

NCIME
THE NATIONAL CONSORTIUM
FOR INDIGENOUS MEDICAL EDUCATION



CNFMSA
LE CONSORTIUM NATIONAL
POUR LA FORMATION MÉDICALE EN SANTÉ AUTOCHTONE

Early and Mid-Career Indigenous Physician Leadership Program Design

2024

Early and Mid-Career Indigenous Physician Leadership Program Design



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ISBN # ##### #

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NCIME would like to acknowledge our team for their support in the production of this document.

This product should be cited as:

Nychuk, A., Syring, J., Price, R. & Richardson, L. (2024). *Early and Mid-Career Indigenous Physician Leadership Program Design*. National Consortium for Indigenous Medical Education.

The then National Consortium for Indigenous Medical Education (NCIME) received funding from the Health Care Policy and Strategies Program, Health Canada. With the leadership and support of the NCIME, national medical education organizations are fulfilling their responsibilities to respond to the Royal Commission on Aboriginal Peoples, the Truth and Reconciliation Commission's Calls to Action, and the Inquiry on Missing and Murdered Indigenous Women and Girls in Indigenous Medical Education through supporting Indigenous leadership; aligning and collaborating on strategic priorities; and maximizing available resources.

Copies of this report in English are accessible at www.ncime.ca

Des exemplaires de ce rapport en français sont accessibles à www.cnfmsa.ca

The National Consortium for Indigenous Medical Education (NCIME)

A Virtual Organization

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Our Logo

The Logo is based on circles of concentrically valuing the Four Directions wellness (physical, mental, emotional, and spiritual), Inuit and Métis harvesting practices to nurture, and pass practices on to younger generations from Knowledge Keepers, Medicine Peoples, Language Speakers and Elders. It has Mushkiki filled feather hands that protect, nurture and guide cultural safety in care, uplifting the sophistication of First Nations, Inuit and Métis knowledge translation and land-based healing practices to enrich biomedical education. The Ulu meets the centre of the fire that must be maintained with integrity, responsibility and dedication to creating joyful, community centered environments. This firekeeping work is highly valued in our urban and homeland related communities.

The plants represented in the left/right feather hand imagery are ginseng, willow, plantain, penny-cress, horsetail fritillaries and saskatoon berry.

Acknowledgments

We, the NCIME Staff, Chair, and Co-Chair of the Indigenous faculty recruitment and retention Working Group, are responsible for publishing the Early and Mid-Career Indigenous Physician Leadership Program Design and would like to express our gratitude to all those who contributed to this important work. First and foremost, we acknowledge and honour the Indigenous physicians, medical learners, Elders, Knowledge Keepers, and community members who shared their wisdom, knowledge and lived experiences with us. Their guidance and leadership were essential in shaping the report and ensuring it reflects Indigenous Peoples' realities in Canada.

We also appreciate our non-Indigenous allies who participated in the working group. Your commitment to learning, listening, and taking action to dismantle systemic racism is vital to creating meaningful change.

We thank the scholars, researchers, and health leaders who contributed their expertise and time to this project. Your insights and perspectives were invaluable in shaping the recommendations and ensuring they are evidence-based.

Finally, we would like to thank the Health Care Policy and Strategies Program, Health Canada, for supporting this work. Your investment in anti-racism initiatives demonstrates a commitment to creating a more equitable and just society.

We hope that this report will serve as a tool for medical educators and policymakers, healthcare providers, and others committed to addressing anti-Indigenous racism in medical schools in Canada. May we continue to work together towards a future where Indigenous Peoples are respected, valued, and treated with dignity and equity.

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Introduction

This program has been designed by the National Consortium on Indigenous Medical Education's (NCIME) Indigenous Faculty Recruitment and Retention Working Group, which is chaired by Dr. Lisa Richardson and co-chaired by Dr. Janelle Syring with guidance from Dr. Elder Roberta Price. The working group comprises eight members who hold various positions as stakeholders in Indigenous medical education and academia within the Canadian context and who have taken a collaborative approach in designing a leadership program for early and mid-career Indigenous physicians. This is not an all-encompassing leadership program for participants but rather complementary to existing ones to fill the palpable gap that early and mid-career Indigenous physicians experience while simultaneously building a network of emerging Indigenous physicians interested in medical education.

