. age range, health status, gender, etc.):**
All people that self-identify as Métis and live or have lived in Alberta are eligible for this study.

3.0 Describe and justify the exclusion criteria for participants:

Participants who do not self-identify as Métis or have never lived in Alberta are excluded from this study. This study seeks to better understand the barriers to medical school admission for Métis Albertans.

4.0 Participants

4.1 How many participants do you hope to recruit (including controls, if applicable?)

100

4.2 Of these, how many are controls, if applicable?

not applicable

4.3 If this is a multi-site study, how many participants do you anticipate will be enrolled in the entire study?

5.0 Justification for sample size:

Continued colonial legacy has resulted in Métis Albertans being underrepresented in the healthcare field. Aboriginal Albertans represented at least 6.5% of the population of Alberta in the 2016 census, representing an increase of 56% since 1996 yet the number of indigenous physicians in Canada in 2006 was 2.1% (an increase from 1.2% in 1996). Given that there were 84,260 physicians in Canada in 2018, a gap of at least 3,707 Indigenous physicians exists based solely on census information. Nearly one third of the 114,000+ self-identified Métis Albertans are citizens of the MNA, representing at least 2.6% of the population of Alberta. Several universities have programs in place to promote Métis applicants to their medical schools. Despite these efforts, it will take over 55 years for the gap to close with ~67 Indigenous students per year across Canada. Many of the indigenous medical students at the University of Alberta are Métis Citizens of the MNA.

4.4 Recruitment of Participants (non-Health)

1.0 Recruitment

1.1 How will you identify potential participants? Outline all of the means you will use to identify who may be eligible to be in the study (i.e. response to advertising such as flyers, posters, ads in newspapers, websites, email, list serves, community organization referrals, etc.)

Participants will be recruited from an internal database of the Division of Community Engagement - Indigenous Health Initiatives, which lists past and current Métis medical students, networks of Métis Physicians, and Métis Nation of Alberta Citizens. Methods of recruitment will include emails, list serves, posters, and community organization referrals.

1.2 Once you have identified a list of potentially eligible participants, indicate how the potential participants' names will be passed on to the researchers AND how will the potential participants be approached about the research.

Participants will directly interact with the study survey form. Participants names will not available to researchers. Participants will provide consent on the first page of their survey and continue to the survey. Following the survey, participants will have the option of signing up to attend a series of talking circles in Edmonton.

2.0 Pre-Existing Relationships

2.1 Will potential participants be recruited through pre-existing relationships with researchers (e.g. Will an instructor recruit students from his classes, or a physician recruit patients from her practice? Other examples may be employees, acquaintances, own children or family members, etc.)?

Yes No

3.0 Will your study involve any of the following? (select all that apply)

Payment or incentives, e.g. honorarium or gifts for participating in this study

4.5 Informed Consent Determination

1.0 Describe who will provide informed consent for this study(i.e. the participant, parent of child participant, substitute decision maker, no one will give consent – requesting a waiver)

The participant or parent of child participant.

1.1 Waiver of Consent Requested

If you are asking for a waiver of participant consent, please justify the waiver or alteration and explain how the study meets all of the criteria for the waiver. Refer to [Article 3.7 of TCPS2](#) and provide justification for requesting a Waiver of Consent for ALL criteria (a-e)

N/A

1.2 Waiver of Consent in Individual Medical Emergency

If you are asking for a waiver or alteration of participant consent in individual medical emergencies, please justify the waiver or alteration and explain how the study meets ALL of the criteria outlined in [Article 3.8 of TCPS2](#) (a-f).

N/A

2.0 How will consent be obtained/documented? Select all that apply

Signed consent form

Implied by overt action (i.e. completion of questionnaire)

If you are not using a signed consent form, explain how the study information will be provided to the participant and how consent will be obtained/documented. Provide details for EACH of the options selected above:

Participant will provide consent through the first page of the survey which must be accepted to continue to the questionnaire. Consent is also obtained by the overt completion of the questionnaire and clicking submit. Signed consent forms will be completed for participation in the talking circles (focus group)

3.0 Will every participant have the capacity to give fully informed consent on his/her own behalf?

Yes No

4.0 What assistance will be provided to participants or those consenting on their behalf, who may require additional assistance? (e.g. non-

English speakers, visually impaired, etc.)
N/A

Although the official MNA language is Michif, MNA Annual General Meetings are conducted in English and previous work with the MNA and MNA Elders has been completed by IMDSA in English.

5.0 * If at any time a PARTICIPANT wishes to withdraw from the study or from certain parts of the study, describe when and how this can be done.

The participant can stop doing the survey or close the browser at any point in the survey.

