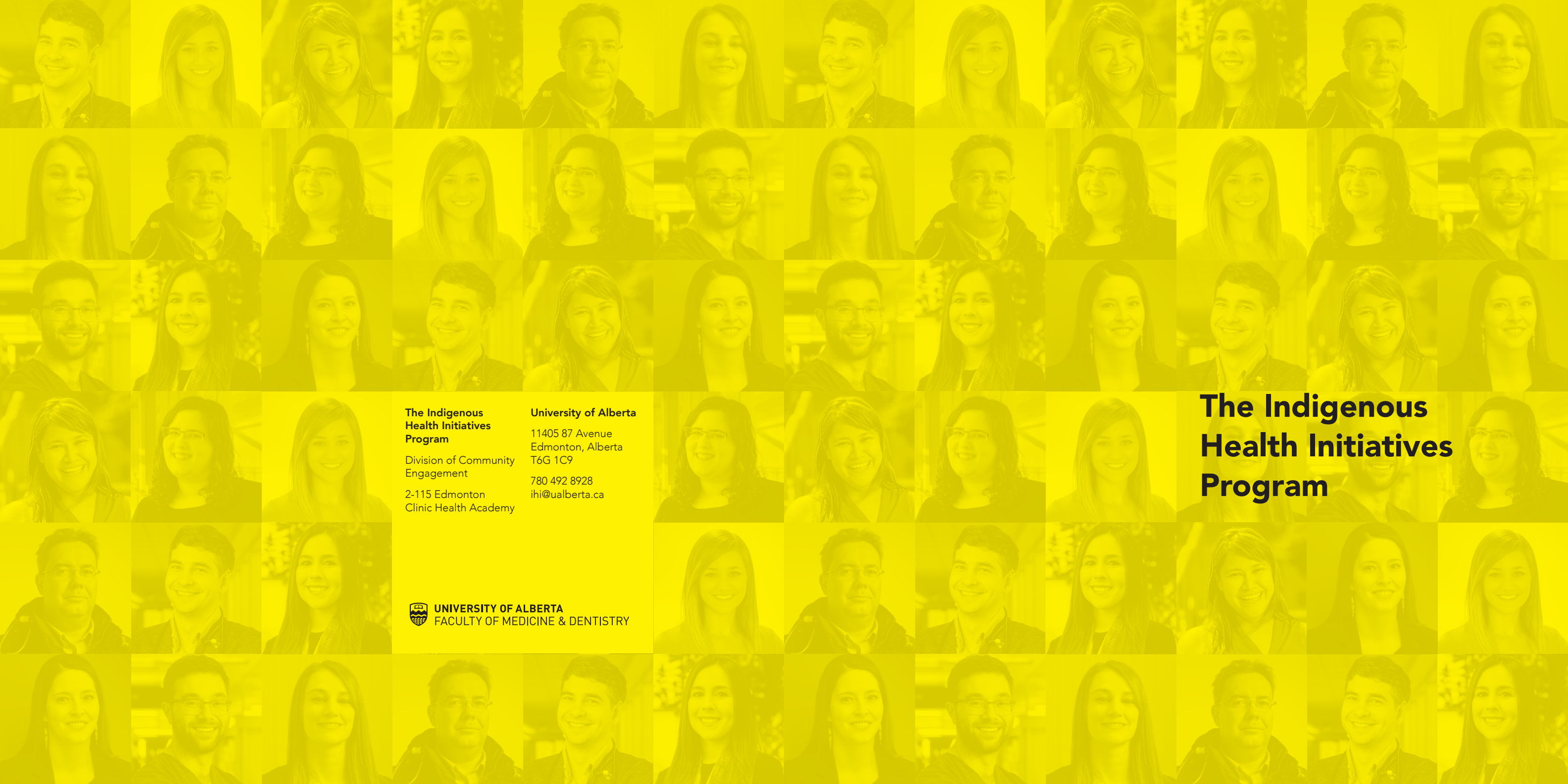


# INDIGENOUS HEALTH INITIATIVES PROGRAM

**FIND YOUR  
JOURNEY  
INTO A HEALTH  
CAREER**



**UNIVERSITY OF ALBERTA**  
**FACULTY OF MEDICINE & DENTISTRY**  
Division of Community Engagement



**The Indigenous  
Health Initiatives  
Program**

Division of Community  
Engagement

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Clinic Health Academy

**University of Alberta**

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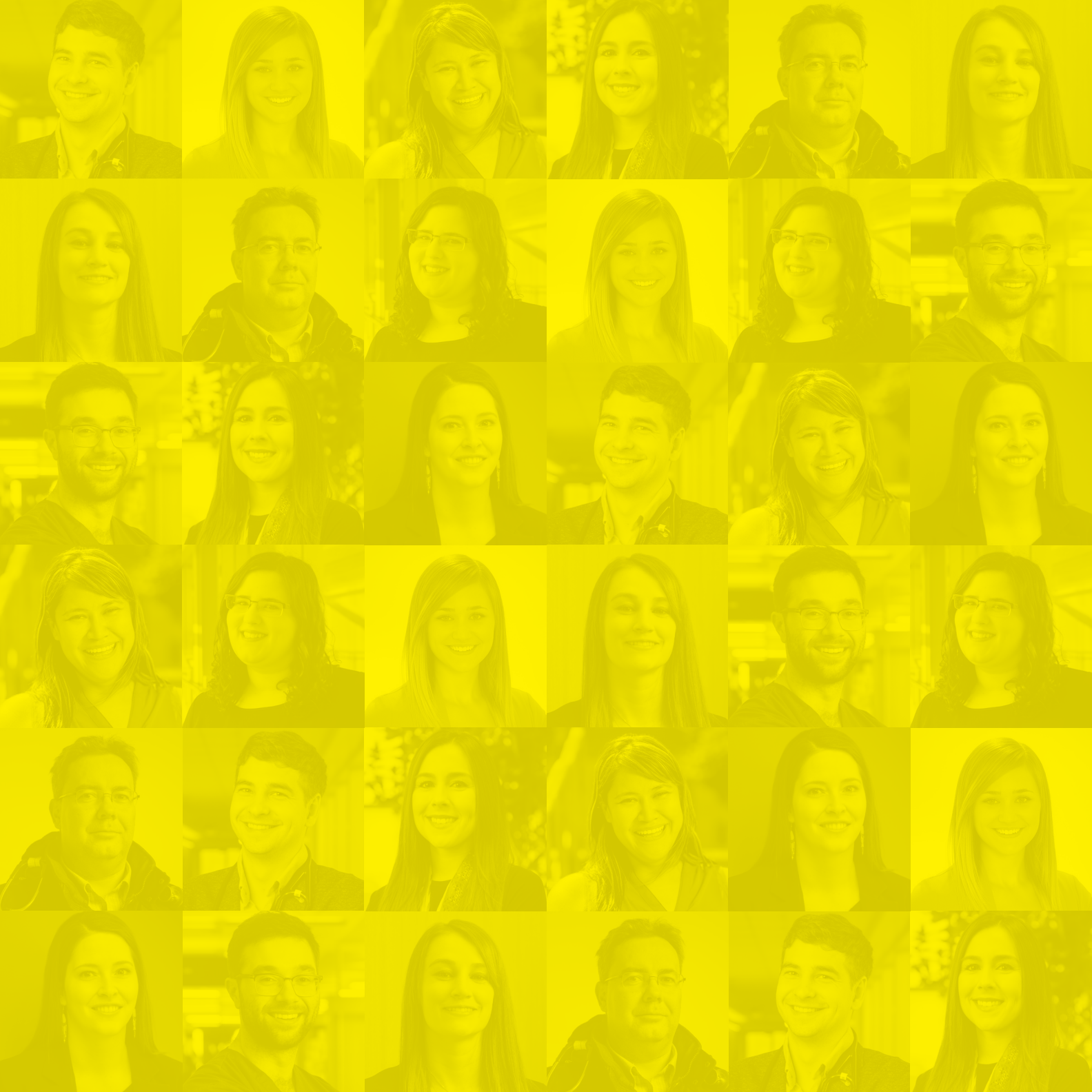
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**UNIVERSITY OF ALBERTA**  
FACULTY OF MEDICINE & DENTISTRY

# The Indigenous Health Initiatives Program





**ACKNOWLEDGEMENTS  
AND  
DEDICATIONS**

PG 4



PG 7



PG 8



PG 12



PG 14



PG 16



PG 18



PG 20



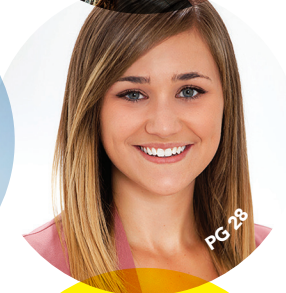
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PG 24



PG 26



PG 28

**DOCTOR OF  
MEDICINE (MD)  
PROGRAM**

PG 33

**DOCTOR OF  
DENTAL SURGERY  
(DDS)**

PG 33

**DENTAL  
HYGIENE (DH)**

PG 34

**MEDICAL  
LABORATORY  
SCIENCE (MLS)**

PG 34





*Pembina Hall is home to the Faculty of Native Studies and is one of the University's oldest historical buildings.*



**Many of the Indigenous Faculty of Medicine & Dentistry graduates from Faculty of Medicine & Dentistry programs throughout Canada are contributing to the improvement of the health status of Indigenous people and their communities.”**

**– Dr. Jill Konkin, Associate Dean & Division Director, Division of Community Engagement Faculty of Medicine & Dentistry**





### Acknowledgements

The Indigenous Health Initiatives Program (IHIP) acknowledges the founders of the program:

Dr. Doug Wilson  
(FoMD Dean, 1984-1994)

Dr. Anne Fanning  
& Ms. Anne-Marie Hodes.

The IHIP also wishes to acknowledge the many faculty, students and community members who have believed and supported the vision of the program.

### Dedication

This book is dedicated to the Indigenous students who have already taken the journey through the Faculty of Medicine & Dentistry, and to those whose journey has not yet begun.