The Challenge

Canadian medical schools have been called on to prioritize the recruitment of Indigenous faculty members as an important step towards improving the safety of both Indigenous patients and Indigenous medical students. Recommendations have been made to Canadian medical schools for the creation of recruitment and education programs for Indigenous medical learners for nearly thirty years; first set out in the Royal Commission for Aboriginal Peoples (Canadian Medical Association, 1993) and subsequently in the Aboriginal Health Human Resources Initiatives (AHHRI) in 2005. However, there has been relatively little action to address this recommendation until the release of the 2015 Truth and Reconciliation Calls to Action (Truth and

Reconciliation Commission of Canada, 2015). Through these initiatives, Canadian medical schools have variably responded by actively recruiting Indigenous physicians into leadership positions and creating new academic opportunities. Despite this, there currently aren't enough mid-career Indigenous physicians to fill these positions due to the chronic underrepresentation of Indigenous Peoples in medical school admissions, as well as negative experiences in academia (Arkle et al., 2015). Those who choose to undertake these roles report not having adequate leadership development opportunities, nor do mainstream leadership development programs address the unique realities of Indigenous Peoples working within academic medicine. These gaps in development opportunities contribute to low retention rates and burnout of Indigenous Peoples in faculty positions at Canadian medical schools.

The Desired Outcome

Indigenous physicians interested in or engaged in academic medicine positions must receive culturally safe leadership training and support. This aligns with the NCIME's mandate to provide mentors for Indigenous learners, resources for developing and guiding Indigenous health curriculum, and supporting medical schools as they work towards a decolonized approach rooted in Indigenous learning. The hope is that through potential collaboration with the Canadian College of Health Leaders (CCHL), participants will also have an opportunity to receive the Certified Health Executive (CHE) designation.

Target population

- Indigenous Postgraduate Medical Education (PGME) learners or early

and mid-career Indigenous physicians interested in pursuing academic medicine roles.

- For the first iteration, each medical school will select and support one participant, with service delivery organizations sponsoring the remaining seats.
- Twenty participants maximum

Proposed selection criteria

Each medical school's Indigenous support office will assist with the candidate's selection. After each cycle, the selection methods and criteria will be evaluated.

Subsequent iterations of the leadership program will provide a more robust understanding of the current population targeting landscape through NCIME's Indigenous Physician, Academics, Health Professionals & Educators Database. The database is another deliverable of the NCIME's Recruitment and Retention Working Group that will develop and maintain a repository of Indigenous physicians, academics, health professionals, and educators interested in medical education.

The Proposed Solution

The NCIME will deliver an annual leadership program, held from late September to May, tailored for Indigenous residents and early and mid-career physicians who have indicated their intent to pursue careers in academic medicine. This original leadership training program will embed Indigenous Ways of Knowing, Doing, and Being as its' core values while providing the

necessary leadership skills to emerging Indigenous health leaders as they navigate the academy. This longitudinal model will also provide the opportunity for peer mentorship and strategic relationships with colleagues in similar career trajectories across what we now call Canada. Upon completion of the program, graduates will be invited back each year to provide important mentorship to the newest cohort, emphasizing a cyclical and reciprocal model.

The first session will be in person and delivered “on the land.” Land-based education reinforces a decolonized adult learning opportunity that reconnects participants to the land through social relationships (human and beyond) and knowledge encapsulated within their respective epistemologies (Wildcat et al., 2014 & Campbell, 2007). A core component of this in-person portion of the training is the unique environment where participants can safely ground themselves in their identities as Indigenous Peoples. Emerging medical educators and administrators will be surrounded by the support of peers, mentors, Knowledge Keepers, and Elders. The Knowledge Keepers and Elders will offer an understanding of and provide mentorship through their complex intersecting identities. Commencing and centering the programming around this theme is incredibly valuable, as leaders who possess personal self-awareness are more effective (Steffens et al. 2021). The subsequent monthly online education sessions will be built on the identity roots established at the initial in-person session and will foster continued self-reflection throughout the program. In addition, the participants will be invited to the subsequent cohorts’ orientation to close their cohort’s circle. This celebration is both an ending and a new beginning.