The participant is under no obligation to stay at the Talking Circles and may leave or withdraw consent at any time.

6.0 Describe the circumstances and limitations of DATA withdrawal from the study, including the last point at which participant DATA can be withdrawn (i.e. 2 weeks after transcription of interview notes)

Given the anonymity in the survey data collection, participants can not withdraw from the survey once it is completed and submitted. Data is only collected if the entire survey is completed and the participant clicks submit.

7.0 Will this study involve any group(s) where non-participants are present? For example, classroom research might involve groups which include participants and non-participants.

Yes No

4.6 Expense Reimbursements and Incentives

1.0 Expense Reimbursements:

1.1 Describe in detail the expenses for which participants will be reimbursed, the value of the reimbursements per item as well as the total maximum reimbursement and the reimbursement process (e.g. participants will receive a cash reimbursement for parking at the rate of \$12.00 per visit for up to three visits for a total value of \$36.00)

Protocol for Elder participants will be provided in the form of honorarium presented in an opening ceremony, keeping with the Métis Nation of Alberta's normal practices and amounts as directed by the MNA.

1.2 IF you will be collecting personal information to reimburse or pay participants, describe the information to be collected and how privacy will be maintained.

Personal information and monetary honourariums will be presented through the Métis Nation of Alberta, which already has each Métis Alberta's Citizens information and has been done for many other projects.

2.0 Incentives:

2.1 Will participants receive any incentives for participating in this research (i.e. gift card, cash payment, prize draw)? If yes, provide details of the value, including the likelihood (odds) of winning for prize draws and lotteries.

<https://www.ualberta.ca/research/support/ethics-office/human-research->

N/A

2.2 What is the maximum value of the incentives offered to an individual throughout the research?

N/A

2.3 IF incentives are offered to participants, they should not be so large or attractive as to constitute coercion. Justify the value of the incentives you are offering relative to your study population.

N/A

5.1 Data Collection

1.0 * Will the researcher or study team be able to identify any of the participants at any stage of the study?

Yes No

2.0 Primary/raw data collected will be (check all that apply):

Anonymous - the information **NEVER** had identifiers associated with it (eg anonymous surveys) and risk of identification of individuals is low or very low

Indirectly identifying information - the information can reasonably be expected to identify an individual through a combination of indirect identifiers (eg date of birth, place of residence, photo or unique personal characteristics, etc)

All personal identifying information removed (anonymized)

3.0 If this study involves secondary use of data, list all original sources:

4.0 In research where total anonymity and confidentiality is sought but cannot be guaranteed (eg. where participants talk in a group) how will confidentiality be achieved?

Data will be collected using hand written notes and/or electronic recordings. Names will not be collected and any information presented in the final report or retained in electronic copies of focus group notes will be aggregated to ensure participant anonymity. Following focus group participation participants will be given a paper copy of the survey to complete. To ensure participant anonymity survey data collected at talking circles will be given a unique ID and entered into the database by a research team member who was not present at the talking circle.

5.2 Data Identifiers

1.0 * Personal Identifiers: will you be collecting - at any time during the study, including recruitment - any of the following (check all that apply):

First 3 digits of postal code

Age at time of data collection

2.0 Will you be collecting - at any time of the study, including recruitment of participants - any of the following (check all that apply):

There are no items to display

- 3.0 *** If you are collecting any of the above, provide a comprehensive rationale to explain why it is necessary to collect this information:**
Due to the diversity and richness of Métis culture across Alberta, some of us may experience different barriers depending on if we are rural or urban, mature prospective students, or younger prospective students.
- 4.0 **If identifying information will be removed at some point, when and how will this be done?**
- 5.0 *** Specify what identifiable information will be RETAINED once data collection is complete, and explain why retention is necessary. Include the retention of master lists that link participant identifiers with de-identified data:**
Age, first three digits of postal code.
- 6.0 **If applicable, describe your plans to link the data in this study with data associated with other studies (e.g within a data repository) or with data belonging to another organization:**

5.3 Data Confidentiality and Privacy

- 1.0 *** How will confidentiality of the data be maintained? Describe how the identity of participants will be protected both during and after research.**
Focus group data will be collected using hand written notes and/or electronic recordings. Names will not be collected and any information presented in the final report or retained in electronic copies of focus group notes will be aggregated to ensure participant anonymity. Following focus group participation participants will be given a paper copy of the survey to complete. To ensure participant anonymity survey data collected at talking circles will be given a unique ID and entered into the database by a research team member who was not present at the talking circle. To ensure accuracy a second team member will verify the accuracy of data inputted from paper surveys.