In honour and loving memory of Darcy Tailfeathers (November 20, 1962 - November 22, 1987) whose spirit will always be remembered.

Thank you to the Government of Alberta and the Ministry of Advanced Education for their generous support.



**Dr. Jill Konkin**  
Associate Dean & Division Director,  
Division of Community Engagement  
Faculty of Medicine & Dentistry

**The Truth and Reconciliation Commission (TRC) Calls to Action have set expectations for all levels of government and those who can affect change within the health-care system to make a number of important and necessary changes to redress the legacy of Indian Residential Schools and to advance the process of reconciliation.**

For the Faculty of Medicine & Dentistry (FoMD), we recognize the significance of these calls and remain committed to increasing the recruitment and retention of Indigenous health professionals and to support the learning and development of all students in Indigenous health issues. The Indigenous Health Initiatives Program (IHIP) in the Division of Community Engagement of the FoMD is the focal point for the coordination and collaboration necessary to develop new and

strengthen existing programs and initiatives to address the Calls to Action and more broadly, to build an inclusive, safe, innovative culture in the FoMD that will contribute to the improvement of health and health care of First Nations, Inuit and Métis people and communities.

The IHIP was instituted in 1988 through the dedication and hard work of Anne-Marie Hodes and Dr. Anne Fanning with the support of Dean Doug Wilson. It was originally named the Aboriginal Health Care Careers Committee and was the first program of its kind in a faculty of medicine in Canada. The primary goals were, and continue to be, the recruitment and retention of Indigenous students into FoMD programs. Many of the Indigenous FoMD graduates from FoMD programs throughout Canada are contributing to the improvement of the health

status of Indigenous people and their communities. In recent years, members of the IHIP team have worked to strengthen relationships with Indigenous organizations and communities and to be increasingly responsive to the principles and direction of FoMD programs and initiatives regarding Indigenous health.

Recent Indigenous graduates are now actively involved in mentorship and support current Indigenous students and others have become teachers in FoMD programs. Several Indigenous community organizations have partnered with IHIP and other programs in the Division of Community Engagement in a number of initiatives including working with medical students in the community service learning program and providing members for important committees including the Indigenous Admissions Subcommittee and the Committee on Rural, Remote & Regional Health Initiatives. Increasing the inclusion of Indigenous people in decision-making ensures that our programs and initiatives align with the needs, concerns and aspirations of our Indigenous communities. The FoMD has strengthened its commitment by establishing the position of Director, Indigenous Health, in 2016.

There is much left to be done. The IHIP is committed to working with First Nations, Inuit and Métis people and their communities with the ultimate goal of contributing to health equity and social justice for Indigenous peoples.



**Tawaw! Tansi!**

**It is my great honour and pleasure to serve as the Director of Indigenous Health within the Division of Community Engagement in the Faculty of Medicine & Dentistry at the University of Alberta.**

Over the last three decades, the Indigenous Health Initiatives Program (IHIP) has taken important steps towards closing the gap in the under-representation of Indigenous medical professionals and has been a leader in the recruitment and advancement of Indigenous peoples in the health care system in Alberta. As IHIP moves into its 30th year, it is important to reflect on the significant contributions that Indigenous graduates of our program have made on the health and well-being of Indigenous peoples and more broadly across the healthcare system. After completing their programs, many of our award-winning graduates have gone on to take leadership roles in health organizations across Canada or as medical professionals providing direct services within First Nations communities. At the direct-service level, their individual and collective contributions have made, and continue to make, important improvements to the healthcare system and to the deep and persistent health inequities experienced disproportionately by First Nations, Inuit, and Métis people in Canada.

At the system-level, however, we recognize that much remains to be done.

In June 2015, the Truth and Reconciliation Commission (TRC) issued its final reports which includes 94 Calls to Action. Using the *United Nations Declaration on the Rights*

*of Indigenous Peoples* as the framework for implementation, these Calls to Action describe a clear path forward to redressing the legacy of Indian Residential Schools (IRS) and to advancing the process of reconciliation between Indigenous peoples and non-Indigenous Canadians. At its foundation, these calls make clear that the persistent inequities experienced by Indigenous peoples in the areas of Child Welfare, Education, Language and Culture, Health and Justice are mediated by systems that must take positive and concrete steps forward with “many heads, hands, and hearts, working together at all levels of society... [with] sustained political will at all levels” for meaningful change to occur. It is this precise and direct message that guides my efforts as I work collaboratively across the

Faculty to make system-level changes that are responsive to the historically and socially-rooted manifestations of our current health status.

Looking forward, I am humbled and grateful for the opportunity to be a part of a strong and interconnected network of passionate individuals and to lead IHIP in supporting Indigenous students along their journey. I honour the contributions of those who are dedicated to improving the health and well-being of Indigenous peoples, both past and present, and for those yet to come.

Hiy, Hiy.