A leadership program that is specifically designed for early and mid-career Indigenous physicians has been a critical need identified since the announcement of the Truth and Reconciliation Calls to Action in 2015. The

themes highlighted in this innovative leadership development opportunity respond to the needs directly identified by early and mid-career Indigenous physicians, in addition to the program being led primarily by and developed by Indigenous Peoples in medical education and academic medicine. This program is not intended to be a stand-alone but rather to be taken in tandem with other medical, healthcare, and mainstream leadership programs. It is not designed to be all-encompassing but rather a complementary program to what is currently offered.

This program is further designed to be responsive to the changing needs of emerging Indigenous medical leaders. Its first iteration is based on the current landscape, but future iterations will respond to the participants' identified needs. An evaluation will be completed after each session and at the end of the cohort year, and the feedback will be used to adapt the curriculum based on the experiences of the previous cohorts.

The program incorporates competencies across all seven current CanMEDs roles (Appendix A). The NCIME's Recruitment and Retention working group anticipates significant alignment with the forthcoming CanMEDs 25, as they will be designed to explicitly address the Truth and Reconciliation Commission of Canada's Calls to Action (Royal College, 2023). In addition, the LEADS in a Caring Environment Framework (Canadian College of Health Leader, 2021) has five critical components: Lead Self, Engage Others, Achieve Results, Develop Coalitions, and Systems Transformation.

Attributes of the LEADS Framework	Program Characteristics that Address that Attribute
Leads Self	<ul style="list-style-type: none"> • The core component of the program, rooting oneself in identity, increases self-awareness. • By using reflection as the core component, participants will think critically about where they have been, where they are now, and where they would like to go. • By grounding the program in Indigenous worldviews and reflection, participants can root themselves in their Indigenous Identity and develop a deeper understanding of themselves.
Engage Others	<ul style="list-style-type: none"> • The cyclical nature of the program ensures that previous participants will mentor the next generation, which will foster the development of new emerging physicians and peers. • The media training module will also provide the participants with skills to enhance their ability to communicate effectively and professionally in interviews and on social media.
Achieves Results	<ul style="list-style-type: none"> • The module on navigating the academy will provide the participant insight into how to understand the function of the academy and how to plan strategically.
Develops Coalitions	<ul style="list-style-type: none"> • This program will create its own networks of Indigenous physician leaders, enabling them to

	<p>build purposeful partnerships.</p> <ul style="list-style-type: none"> • By processing a deeper understanding of the academy, they will have a better understanding of how to navigate socio-political environments.
Systems Transformation	<ul style="list-style-type: none"> • The program’s ultimate objective is to complement different leadership programs to provide early to mid-career Indigenous physicians the tools they need to lead systemic change while remaining resilient.

Learning Objectives

This program aims to enhance and integrate learning from several areas by incorporating Indigenous and Western perspectives in the teaching sessions and modules. Upon completion of the program, participants should be able to demonstrate an understanding of the following:

1. Participants will obtain a greater understanding of how their Indigenous perspectives are central to the various roles they hold, improving their overall confidence in academic positions and gaining insight into their role in building ethical space (Ermine 2007).
2. Participants will understand the critical role of both Indigenous mentors and non-Indigenous allies. The mentors and allies will support participants through the program and within the academy.
3. Participants will acquire the skills required to navigate the academy effectively while ensuring the work is done well, honoring the teachings of our Elders and Knowledge Keepers.
4. Participants will develop strategies to prioritize and maintain their health and wellness as they undertake this work within their respective

institutions.

5. Participants will develop a personal self-reflective practice to enhance their leadership capacity.

Program Schedule

Welcome Session (In-person) (late September – 2 days)

Module	Learning objectives	Sample Resources
Rooting (self-location) in Indigenous Identity	<ul style="list-style-type: none"> • Values-driven leadership • Understanding and leveraging your gifts • The role of Elders and Knowledge Keepers on your journey • Navigating the complexity of intersectionality 	<p>Kovach, M. 2021. "Preparations: Situating Self, Culture and Purpose in Indigenous Methodologies" in <i>Indigenous Methodologies: Characteristics, Conversations, and Contexts</i> (Second edition.). University of Toronto Press. p. 136-150.</p> <p>McLeod, Y. G. 2012. Learning to Lead Kokum Style in Living Indigenous Leadership: Native Narratives on Building Strong Communities. p.17-41</p>
Self-Reflection	<ul style="list-style-type: none"> • Understand the critical importance of self-reflection. • Self-reflection as an Indigenous way of knowing. 	<p>Kraemer, H. M. J. 2011. From Values to Action: The Four Principles of Values-Based Leadership. Jossey-Bass. p.13–26.</p> <p>Higgins, D. 2011. Why reflect?</p>