For electronic survey collection, participants will be sent a link to an anonymous survey link. This will first send them to a consent form explaining the purpose of the survey and any potential harm from patriation. They will then be forwarded to a survey.
- 2.0 **How will the principal investigator ensure that all study personnel are aware of their responsibilities concerning participants' privacy and the confidentiality of their information?**
All researchers are held to a professional code of ethics and confidentiality by being medical students by the College of Physicians and Surgeons of Alberta. These roles and responsibilities will be discussed with the study personnel at the beginning of the project, and before any project activity.
- 3.0 **External Data Access**
- * 3.1 Will identifiable data be transferred or made available to persons or agencies outside the research team?**
 Yes No

5.4 Data Storage, Retention, and Disposal

- 1.0 * Describe how research data will be stored, e.g. digital files, hard copies, audio recordings, other. Specify the physical location and how it will be secured to protect confidentiality and privacy. (For example, study documents must be kept in a locked filing cabinet and computer files are encrypted, etc. Write N/A if not applicable to your research)
Research data will be collected through REDCap, a secure web platform for building and managing online databases and surveys. Research data will be stored and accessed through password access on an encrypted hard drive. Faculty server is housed and stored behind secure access protocols and password access.
- 2.0 * University policy requires that you keep your data for a minimum of 5 years following completion of the study but there is no limit on data retention. Specify any plans for future use of the data. If the data will become part of a data repository or if this study involves the creation of a research database or registry for future research use, please provide details. (Write N/A if not applicable to your research).
While participation data will be kept for 5 years after the study on the server, it will be deleted after the required data retention period.
- 3.0 If you plan to destroy your data, describe when and how this will be done? Indicate your plans for the destruction of the identifiers at the earliest opportunity consistent with the conduct of the research and/or clinical needs:
5 years after the completion of the study

Documentation

Add documents in this section according to the headers. Use Item 11.0 "Other Documents" for any material not specifically mentioned below.

Sample templates are available in the [REMO Home Page](#) in the [Forms and Templates](#), or by clicking [HERE](#).

1.0 Recruitment Materials:

	Document Name	Version	Date	Description
	2019-11-12 Metis Barriers email script.docx	0.01	11/12/2019 5:21 PM	

2.0 Letter of Initial Contact:

Document Name	Version	Date	Description
There are no items to display			

3.0

Informed Consent / Information Document(s):

3.1 What is the reading level of the Informed Consent Form(s):
High school

3.2 Informed Consent Form(s)/Information Document(s):

	Document Name	Version	Date	Description
	2019-11-12 Metis Barriers Consent Form.docx	0.01	11/12/2019 4:47 PM	

4.0 Assent Forms:

Document Name	Version	Date	Description
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There are no items to display

5.0 Questionnaires, Cover Letters, Surveys, Tests, Interview Scripts, etc.:

	Document Name	Version	Date	Description
	2019-11-12 Barriers to Admissions Questionnaire.docx	0.01	11/12/2019 5:21 PM	

6.0 Protocol/Research Proposal:

Document Name	Version	Date	Description
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There are no items to display

7.0 Investigator Brochures/Product Monographs:

Document Name	Version	Date	Description
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There are no items to display

8.0 Health Canada No Objection Letter (NOL):

Document Name	Version	Date	Description
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There are no items to display

9.0 Confidentiality Agreement:

Document Name	Version	Date	Description
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There are no items to display

10.0 Conflict of Interest:

Document Name	Version	Date	Description
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There are no items to display

11.0 Other Documents:

For example, Study Budget, Course Outline, or other documents not mentioned above

Document Name	Version	Date	Description
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There are no items to display

Final Page

You have completed your ethics application! Click "Continue" to go to your study workspace.

This action will NOT SUBMIT the application for review.

Only the Study Investigator can submit an application to the REB by selecting the "SUBMIT STUDY" button in My Activities for this Study ID:Pro00094433.

Welcome to the Barriers to Admissions Questionnaire!

Thank you for taking part in this survey that will be used to identify barriers that exist in the medical school admissions process for Metis students. This survey is a part of a larger study involving past, current and prospective Indigenous medical students. Be advised that this survey is anonymous and your information is completely safe and will be aggregated as data to inform and disseminate results.

The survey should take approximately 20 minutes to complete and your participation is voluntary; the answers and context you provide will be used to quantify the experience of current and prospective Métis students in the Faculty of Medicine & Dentistry (FoMD) at the University of Alberta (UofA) so that it may be improved for incoming students.

If you feel uncomfortable or wish to stop participating, you may do so at any time.

