Senate
Senate Chamber
Room E3-262 Engineering Building
WEDNESDAY, April 2, 2008
1:30 p.m.
Regrets call 474-6892

AGENDA

I MATTERS RECOMMENDED FOR CONCURRENCE WITHOUT DEBATE

1. Report of the Executive Council of the Faculty of Graduate Studies on Course Changes – February 4, 2008 — Page 17

2. Report of the Executive Council of the Faculty of Graduate Studies on Course Changes – February 27, 2008 — Page 22

II MATTERS FORWARDED FOR INFORMATION

1. Report of the Senate Committee on Awards – Part A — Page 32

2. Statement of Intent: M.Sc. and Ph.D. in Biomedical Engineering — Page 45

3. Statement of Intent: M.A. and Ph.D. in Health Psychology — Page 51

4. Student Advocacy Annual Report (2005-2007) — Page 74

III REPORT OF THE PRESIDENT — Page 94

IV QUESTION PERIOD

Senators are reminded that questions shall normally be submitted in writing to the University Secretary no later than 10:00 a.m. of the day preceding the meeting.

V CONSIDERATION OF THE MINUTES OF THE MEETING

1. FEBRUARY 6, 2008

2. MARCH 5, 2008

VI BUSINESS ARISING FROM THE MINUTES

VII REPORTS OF THE SENATE EXECUTIVE COMMITTEE AND THE SENATE PLANNING AND PRIORITIES COMMITTEE

1. Report of the Senate Executive Committee — Page 115

   Comments of the Senate Executive Committee will accompany the report on which they are made.

2. **Report of the Senate Planning and Priorities Committee**

The Chair will make an oral report on the Committee's activities.

VIII **REPORTS OF OTHER COMMITTEES OF SENATE, FACULTY AND SCHOOL COUNCILS**

1. **Report of the Senate Committee on Awards – Part B** **Page 116**

2. **Proposal to Introduce a Master of Physician Assistant Studies Degree Program** **Page 120**

   a) **Report of the Senate Planning and Priorities Committee** **Page 166**

3. **Proposal to Introduce a Master of Fine Arts Degree** **Page 168**

   a) **Report of the Senate Planning and Priorities Committee** **Page 229**

4. **Report of the Senate Committee on Medical Qualifications RE: Dr. Alan Garland** **Page 231**

   Note: A copy of Dr. Garland's full *curriculum vitae* is available for inspection by members of Senate in the Office of the University Secretary, Room 312 Administration Building.

5. **Report of the Senate Committee on Admissions** **Page 233**

6. **Proposal from the Faculty of Medicine to Create a Department of Emergency Medicine** **Page 243**

IX **ADDITIONAL BUSINESS**

1. ***Correspondence from* University Secretary RE: Fall 2008 Convocation** **Page 306**

X **ADJOURNMENT**

Please Call Regrets to 474-6892 or meg_brolley@umanitoba.ca

/mb

Report of the Executive Committee of the Faculty of Graduate Studies from the meeting of February 4, 2008

Preamble:

The Executive Committee met on Monday, February 4, 2008 and made the following recommendation. There were no observations.

Recommendation:

1. **THAT the Faculty of Graduate Studies Executive Committee approve the Jan. 22/08 Programs and Planning report with respect to the course changes and that they be recommended to Senate for approval.**

Comments of the Senate Executive Committee:

The Senate Executive Committee endorses the report to Senate.

UNIVERSITY OF MANITOBA
Office of the Dean
Faculty of Graduate Studies

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February 19, 2008

TO: The Senate Secretary

FROM: Ms. Andrea Kailer, Confidential Assistant to the Associate Deans AK
Faculty of Graduate Studies

RE: Motion for Next Senate Meeting

Please find some course changes enclosed which the Faculty of Graduate Studies Executive Committee recommends to Senate for approval.

You may be aware that the Faculty Council of Graduate Studies recently approved a model by which course introductions, modifications, and deletions can be fast-tracked from Faculty Executive to Senate without Faculty Council's approval. This is the first of such submissions.

Please let me know if you have any questions. Thank you.

xc: Ms Joyce Culligan, Faculty Council Secretary

Report of the Programs and Planning Committee of the Faculty of Graduate Studies on course changes from its meeting on Jan. 22, 2008.