Tibetha

**Tibetha Kemble (Stonechild)**  
*Director: Indigenous Health Initiatives*



*Traditional Ceremonies are an integral part of our community in the IHIP.*



**Our program has taken important steps towards closing the gap in the under-representation of Indigenous medical professionals and has been a leader in the recruitment and advancement of Indigenous peoples in the health care system in Alberta.”**

*– Tibetha Kemble (Stonechild),  
Director: Indigenous Health Initiatives*







There are over 170 Indigenous graduates from FoMD programs.



# JOURNEYS



**"I've come to realize that often the most important thing I could do for a patient was connecting them with the social supports they needed."**



## Dr. Jill Galipeau

MD PROGRAM, 2014

**S**ince completing the MD Program in the Faculty of Medicine & Dentistry at the University of Alberta, it's been rewarding to see how far I've come from the day I started medical school. Along the way, I've learned that you often don't feel ready for the challenges in front of you, but you have to force yourself out of your comfort zone if you want to grow as a clinician and as a person. I've also found an amazing group of friends that continue to support each other as we finish up residencies and enter new positions. What has been challenging since completing my program, however, is to come to realize the limitations of medicine. So many of the health issues in the Indigenous community are a result of past trauma and social factors - and you can't write a prescription and fix a patient's traumatic childhood, addictions, housing, or dysfunctional



family dynamics. Over time, I've come to realize that often the most important thing I could do for a patient was connecting them with the social supports they needed.

I'm currently a physician at the Indigenous Wellness Clinic in Edmonton and I feel very fortunate to work with a multidisciplinary team that understands the complex issues faced by patients as a result of residential schools and other damaging policies that have been implemented over the years. I am able to refer patients to Cultural Helpers to provide traditional cultural supports such as smudging, sweat lodge, or other ceremonies that may be required.

WOOD BUFFALO  
REGION  
-  
MEMBER OF MÉTIS  
LOCAL 1935 IN  
FORT MCMURRAY,  
ALBERTA

It has been a rewarding to be able to provide direct-care to Indigenous patients.

To those considering a career in medicine: Go For It! The need for Indigenous health professionals is huge.

To those currently in the MD program in the Faculty of Medicine & Dentistry: Keep going! It's hard to witness prejudice on campus and in the healthcare system, and it can weigh heavily at times. It's also discouraging to process all the barriers that Indigenous patients face, and it is easy to feel hopeless about how to "fix" the problem. Reach out to other Indigenous students or doctors if you are struggling as they have probably experienced the same thing. In my experience, working in the community has been challenging, but incredibly fulfilling as well.



## Dr. Cara Bablitz

MD PROGRAM, 2011

WHITECOURT,  
ALBERTA  
—  
THE WATERWAYS  
REGION IN  
FORT MCMURRAY,  
ALBERTA



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**I was influenced to enter medicine after observing my father, a Métis physician, who worked through his career to reduce health inequities.**

His influence helped to shape my own career as I am now a family physician and work at the Indigenous Wellness Clinic in Edmonton, Alberta. After graduating from the MD program, I completed an additional year of training in palliative care, and have a practice which allows me to see patients in the clinic, in hospice, in hospital and in their homes. In the Spring of 2017, I started a Palliative Care Outreach and Advocacy Team where we work together to support vulnerable patients through their end-of-life journey, so they can have a dignified death in the way they choose.

The most rewarding aspect of the MD program was that it allowed me to create meaningful relationships

with patients and earn their trust. As a medical student you are given a large amount of responsibility and can make a significant difference in someone's life. However, the challenge of working in our current healthcare system has been the persistent systemic racism that affects not only the responsiveness, but also the quality and safety of the care Indigenous peoples receive. In order to address the health inequities experienced disproportionately by Indigenous peoples in Alberta and throughout Canada, it is imperative that we work together to improve the cultural competency, safety, and anti-racism training for those

currently working in, or about to work in, the healthcare system in Alberta. Education and ongoing collaboration with First Nations, Inuit and Métis peoples and communities provides us that opportunity, and is a way for us to work together to improve the health status of Indigenous peoples.

It is important to remember that the history of colonization, including residential schools, targeted the culture of Indigenous people and changed the course of our health. Residential schools were created to eliminate every aspect of Indigenous ways of knowing and being, and the effects are multi-generational. The legacy of residential schools still directly impacts Indigenous patients and the Calls to Action are an important part of creating meaningful systemic change to support improvements to the health and well-being of Indigenous peoples,



**“The most rewarding aspect of the MD program was that it allowed me to create meaningful relationships with patients and earn their trust.”**

and other more broad social determinants of health. The Truth and Reconciliation Commission's (TRC) Calls to Action should act as a guiding point for all Indigenous and non-Indigenous health providers. For me, the Calls to Action have emphasized the importance of holistic care and they influence my practice daily.

For Indigenous students who are on the path to becoming a physician or those considering a health profession, enjoy this time of personal growth, learning and discovery. I encourage you to maintain balance by staying connected to your culture and community. Remember you are not alone; there are many people out there working together to achieve the ultimate goal of health equity for Indigenous peoples.