	*This objective is woven throughout the program	Recognizing the link between learning and reflection. Reflective Practice, 12(5): 583-584, DOI: 10.1080/14623943.2011.606693
Land-based Learning	<ul style="list-style-type: none"> To learn from the land. *Activities will change depending on the site and season	No Readings Required

Monthly Online Sessions (November-May) 2 hours per session with 1.5 hours preparation and 1.5 hours on assignments:

*Please note the modules described below are not in particular order.

Module	Learning objectives	Sample Resources
Understanding Critical Race Theory and Post-Colonial Theory	<ul style="list-style-type: none"> Develop knowledge and communication skills to debrief experiences and situations of anti-Indigenous racism. Understand structures of indifference. Identify micro- and macro-aggressions. Introduction to policy that can be used to leverage change. 	<p>Tuck, E., & Yang, K. W. 2012. "Decolonization is Not a Metaphor. Decolonization: Indigeneity, Education & Society" 1(1).</p> <p>Ahenakew, C. (2016). "Grafting Indigenous Ways of Knowing onto Non-Indigenous Ways of Being: The (Underestimated) Challenges of a Decolonial Imagination." <i>International Review of Qualitative Research</i>, 9(3), 323–340.</p>

		https://doi.org/10.1525/irqr.2016.9.3.323
Building a Professional Identity	<ul style="list-style-type: none"> • How to bridge Indigenous identity within one’s professional identity. • Importance of self-care. • Understanding your communication style. • Identifying your temperament and preferences. • Giving and receiving feedback. 	Minthorn, Fedelina, Chavez (2015) Views on Indigenous Leadership in Indigenous Leadership in Higher Education
Managing Imposter Syndrome	<ul style="list-style-type: none"> • Seeking constructive criticism. • Focusing on your strengths and accomplishments. • Understanding your positionality and circumstances intersect with your self-confidence. • Redefining failure. 	Schwartz, M. (2018). “Retaining Our Best: Imposter Syndrome, Cultural Safety, Complex Lives and Indigenous Student Experiences of Law School.” <i>Legal Education Review</i> 28(2), 1. https://doi.org/10.3316/aeipt.224376
Surpassing the Notion of “Surviving”	<ul style="list-style-type: none"> • Finding a mentor that allows you to do your work in a “good way.” • Balancing your needs 	Khalifa, M.A., Khalil, D., Marsh, T. E. J., & Halloran, C. (2019). “Toward an Indigenous, Decolonizing School Leadership: A Literature

	<p>with the needs of your family unit and your career demands.</p> <ul style="list-style-type: none"> • Boundary setting. • Protecting your peace. • Effective communication skills. 	<p>Review.” <i>Educational Administration Quarterly</i> 55(4), 571–614. https://doi.org/10.1177/0013161X18809348</p> <p>Straus, S. E., & Sackett, D. L. (2014). <i>Mentorship in academic medicine</i>. John Wiley & Sons.</p>
Conflict Resolution	<ul style="list-style-type: none"> • How to manage micro- and macro-aggressions. <ul style="list-style-type: none"> ◦ When it’s directed at you. ◦ Turning a comment into a teaching moment. • Managing lateral violence. • Strategies for learning how to disassociate during times of conflict. • Effective communication styles & strategies. • Boundaries. 	<p>Dinkin, S., Filner, B., & Maxwell, L. (2013). <i>The Exchange Strategy for Managing Conflict in Health Care: How to Defuse Emotions and Create Solutions When the Stakes are High</i>. McGraw-Hill.</p>
Navigating the Academy	<ul style="list-style-type: none"> • Understanding academic governance structures. • Understand how to distinguish between 	<p>Simone, J.V. (1999). Understanding academic medical centers: Simone’s Maxims. <i>Clinical Cancer Research</i> 5(9), 2281–2285.</p>