Preamble

The Programs and Planning Committee (PPC) of the Faculty of Graduate Studies has the responsibility of reviewing new programs, program changes, and course changes and makes recommendations to FGS Executive. PPC held a meeting on Jan. 22, 2008 and made the following recommendations:

COURSE CHANGES

1. Department of Interior Design, Faculty of Architecture

One (1) DELETION

IDES.7050	**Graduate Seminar**	**(3)**
Total Deletions and net change in credit hours		**- 3**

Observations

This course has been replaced by a new graduate seminar course with a pass/fail grade.

Recommendation #1

The Programs and Planning Committee of the Faculty of Graduate Studies recommends that the Faculty Executive of Graduate Studies endorse the course deletion in the Department of Interior Design, Faculty of Architecture.

2. Department of Electrical & Computer Engineering, Faculty of Engineering

One (1) INTRODUCTION

ECE.7XXX	**Advanced Electric Machines & Drives** *"Magnetically-coupled circuits, energy conversion principles, field generation in ac machines, windings and inductances, reference frame theory, dc machine and dc drives, scalar control of induction machines, vector control of induction machines, drives for special machines."*	3
Total Introductions and net change in credit hours		+3

Observations

This course provides a modern approach to the analysis, modeling, simulation and design of electric machines and solid-state drives. Recent developments in hybrid and electric vehicles have opened up new avenues for the application of electric machines in the automotive industry.

Recommendation #2

The Programs and Planning Committee of the Faculty of Graduate Studies recommends that the Faculty Executive of Graduate Studies endorse the course introduction in the Department of Electrical and Computer Engineering, Faculty of Engineering.

3. Occupational Therapy, School of Medical Rehabilitation

One (1) INTRODUCTION

OT.7XXX	**Fieldwork Preparation** *"This course provides foundational knowledge and skills required to participate effectively in the fieldwork component of the Occupational Therapy Program. Course evaluated on a pass/fail basis."*	1
Total Introductions and net change in credit hours		+1

Observations

Reason for introduction is evident in the course description.

Recommendation #3

The Programs and Planning Committee of the Faculty of Graduate Studies recommends that the Faculty Executive of Graduate Studies endorse the course introduction in the Occupational Therapy, School of Medical Rehabilitation.

Report of the Executive Committee of the Faculty of Graduate Studies from the e-mail vote of February 27, 2008

Preamble:

The Executive Committee voted by e-mail on Thursday, February 27, 2008 and made the following recommendation. There were no observations.

Recommendation:

1. **THAT the Faculty of Graduate Studies Executive Committee approve the Feb. 20/08 Programs and Planning report with respect to the course changes and that they be recommended to Senate for approval.**

Comments of the Senate Executive Committee:
The Senate Executive Committee endorses the report to Senate.

Meg

UNIVERSITY OF MANITOBA

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March 3, 2008

TO: The Senate Secretary

FROM: Ms. Andrea Kailer, Confidential Assistant to the Associate Deans *akk*
Faculty of Graduate Studies

RE: Motion for Next Senate Meeting

Please find some course changes enclosed which the Faculty of Graduate Studies Executive Committee recommends to Senate for approval. The summarizing motion is as follows.

You may be aware that the Faculty Council of Graduate Studies recently approved a model by which course introductions, modifications, and deletions can be fast-tracked from Faculty Executive to Senate without Faculty Council's approval.

Please let me know if you have any questions. Thank you.

Motion

THAT the Faculty of Graduate Studies Executive Committee endorse the Feb. 20/08 Programs and Planning report and recommend it to Senate for approval.

Report of the Programs and Planning Committee of the Faculty of Graduate Studies on course changes from its meeting on Feb. 20, 2008.