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**Connor Grimes**  
3RD YEAR, DENTISTRY

EDMONTON,  
ALBERTA

**“Since starting my program, I know I made the right choice and my program has been incredibly rewarding.”**

**M**y interest in health care started early. Growing up, I paid close attention to my mom’s profession as a physiotherapist but as I made my way through high school, my interest in health care narrowed even further and I was influenced to enter into Dentistry because of my friends’ fathers - who were dentists themselves. Since starting my program, I know I made the right choice and my program has been incredibly rewarding.

Since starting in the Dentistry program, I am most proud of my involvement with SHINE Dentistry which is an outreach clinic that serves underprivileged youth in Edmonton out of the Boyle McCauley Health Centre. It has been a rewarding experience to be a part of a student-run initiative that has grown exponentially and to be able to provide students with an opportunity to engage with

populations we generally aren’t exposed to in the school setting. It has also been a great source of personal learning and development and has raised my awareness about the number of people who don’t have access to dental care. This early exposure and awareness is important as it has motivated me to give back to the community knowing now just how many underserved people there are. It also provides me with an opportunity to learn about and practice culturally-safe care with homeless and Indigenous populations. I think moving forward, my Métis heritage, work with SHINE, and early exposure to the needs of a diverse group of people will help me contribute to addressing the gaps in the provision of care to underserved populations.

I am excited about what the future holds for me as I move into my final

year. Looking back, there are things I think may have strengthened my program. I am hopeful that students coming into the program will have learning opportunities that enable us to better support and address the health needs of specific populations. To learn about our rights and responsibilities as service providers in treatment, to develop a knowledge and awareness of alternative treatment methods - and the importance of healing. When I graduate, there really are no limits on what I can do, but I am really interested and want to pursue a career with children in the field of pediatric dentistry. I enjoyed my recent exposure to pediatric dentistry this past summer in Calgary, and was particularly interested by the direct impact of this work. I look forward to exploring this path and think it’s a good fit with my skill set.



**Nicole Labine**  
3RD YEAR, MD PROGRAM

FORT SMITH,  
NORTHWEST  
TERRITORIES

**“The acknowledgement of my appreciation for the North has motivated me to give back to the people and places that have shaped who I am today.”**

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**W**hen not attending university I reside in Fort Smith, Northwest Territories. My hometown represents the location of my Métis pastimes. The shores of the Slave River are where I learned to fish and skin my first muskrat. When I wasn't learning new fiddle tunes on my violin, I was sitting beside my mother perfecting my skills as a quilter.

From a young age I had identified a passion for healthcare and the environment. During my final years of high school, I had the opportunity to travel to both the Arctic and to Antarctica on International research vessels with Students on Ice. These trips instilled the importance of the polar regions and provided support and guidance with my professional growth. These trips expanded my passion for science and population's interaction with nature inspiring me to contribute to global sustainability.

I completed my undergraduate degree in biochemistry at the University of British Columbia in the Okanagan under a Major Entrance Scholarship. I remember my first chemistry class in my undergraduate degree during which my professor asked everyone to raise their hand if they were interested in becoming a doctor. I turned to see almost the entire room of three hundred students had their hands held high. In my state of awe, I forgot to raise my hand at all. It is little moments like these that encouraged self-reflection and drove me to embrace my qualities and life experience, that set me apart.

The more time I spent removed from my isolated rural community the more I grew to appreciate the perspectives provided by my unique experience in the Northwest Territories. The acknowledgement of my appreciation for the North

has motivated me to give back to the people and places that have shaped who I am today.

My undergraduate degree involved an honour thesis program. In attempts to direct my work towards my passions in life, I studied traditional Aboriginal medicinal plants. Under the advisement and guidance of Dr. Paul Shiple, I was able to find funding to explore an area of research that fueled my desire to remain linked to my northern roots.

I am currently completing my third year of medicine at the University of Alberta. The memories made thus far in my medical career will be ones I will carry with me for a lifetime. I look forward to returning to the North and inspiring future physicians.



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## Dr. Nicole Cardinal

MD PROGRAM, 2012

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SADDLE LAKE,  
ALBERTA



**“It’s important to have the trust of your patient as it allows you to understand where they are coming from. As a First Nations person, I can bring that quality into my practice in a non-judgmental way.”**

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**S**ociety has a lot of preconceived ideas about Indigenous peoples. When an indigenous person approaches a health care provider they perhaps aren’t always seen as a whole person but as the preconceived notion of what an Indigenous person should be. It’s important to have the trust of your patient as it allows you to understand where they are coming from. As a First Nations person, I can bring that quality into my practice in a non-judgmental way.

When I was in junior high school I was a good student, received good marks and attended school every day. I also played every sport my school had to offer and really enjoyed attending. Unfortunately, in high school I didn’t take it seriously or do my best which I really regretted later on. I know now that I wasted my time, my teachers’ time and let myself and my parents

down by selling myself short. But my family’s belief in me, and seeing my brother be the first in my family to attend university, were both instrumental to my success. Also, in my family, it was never a question of not wanting to attend post-secondary, but rather “when am I going to attend?”