	<p>when the administration agrees to take action and when changes are being made.</p> <ul style="list-style-type: none"> • How to mobilize action. • Role of Senate. 	<p>Kovach, M. (2021). Decolonizing the Academy Through Asserting Indigenous Methodologies in Indigenous Methodologies: Characteristics, Conversations, and Contexts (Second edition), 136- 150. University of Toronto Press.</p>
Coaching	<ul style="list-style-type: none"> • Exploring the types of coaching: <ul style="list-style-type: none"> ○ Leadership ○ Executive ○ Life • Why obtaining a career coach is essential. • How to find a career coach. 	
Media Training	<ul style="list-style-type: none"> • Learn about the types of interviews and how to prepare. • Learning how to frame your key message. • Interacting with journalists. • Crisis communication interviews. • Social media training (including podcasts) as a 	<p>Friedman, L, D. (2004). "Introduction: Through the Looking Glass." <i>In Cultural sutures: Medicine and media</i>, 1-12.</p> <p>Brady, M. J., & Kelly, J. M. H. (2017). <i>We Interrupt This Program: Indigenous Media Tactics in Canadian Culture</i>. UBC Press.</p>

	<p>form of knowledge translation.</p> <ul style="list-style-type: none"> • Professional conduct on social media. 	
Integrate Ceremony and Culture into the Work	<ul style="list-style-type: none"> • Building and strengthening relationships with surrounding communities. • Navigating respectful engagement as an Indigenous visitor on other nation's territories (relocated or displaced participants). • Mitigating risk for Elders, Knowledge Keepers, and community members within the institution. • Holding space for Indigenous learners and colleagues. • Build time for the ceremony into your day. 	No Readings Required.

*Other potential topics: leadership vs. leader and finding funding.

Assessment of Participants

Participant evaluation is rooted in Indigenous pedagogy, which incorporates self-reflection activities and oral knowledge transmission at its core, which requires full participation. Additionally, participants will need to complete assignments that will be graded based on completion, and each submission will be returned with feedback rather than using conventional academic assessment methods. As described below, participants will be evaluated based on their class participation, group work, future letter reflections, module reflections, and final comprehensive reflection.

Guidelines for Participation

Each participant is expected to attend all the land-based and online sessions and be active participants in discussions. However, we recognize that personal and professional circumstances may arise that may interfere with attendance. Please discuss planned absences with the program staff.

Letter to My Future Self

Participants will be requested to complete a letter to their future selves. A paper copy will be due the first session, sealed in a self-addressed envelope, and mailed to you one full year after the commencement of the course. Please note that this will only be graded on completion as its contents are confidential. This letter should be to yourself one year from the program's commencement and describe:

- Your current position (Who are you? Where do you come from?)
- Your current personal definition of what defines a “good leader”
- How you define your current leadership style

- o The impact your Indigeneity has on your leadership approach

Module Reflection

After each online module, the participant should reflect on the session's content. The submission should be between 250 and 500 words based on the module's activities (assigned readings, facilitation, and group discussion). Reflection prompts include: did the readings, facilitation, and discussion provide new insights? Did they confuse or clarify your thinking? Why? What are some of the ideas/terms/concepts that you are struggling with or that are helping you make sense of your current or future roles as a leader?

Comprehensive Final Reflection

This is to be completed after the program's final session. The reflection intends to draw upon the participant's full experience in the program and how the teachings and skills have and will influence the participant's role in leadership positions. This reflection should be 1000-1500 words.

Assessment Breakdown

Participants will be evaluated based on their participation and various self-reflections, including a final comprehensive self-reflection on the wholistic experience based on a pass-fail model. To complete the program, participants must complete a minimum of 80% of its activities.

Activity	Percentage
Participation	50%
Module Reflections	30%
Letter to My Future Self	10%
Final Reflection	10%

Budget

This budget does not use monetary values at this preliminary planning stage. Still, it provides insight into required line items, brief justification, and the potential funding stream for the subsequent planning phase for the NCIME.

Line Item	Justification	Funding Model
Elders and Knowledge Keepers	Within Indigenous contexts and cultures, Elders and Knowledge Keepers are integral. They enhance education, promote wholistic health, and preserve culture (Viscogliosi et al. 2020). Elders will serve a critical role throughout the program, including providing ongoing support to the participants and the program in general. Based on the working group's experiences, this specific type of culturally	The Elder and Knowledge Keepers will be salaried with benefits provided by NCIME and in-kind from phase 2 NCIME funding.