Preamble

The Programs and Planning Committee (PPC) of the Faculty of Graduate Studies has the responsibility of reviewing new programs, program changes, and course changes and makes recommendations to FGS Executive. PPC held a meeting on Feb. 20, 2008 and made the following recommendations:

COURSE CHANGES

1. Department of Psychology, Faculty of Arts

Seven (7) DELETIONS

PSYC.6020	**Organizational Psychology**	**(3)**
PSYC.7440	**Social Influence on Behaviour**	**(3)**
PSYC.7960	**Internship in Clinical Psychology**	**(0)**
PSYC.8190	**Social Psychology of Psychological Research**	**(3)**
PSYC.8310	**Pavlovian Principles and Techniques**	**(3)**
PSYC.8320	**Behaviour Modification in Institutional Settings**	**(3)**
PSYC.8390	**Development of Learning and Cognition**	**(3)**
Total Deletions		**- 18**

One (1) INTRODUCTION

PSYC.7XXX	**Cognitive Development** *"You will gain an advanced understanding of core theories and fundamental issues in cognitive*	**3**

developmental research. You will also gain an in-depth understanding of a particular cognitive developmental research issue of your choice. Prerequisite: consent of instructor."

Total Introductions +3

TWELVE (12) MODIFICATIONS

PSYC.7010 **Ethics, History and Profession of School Psychology** 6

"(Formerly 017.701.) An overview of the fundamental concepts and issues of professional school Psychology. Ethical, professional, regulatory and legal issues pertaining to the practice of school psychology are examined. Also examined are the history of school psychology and the organization of educational systems. Co-requisite: PSYC.7050 (or 017.705)."

PSYC.7020 **Psycho-educational Assessment and Measurement** 6

"(Formerly 017.702.) Designed to provide students with competencies in the basic principles of psychological assessment and related measurement concepts, highlighting the process of data-based decision making. Emphasis will be placed on how information from a variety of psycho-educational sources is used to identify profiles for planning intervention programs."

PSYC.7050 **Junior Practicum in School Psychology** 3

"(Formerly 017.705.) Supervised practice with school children in a field setting. Emphasis on development of skills in assessing intelligence, academic skills and social-emotional difficulties, and on communication of findings to parents, teachers, and school administrators through written and verbal reports. Prerequisites: PSYC.7010 (or 017.701), PSYC.7020 (or 017.702), PSYC.7070 (or 017.707)."

PSYC.7060 **Senior Practicum in School Psychology** **6**
"(Formerly 017.706.) Supervised practice in a school setting. The focus is on development of skills relevant to case conceptualization, intervention, and supervision of junior practicum students. Prerequisites: PSYC.7050 (or 017.705), PSYC.7100 (or 017.710)."

PSYC.7070 **Social, Emotional, and Personality Assessment Of Children/Youth** **3**
"(Formerly 017.707.) An overview of theory, research, and the educational implications of social, emotional, and personality assessment of children and adolescents. A variety of methods are examined with an emphasis on empirically-supported practices in the assessment of psychopathology and socio-emotional functions. Co-requisites: PSYC.7050 (or 017.705)."

PSYC.7090 **Behavioural Assessment and Intervention in School Settings** **3**
"(Formerly 017.709.) Behavioural management strategies and techniques for children and adolescents who present with serious disruptive and/or emotional and behavioural disorders in schools. A wide range of techniques and strategies are considered."

PSYC.7100 **Intervention in the Early/Middle Years** **3**
"(Formerly 017.710.) Examines interventions directed at individuals, groups, and families, as well as classroom- and school-based intervention and prevention programs to promote a range of adaptive outcomes and intervene in a range of maladaptive pathways. Prerequisite: PSYC.7080 (or 017.708)."

PSYC.7110 **Intervention in Adolescence** **3**
"(Formerly 017.711.) Examines interventions directed at individuals, groups, and families, as well as classroom- and school-based intervention and prevention programs to promote a range of adaptive outcomes and intervene in a range of maladaptive pathways. Prerequisite: PSYC.7080 (or 017.708)."