I can honestly say that I didn’t expect to be in the MD Program. I was a First Nations kid from the reserve who didn’t know what options existed outside of my community. I always knew I would find a job that was in demand, that provided security and that I enjoyed. Until I moved to Edmonton to further my education, I didn’t realize all the possibilities available. I was encouraged by my peers and professors to do something after I got my science degree. It was a friend who steered me to apply to the Faculty of Medicine

& Dentistry. Soon after, I researched the admissions process, obtained my prerequisites and was accepted into the Indigenous Health Initiatives Program.

Since completing my program, I now work as a doctor at the Saddle Lake Health and Wellness Centre to support and improve the physical and emotional health of my community. In addition to the care I provide to patients in Saddle Lake, I recently established the Health Food Box program in my community while working with Alberta Health Services through its Indigenous Health Strategic Clinical Network to promote health equity, healthy communities, and improved health outcomes among Indigenous peoples. To support this work, I am also currently developing an opportunity for 1st and 2nd year students to work in rural communities while learning how to

provide health care to Indigenous peoples. This would see students work at the Saddle Lake health clinic for month-long intensives and would not only help the community and students but would also align with the Truth and Reconciliation Commission’s Calls to Action for improved medical education in Canada.

Looking back, medicine was an obvious choice and while many people inspired me on my journey, I am forever indebted to my parents - their belief was instrumental to my success.

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## Dr. Adam Mildenberger

RESIDENT, MD PROGRAM,  
FAMILY MEDICINE

BEAVERLODGE,  
ALBERTA



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I have always wanted to help people, and I chose medicine in order to return to Northern Alberta and provide healthcare to underserved communities.

The biggest challenge I faced at the beginning of my journey was coordinating all the components of the medical school application: booking the MCAT, requesting transcripts, getting into the prerequisite classes, and finding referees. As the first person in my family to attend university, I had to work to figure out how to achieve these requirements on my own. This taught me that the application itself can be a significant challenge for people in a similar position. I really relied on the Indigenous Health Initiatives Program to help me navigate the process and am extremely appreciative of their help.

I am currently training to be a rural family physician who will provide

comprehensive primary care.

Rural communities often have more difficulty accessing healthcare. Rural family medicine provides a large variety in your career including working in emergency departments, assisting in surgeries, and delivering babies. I am also pursuing an additional year of family practice anesthesia training, which I hope to use as a foundation for building skills in managing chronic pain. I think this is an area with a huge need and often goes hand in hand with mental health and addictions. The health disparities Indigenous communities face affects everyone and will take everyone working together to solve. I think

as a physician and front-line worker my personal role is advocating for the areas of need I see in my practice.

For Indigenous students currently in the Faculty, try to follow your passions in medicine. There are a lot of external pressures coming from all directions and this can lead you down a path that might not make you happy in the long run. Medicine is a career that has a lot of flexibility, but you have to mold it to fit into your goals. I am extremely happy with my decision for rural family and challenge anyone to explore the flexibility that rural medicine offers.



**“Medicine is a career that has a lot of flexibility, but you have to mold it to fit into your goals.”**

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**Lauren Cormier**  
2ND YEAR, MD PROGRAM

CALGARY,  
ALBERTA



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I graduated from Acadia University in 2016 with a Bachelor of Science with a Major in Biology and was accepted into the MD Program at the University of Alberta in the fall of 2016.

Throughout my undergraduate degree I was always fascinated with the human body and how it worked. When I graduated, I knew I wanted a career in health sciences but I wasn't sure which profession. I'm not really sure what led me to medicine but now that I am here, medical school is so much more than I could have imagined. The most rewarding part of the MD program is developing well-rounded skills to treat patients; not just the illness. I finally understand what people mean when they say the 'art of medicine' because it is so much more than treating just the illness. The personal skills you develop in the program not only make you a good doctor but also a better person.

**"I finally understand what people mean when they say the 'art of medicine' because it is so much more than treating just the illness."**

Part of being a good doctor is understanding where people come from and their present situation. My early exposure to other cultures and groups has helped me to see this in my current practice with patients and will help me connect to my future patients. As a Métis student, I, along with the Indigenous perspectives included in the curriculum, work to inform and educate students about Indigenous peoples so that they have a better understanding of Indigenous culture and history. I think this has made Indigenous health and history more approachable and has also been an important part of reconciliation, which to me means to acknowledge, understand, and provide care that recognizes people as a product of their environment including the historical legacy of Indian Residential Schools.

At the moment, I am interested in pursuing a career in psychiatry. I really like this field of medicine because there is so much diversity. I can see a wide variety of patients from very young to very old and from serious injuries to minor muscle pains. I'm not sure why I choose this field of medicine but something inside me just clicked and I knew that psychiatry was something I wanted to pursue. Outside of school, I still do a bit of horseback riding which is something I've done since I was 10. I've also started exploring other outdoor activities and volunteering at a variety of places. I recently did some vascular and diabetes research and I got involved in some of the clubs for medical school students. While medical school is a big change from undergrad and I don't have as much free time as I used to, it has been a most rewarding experience. Even though it is a lot of work, I really



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enjoy what I learn. I don't need to motivate myself to study for most things because I always want to know more.