	<p>relevant mentorship faces a considerable gap among many emerging faculty members. In addition, Elders are critical to both models, rooting (self-location) in Indigenous identity and integrating ceremony and culture into the work.</p>	
<p>Elders and Knowledge Keepers Coordinator</p>	<p>The current social climate, where there has been an increasing interest in having Elders and Knowledge Keepers attend events, has created an environment that has made some of our most valued community members vulnerable to exploitation. This position will be the primary contact between the NCIME and stakeholders wanting to access the Elders and Knowledge Keepers. The coordinator will be responsible for logistics related to Elder and Knowledge Keeper attendance, such as travel arrangements and expense claims processing.</p>	<p>In-kind from phase 2 NCIME funding</p>
<p>Personalized</p>	<p>One of the most significant</p>	<p>They were</p>

<p>Leadership Coaching for Program Participants</p>	<p>barriers to leadership coaching is the fee associated with it. This prevents future Indigenous leaders in academia from accessing the support they need to grow into their roles.</p>	<p>factored into the cost per participant through sponsorship from their respective medical school or service delivery organizations.</p>
<p>Land-based Location</p>	<p>The first session will be held at varying locations yearly to provide greater exposure to diverse lands and knowledge. This item will also include the payment of land-based teachers from that respective territory, materials for the planned activities, and feast food. Land-based activities will occur for two days.</p>	<p>They were factored into the cost per participant through sponsorship from their respective medical schools or service delivery organizations.</p>
<p>Online Platform for Continuity of Communication Both Within the Cohort and for Alumni</p>	<p>A critical part of the program is to create a network of ongoing mentorship and support. Since participants will come from across what we now call Canada and many of the critical themes in the program are connected to that of mentorship, providing forums for ongoing discussion and support,</p>	<p>Through stakeholder support.</p>

	in addition to sharing of career and leadership opportunities, is required.	
Facilitators	Each module develops a specific skill and requires expert instruction on that subject matter. Finding the proper facilitator is integral to the success of this leadership program.	They are factored into the cost per participant, which is paid through sponsorship from their respective medical school or service delivery organization.
Evaluation Specialist	Evaluation is a critical component of any program; the evaluator will collect critical data regarding the effectiveness of the program feedback that will inform subsequent training.	In-kind from NCIME phase 2 funding
Software to House Online Platform & Learning Modules	Much of the program will be delivered online as participation will be from across Canada. Therefore, there needs to be software where the modules can be accessed along with the corresponding materials, with the potential of recordings being included. In addition, this is where participants will submit their	In-kind from the Canadian Medical Association, the online components will be housed similarly to the CMAJoule programming.

	reflections.	
Legal Fees	The program is created in collaboration with several of NCIME’s stakeholders; therefore, transfer, hosting, intellectual property, and other agreements will be needed.	In-kind from NCIME phase 2 funding
Leadership Program Director (FTE TBD)	This staff would be fully responsible for preparing and delivering the program. This includes the ongoing funding negotiation for the project and the NCIME’s border recruitment and retention initiatives.	They were factored into the cost per participant through sponsorship from their respective medical school.
Full-time Program Coordinator	This individual will aid in the planning of this work. This individual will provide ongoing career support to the participants and previous graduates, helping with C.V. development, funding/grant applications, personal statements, teaching portfolios, etc. They will also be responsible for sharing upcoming programming. This person’s role is to address gaps between first-generation and inter-generation	Through stakeholder support.

	physicians with vast support networks and develop strong connections between early and mid/late-career physicians. In addition, they will produce manuscripts regarding the needs and experiences of Indigenous medical leaders as there is a substantial gap in this topic in the literature.	
Full-time Admin	This individual would provide administrative support to the director and coordinator.	Through stakeholder support.
Mentors	This program is designed to be cyclical. Previous participants will be invited to return to act as mentors and attend training sessions.	Through stakeholder support.
Human Resources	To provide employment infrastructure and human resource support to the employees.	In-kind from the NCIME phase 2 funding.
IT Support	This program requires its respective IT support.	In-kind from the NCIME phase 2 funding.
Communications and Knowledge Translation	This program requires its own respective communications and knowledge translation plan.	In-kind from the NCIME phase 2 funding.