Demographics: (Multiple Choice & Short Answer)

1. Do you self-identify as Metis?
 2. What is the first three letters of your postal code (e.g. T8A)
 3. What is your current age?
 4. What is your highest level of education?
 5. Have you ever lived on a Metis Settlement?
 6. To which gender do you most identify?
 7. Do you currently attend a University? If so, which university do you attend or do you want to attend?
-

Financial Barriers: (Short Answer)

1. Would you be the first or are you the first in your family to pursue a career in healthcare?
 - a. If no, who in your family (immediate/extended) have travelled a path in a health profession before you?
 - b. If yes, was their experience a part of your decision-making process in pursuing a health profession?
2. Admission to medical school requires successful completion of several components such as the MMI, MCAT, university undergraduate degree, reference letters, and list of volunteer activities. What aspects of the application process to any of the healthcare programs did you find most intimidating / restrictive?

3. Have you ever written an exam for the purpose of applying to a program (LSAT, MCAT, DAT, GRAT, etc.). Please list the exams you have written or what aspects of writing the exam are intimidating / restrictive.
4. Do you volunteer?
 - a. If no, what aspects of volunteering do you find difficult to complete?
 - b. If yes, were there aspects of volunteering that you found difficult to complete?
5. Has your academic performance ever been strained due to financial restrictions? (* includes highschool, undergraduate study, entrance into medical school, etc).
6. Do / Did financial barriers restrict your ability to enter university?
7. Do / Did financial barriers restrict your ability to finish a program?
8. Did financial barriers restrict your ability to apply to programs generally?
9. Did travel expenses/obligations prevent you from applying broadly?
10. Did you work during your undergraduate degree to support:
 - a. Yourself
 - b. Your family?
 - c. Both
11. Are you currently employed while completing your program?
12. Has tuition been a significant barrier for you, either during your highschool, undergraduate or in your healthcare program?
13. How many dependents do you have?

Discriminatory/Cultural Barriers: (Short Answer)

Regarding descriptions of behaviour that is considered discrimination or racial harassment:

<https://policiesonline.ualberta.ca/PoliciesProcedures/Policies/Discrimination-Harassment-and-Duty-to-Accommodate-Policy.pdf>

1. Have you experienced discrimination or racial harassment based on your Métis identity while being a patient in a healthcare setting?
2. Did you experience any form of discrimination or racial harassment based on your Métis identity while pursuing your highschool diploma?
3. Did you experience any form of discrimination or racial harassment based on your Métis identity while pursuing your undergraduate degree?
4. Did you experience any form of discrimination or racial harassment based on your Métis identity during the admissions process to your healthcare program?
5. Have you experienced discrimination or racial harassment while a student in a healthcare program?

For current medical students and physicians: (Short Answer)

1. Do you feel as though your education prior to entering a medical education program adequately discussed Indigenous issues?
2. Did your Undergraduate degree offer you the flexibility to take courses related to Indigenous culture and issues?
3. Has your FoMD program been able to successfully integrate Indigenous culture and issues into the curriculum?
4. Do you feel as though adequate space was provided to Indigenous students in your undergraduate program, and how did your perception of this influence you?
5. Do you feel as though adequate space was provided to Indigenous students in your FoMD program, and how did/does your perception of this influence you?
6. When did you initially decide to pursue a health related program?
7. Did you find entrance requirements (e.g. MCAT, MMI) to be culturally appropriate/sensitive?

Social Support: (Multiple Choice)

https://www.niehs.nih.gov/research/atniehs/labs/epi/studies/gulfstudy/questionnaires/supplemental_mental_health_questionnaire_508.pdf

- 1) Can you count on anyone to provide you with social/emotional support such as talking over problems or helping you make a difficult decision?
 - A. Yes
 - B. No
 - C. I don't need help
 - D. Uncertain
 - E. Not comfortable answering

2) In the last 12 months, who has been helpful in providing you with this kind of support?

[CHECK ALL THAT APPLY]

- a. Spouse
- b. Children
- c. Siblings
- d. Parent
- e. Other Relative
- f. Neighbours
- g. Co-Workers
- h. Church Members
- i. Club Members
- j. Professionals

- k. Friends
- l. Other
- m. No one
- n. Uncertain
- o. Not comfortable answering

3) In the last 12 months, could you have used more emotional/social support than you received?

- a. Yes
- b. No
- c. Uncertain
- d. Not comfortable answering

3a) Concerning emotional/social support, would you say that you could have used...?

- a. A lot more
- b. Some more
- c. A little more
- d. Uncertain
- e. Not comfortable answering

4) If you need some extra help financially, could you count on anyone to help you, for example, by paying any bills, housing costs, medical expenses, or providing you with food or clothes?

- a. Yes
- b. No
- c. Uncertain
- d. Not comfortable answering

Thank you very much for taking the time to complete our survey. The value of your participation is appreciated.