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## Dr. Glen Armstrong

MD PROGRAM, 2010

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VALEMOUNT,  
BRITISH COLUMBIA  
—  
3 VALLEY MÉTIS  
ASSOCIATION

**“Always follow your dreams and never give up if it is truly what you believe in your heart that you should be doing.”**

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**M**y interest in medicine started out because my father was sick and no one could figure out what was causing his illness. I had worked in several rural and remote communities and experienced first hand doctor shortages and the problems plaguing access in rural areas. I figured the best solution was to become a doctor and do my part to fix the problem.

After completing my MD Program, at first I considered surgery, as the operating room is a fascinating place, but the thought of a 5-year residency with no sleep deterred my ambitions. Next, I considered pathology because I especially loved forensics but the prospects of a 7-year residency was daunting and besides, I didn't love it that much. I guess I was always a Family Medicine doctor at heart and with my past career choices in farming

and forestry I feel like I can relate to a wide variety of patients. Since I grew up in a rural area and went through my father's very lengthy illness before he passed away, I choose to practice with a 'cradle-to-grave' approach with palliative medicine being a passion. I even do house calls so that my elderly patients still get the care they need without leaving home.

For students in the program, or even considering the MD program: there may be a lot of stumbling blocks and forks in the road - but always follow your dreams and never give up if it is truly what you believe in your heart that you should be doing.

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## Courtney Boyer

4TH YEAR, MD PROGRAM

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WEST KELOWNA,  
BRITISH COLUMBIA



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**I have wanted to be a doctor ever since I was a little girl.**

My maternal grandma has always had “heart problems” and when I was little all I wanted to do was fix her heart. As I grew up, I learned that she had suffered from rheumatic fever multiple times in Residential School, and this had subsequently caused her valve disease. As I continued through high school and in my undergrad at UBC Okanagan, my fascination with the human mind and body continued to blossom, and I couldn’t wait to enter medical school. The most rewarding part of medical school have been the experiences I’ve had with patients that have truly solidified my passion for patient advocacy and continuity of care. These special moments with patients have had a lasting impact on me.

**“The most rewarding part of medical school have been the experiences I’ve had with patients that have truly solidified my passion for patient advocacy and continuity of care.”**

As I move closer to completing my MD program, I have applied to Family Medicine and Psychiatry, both of which I find extremely rewarding. During my clerkship training, I found that my most enjoyable moments and hands-on learning occurred during my Family Medicine rotations. The comprehensive care approach allowed me to understand my patients and establish a deeper connection. The privilege of being a vital component of people’s lives is like no other specialty. I am passionate about continuity of care and building lasting relationships with my patients and their families. I thoroughly enjoyed the immense variety of patient presentations, particularly in rural communities, that I have experienced during Family Medicine that is unparalleled by any other specialty. Whether it’s obstetrical care, trauma emergency room

cases, or managing complex medical patients, I feel that the potential to diversify my future practice is endless. Psychiatry first piqued my interest during my undergraduate degree; however, during my second year of medical school my interest in the specialty of Psychiatry deepened. I enjoy the challenge of trying to see things from the patients’ frame of mind and appreciate their emotional state and beliefs. Taking a history from the patient, acquiring collateral information, and piecing all of this together to formulate a working diagnosis brings me a great deal of job satisfaction. I enjoy the puzzle, so to speak, and the dynamic nature of Psychiatry.

Outside of school and clerkship, I have many hobbies and interests. I have a passion for home décor and crafts, cooking, scrapbooking and I have kept an ongoing journal of

my life throughout medical school using photos, short written entries, and other souvenirs. I also have a passion for exercise which I took up regularly upon entering medical school, and it has been of vital importance to my own personal mental health. I look forward to the many opportunities once my program is completed and hope to return home to B.C. to be close to my family. I also hope to do some travelling and exploring different areas of the world and experiencing different communities to help foster my passion for working with people of diverse backgrounds and learning about their lives.

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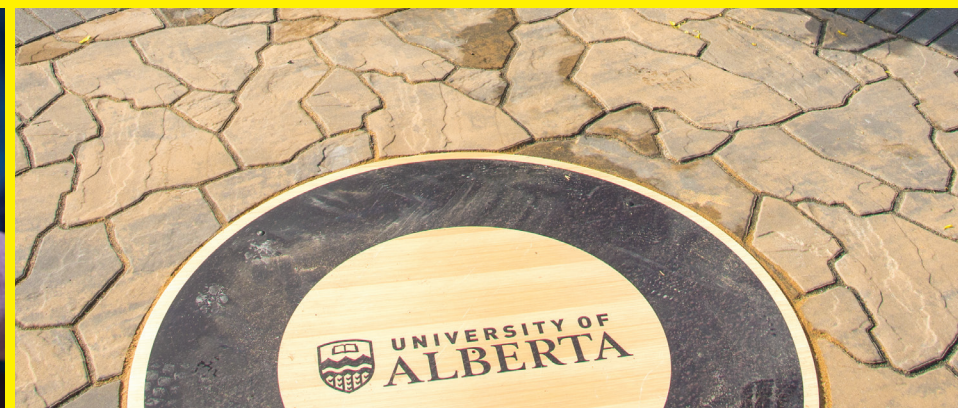
IHIP guided and supported by Elders.