Recommendations

The NCIME Indigenous Faculty Recruitment and Retention Working Group would also like to make the following additional recommendations for the Early and Mid-Career Indigenous Physician Leadership Program:

- 1) Every current and future medical school in Canada will sponsor one emerging Indigenous physician to participate in the program and one mentor to take part in the in-person session as an ongoing Act of Reconciliation (speaking specifically TRC Calls to Action 22-24).
- 2) The Canadian Medical Association provides in-kind support in developing modules and online software.
- 3) The NCIME will continue to build ongoing relationships with the Canadian Medical Association Foundation and the Canadian Medical Foundation.
- 4) The program will partner with the Canadian College of Health Leaders (CCHL). Participants who complete the Early and Mid-Career Indigenous Physician Leadership Program will meet select requirements for the Certified Health Executive (CHE) designation.
- 5) The NCIME will continue ongoing discussions to receive accreditation from the Royal College of Physicians and Surgeons of Canada (MOC) and College of Family Physicians of Canada (Mainpro+) to allow this program to qualify for Continuing Professional Development Units from each respective college.
- 6) Each participant will have access to funding that will be used to gain access to a personal leadership coach to further enhance participant leadership development during their time in this program.
- 7) A scholarship fund will be created for graduates of the Early and Mid-Career Indigenous Physician Leadership Program for subsequent leadership programs or experiences to be funded.

References

Arkle, M., Deschner, M., Giroux, R., Morrison, R., Nelson, Sauvé, A., & Singh, K. *Indigenous Peoples and Health in Canadian Medical Education CFMS Position Paper*. Canadian Federation of Medical Students.

https://www.cfms.org/files/position-papers/2015_indigenous_people_in_canadian_med_ed.pdf.

Campbell, M. 2007. "We Need to Return to the Principles of Wahkotowin." *Eagle Feather News*, 5.

Canadian Medical Association. 1993. Submission to the Royal Commission on Aboriginal Peoples. <https://data2.archives.ca/rcap/pdf/rcap-520.pdf>

Canadian College of Health Leaders. 2021. *LEADS Framework*. <https://leadscanada.net/site/about/about-us/framework?nav=sidebar>.

Ermine, W. 2007. "The Ethical Space of Engagement." *Indigenous Law Journal* 6(1): 193-204. 0

Khalifa, M. A., Khalil, D., Marsh, T. E. J., & Halloran, C. 2019. "Toward an Indigenous, Decolonizing School Leadership: A Literature Review." *Educational Administration Quarterly* 55(4): 571–614. <https://doi.org/10.1177/0013161X18809348>

Steffens N. K., Wolyniec, N., Okimoto, T. G., Mols, F., Haslam, S. A., & Kay, A. A. 2021. Knowing Me, Knowing Us: Personal and Collective Self-awareness Enhances Authentic Leadership and Leader Endorsement. *The Leadership*

Quarterly 32(6), <https://doi.org/10.1016/j.leaqua.2021.101498>

Truth and Reconciliation Commission of Canada: Calls to Action. 2015. *Truth and Reconciliation Commission of Canada*.

https://ehprnh2mwo3.exactdn.com/wpcontent/uploads/2021/01/Calls_to_Action_English2.pdf

Wildcat M., Simpson M., Irlbacher-Fox S., & Coulthard G. 2014. Learning From the Land: Indigenous Land-based Pedagogy and Decolonization.

Viscogliosi, C., Asselin, H., Basile, S., Borwick, K., Couturier, Y., Drolet, M. J., Gagnon, D., Obradovic, N., Torrie, J., Zhou, D., & Levasseur, M. 2020. "Importance of Indigenous Elders' Contributions to Individual and Community Wellness: Results From a Scoping Review on Social Participation and Intergenerational Solidarity. *Canadian Journal of Public Health* 111(5), 667–681.