The University of Alberta is situated on traditional Treaty 6 territory.



Supporting connection to community.





**DOCTOR OF  
MEDICINE (MD)**

**DOCTOR OF  
DENTAL SURGERY  
(DDS)**

**DENTAL  
HYGIENE (DH)**

**MEDICAL  
LABORATORY  
SCIENCE (MLS)**

# PROGRAMS

## START YOUR JOURNEY

The Indigenous Health Initiatives Program (formerly the Aboriginal Health Careers Program) was founded in 1988 by the Faculty of Medicine & Dentistry at the University of Alberta to encourage a greater number of First Nations, Inuit and Métis students gain access to, and graduate from, all faculty medicine and dentistry programs. Since the program's inception, the Indigenous Health Initiatives Program (IHIP) has been a leader in the recruitment and retention of Indigenous students into medical school in Canada.

The mandate of the Indigenous Health Initiatives Program (IHIP) is to support the growth in the number of First Nations, Inuit, and Métis people in medicine and dentistry programs in order to address the gap in the underrepresentation of Indigenous peoples in health professions in Alberta and across Canada. This is accomplished through our collaborative and holistic program that provides wrap-around supports to qualified Indigenous applicants as they enter into, and graduate successfully from, the Faculty of Medicine & Dentistry.

## SUPPORTING YOUR JOURNEY

The IHIP is collaborative and holistic program that provides wrap-around supports to qualified self-identified Indigenous applicants as they enter into, and graduate successfully from, the Faculty of Medicine & Dentistry. The IHIP is further supported by the Faculty's special status admissions in the Doctor of Medicine (MD), Doctor of Dental Surgery (DDS), Dental Hygiene (DH), and Medical Laboratory Science (MLS) programs.

### Doctor of Medicine (MD) Program

The MD program is dedicated to the improvement of health through excellence and leadership in our educational programs, in fundamental and applied research, and in the prevention and treatment of illness.

The MD program's objectives are to develop knowledgeable, compassionate, collaborative, reflective, and professional physicians committed to quality health care and lifelong learning.

Following four years in undergraduate medical education, students continue postgraduate training for 2 years to 5 years. The University of Alberta has one of the widest selections with over 50 sanctioned postgraduate programs. These are accredited by the Royal College of Physician and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC).

### Doctor of Dental Surgery (DDS)

This four-year (11-term) undergraduate program leads to a Doctor of Dental Surgery (DDS) degree. At least two pre-professional years of university education are required before admission.

The first and second years of the program are comprised of an integrated curriculum, studying anatomical, physiologic, and health systems which also includes the study of Oral Biology, Dental Anatomy, Oral Pathology, and an introduction to the pre-clinical practice of dentistry.

The third and fourth years of the program are comprised of lectures, laboratories, seminars and clinical practice. In addition to clinical practice at the University of Alberta Dental Clinic, students participate in clinics at the



Glenrose Rehabilitation Hospital, the University of Alberta Hospital, and in a satellite dental clinic rotation in Northern Alberta.

## Dental Hygiene (DH)

The Dental Hygiene Program provides an education that is highly responsive, scientific and professional, in a learning environment that is dynamic and student-centered. Small-group and case-based learning is used to foster an environment that encourages collaboration with peers and faculty. Graduates from the Dental Hygiene program enjoy careers that offer flexible working schedules in pleasant and safe surroundings; above-average remuneration in a respected health care profession; an opportunity to practice internationally or in a variety of professional settings, in private practice, at Universities and other educational institutions, research, industry, government and health agencies; and plays a primary role in health promotion and prevention in a dynamic and changing health care system.

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## Medical Laboratory Science (MLS)

Medical Laboratory Science in the Faculty of Medicine & Dentistry at the University of Alberta offers a four-year professional degree program. Students acquire general certification from the Canadian Society for Medical Laboratory Science (CSMLS) and a BSc in Medical Laboratory Science (MLS). This fully integrated program consists of a pre-professional year followed by three years in the Division of Medical Laboratory Science. After the pre-professional year, the first and third years of the program are regular university years. The second year is a 38-week period of practical hospital training under the supervision of Alberta Health Services, Edmonton Zone. Rotations occur in the Department of Laboratory Medicine & Pathology (University of Alberta Hospitals site) and through DynaLIFE Dx. Students rotate through laboratories in clinical biochemistry, hematology, histotechnology, clinical microbiology, and transfusion science—the five disciplines that are required for CSMLS general certification.

Graduates of the Medical Laboratory Science program at the University of Alberta have an excellent reputation locally, nationally and internationally.



**“I look forward to learning about your destination and supporting you on your journey.”**

— **Kenton Boutillier**, *Indigenous Health Initiatives Program Administrator*







Photography by  
Cooper & O'Hara,  
Marketing and  
Communications  
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