<https://doi.org/10.17269/s41997-019-00292-3>

Appendix A: Working Group Members

Name	Position	Position/Organization
Lisa Richardson, MD, MA, FRCPC	Chair	Staff Physician, General Internal Medicine, University Health Network Associate Dean, Inclusion and Diversity, Temerty Faculty of Medicine Strategic Lead in Indigenous Health, Women's College Hospital Education Researcher, The Wilson Centre RSPSC Indigenous Health Lead
Janelle Syring, MD	Co-chair	CCFP
Roberta Price	Elder	Elder, UBC
Teresa Chan	Member	Associate Dean of Continuing Professional Development, McMaster University
Kara Paul	Member	Director of Health, Union of Nova Scotia Mi'kmaq
Kelle Hurd	Member	Vice-Chair, Indigenous Health, University of Calgary
Lindsey Fechtig	Member	Indigenous Health Office, University of Toronto
Lisa Abel	Former Member	Program Manager Strategic Planning and Implementation Faculty of Medicine University of Ottawa
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Appendix B: CanMEDS Roles and Competencies Alignment with the NCIME Early and Mid-Career Indigenous Physician Leadership Program

Medical Expert	<p>1. Practice Medicine within their defined scope of practice and expertise.</p>	<p>1.5 Carry out professional duties in the face of multiple competing demands.</p> <p>1.6 Recognize and respond to medical practice's complexity, uncertainty, and ambiguity.</p>
	<p>5. Actively contribute to the continuous improvement of healthcare quality and patient safety as an individual and as a member of a care team.</p>	<p>5.1 Recognize and respond to harm from health care delivery, including patient safety incidents.</p>
Communicator	<p>1. Establish Professional therapeutic relationships with patients and their families.</p>	<p>1.1 Communicate using a patient-centered approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion.</p> <p>1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety.</p>
	<p>2. Elicit and synthesize</p>	<p>2.1 Use patient-centered</p>

	<p>accurate and relevant information, incorporating the perspectives of patients and their families.</p>	<p>interviewing skills to effectively gather relevant biomedical and psychosocial information.</p>
	<p>4. Engage patients and their families in developing plans and reflect the patient’s healthcare needs and goals.</p>	<p>4.1 Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe.</p> <p>4.2 Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health.</p>
<p>Collaborator</p>	<p>1. Work effectively with physicians and other colleagues in the healthcare professions.</p>	<p>1.2- Negotiate overlapping and shared responsibilities with physicians and other healthcare professionals in episodic and ongoing care.</p> <p>1.3 Engage in respectfully shared decision-making with physicians and other colleagues in the healthcare professions</p>

	2. Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture	2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture.
Leader	1. Contribute to improving healthcare delivery in teams, organizations, and systems.	1.2 Contribute to a culture that promotes patient safety. 1.3 Analyze safety incidents to enhance systems of care.
	2. Demonstrate leadership in professional practice.	3.1 Demonstrate leadership skills to enhance health care. 3.2 Facilitate change in health care to enhance services and outcomes.
	3. Manage their practice and career.	4.1 Set priorities and manage time to integrate practice and personal life. 4.3 Implement processes to ensure personal practice improvement.
Health Advocate	2. Respond to the needs of the communities of populations they serve by advocating with them for system-level	2.1 Work with a community or population to identify the health determinants affecting them. 2.2 Improve clinical practice

	change in a socially accountable manner.	by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities. 2.3 Contribute to a process to improve health in the community or population they serve.
Scholar	1. Engage in continuously enhancing their professional activities through ongoing learning.	1.1 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice. 1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources. 1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice.
	2. Teach students, residents, the public, and other healthcare professionals.	1.4 Recognize the influence of role modeling and the impact of the formal, informal, and hidden curriculum on learners.

		1.5 Promote a safe learning environment.
	4. Contribute to creating and disseminating knowledge and practices applicable to health.	4.2 Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations.
Professional	1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards.	1.1 Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality. 1.2 Recognize and respond to ethical issues encountered in practice.
	2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care.	2.1 Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians.
	3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-	3.2 Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions.

	led regulation.	
	4. Demonstrate a commitment to physician health and well-being to foster optimal patient care.	<p>4.1 Exhibit self-awareness and manage influences on personal well-being and professional performance.</p> <p>4.2 Manage personal and professional demands for a sustainable practice throughout the physician life cycle.</p> <p>4.3 Promote a culture that recognizes, supports, and responds effectively to colleagues in need.</p>