PSYC.7120	**Consultation and Supervision** *"(Formerly 017.712.) An examination of theories and models of school-based consultation and collaboration. Practice with techniques and procedures associated with effective consultation with teachers, school administrators, and parents. Co-requisite: PSYC.7060 (or 017.706)."*	**3**
PSYC.7130	**School Psychology Research Design and Program Evaluation** *"(Formerly 017.713.) Provides students with knowledge and skills needed to understand, design, and conduct evaluations of intervention programs for individuals experiencing academic or behaviour difficulties in school contexts. Addresses the aims, theories, and methods of program evaluation, including relevant research design and statistical methods."*	**3**
PSYC.8070	**Profession of Clinical Psychology** *"(Formerly 017.807.) Study of professional issues in clinical practice. The historical development and current status of the profession; discussion of ethical considerations, licensure, professional standards, public and private practice, public education, and legal decisions affecting clinical psychology.*	**3**
PSYC.8330	**Family Therapy Seminar** *"(Formerly 017.833.) This course deals with both family theory and practice by reviewing the current literature on family systems and providing case discussions, peer supervision and small group simulated tasks. Corequisite: current enrolment in PSYC.7910 (or 017.791) – PSYC.7950 (or 017.795) Clerkship Practicum in Clinical Psychology or GRAD.7030 (or 069.703) M.S.W. Practicum or permission of the instructor."*	**3**

(No credit hour change in course modifications)

NET Change in credit hours ***-(15)***

Observations

Most of the courses for deletion have not been offered in 10 years and will not be offered in the foreseeable future.

The course introduction replaces PSYC.8320 and reflects new course content.

The primary reason for the course modifications is to reflect a change in the course pre- or co-requisites.

Recommendation 1.

The Programs and Planning Committee of the Faculty of Graduate Studies recommends that the Faculty Executive of Graduate Studies endorse the course deletions, introduction, and modifications in the Department of Psychology, Faculty of Arts.

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2. **Department of Accounting & Finance, Asper School of Business**

One (1) MODIFICATION

FIN.7230	**Seminar in Financial Intermediaries and Capital Markets** *"Formerly 9.723. Topics will include the major participants in the capital markets and their functions; the demand and supply of money and the structure of interest rates; recent developments and international factors in the capital markets. Prerequisite: FIN.6070 (or 009.607)."*	**3**

No change in credit hours

Observations

Course modification requires a prerequisite only (and no longer a concurrent requisite).

Recommendation 2.

The Programs and Planning Committee of the Faculty of Graduate Studies recommends that the Faculty Executive of Graduate Studies endorse the course modification in the Department of Accounting and Finance, Asper School of Business.

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3. **Dept. of Electrical & Computer Engineering, Faculty of Engineering**

One (1) INTRODUCTION

ECE.7XXX	**Queueing Systems for Telecommunications** *"Applied stochastic models for queueing systems; analysis of queuing models using matrix-analytic methods and also traditional transform-based approaches. Course will focus on applications; how to develop models that represent real communication network problems and how to analyze them."*	3
Total Introductions and net change in credit hours		+ 3

Observations

Due to steady enrollment in the special topics course that covers the topics noted in the course description, a separate course has been requested.

Recommendation 3.

The Programs and Planning Committee of the Faculty of Graduate Studies recommends that the Faculty Executive of Graduate Studies endorse the course introduction in the Dept. of Electrical & Computer Engineering, Faculty of Engineering.

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4. Faculty of Medicine

Three (3) INTRODUCTIONS

IMED.7XXX **Microscopy, Optics, Imaging & Analysis in Health Research** 3

"Theory and practice of modern microscopy, optics, molecular imaging, and analyses used in health research. Participants will gain in depth knowledge through seminars by local and external experts in the field and by hands-on laboratory work in preparing samples for imaging and analyses. Images will be acquired using equipment at the Genomic Centre for Cancer Research and Diagnosis at the Manitoba Institute of Cell Biology. Students will also participate in interactive tutorials and journal club."

IMED.7YYY **Advanced Molecular Imaging** 3

"Seminar course in which students will learn about innovative methods and advanced analyses of molecular imaging in biomedical research including 2-dimentional and 3-dimensional fluorescent in situ hybridization, live-cell imaging, spectral imaging, and multi-colour imaging. Students will participate in hands-on laboratory exercises, interactive tutorials and journal club."

IMED.7ZZZ	**Functional Genomics & Whole Genome Analyses** *"Seminar course in which students will learn about functional genomics and approaches to whole genome analyses using array technologies. Course content will be delivered by local and external experts in the field. Students will participate in hands-on laboratory exercises with micro-array platforms and computer-based data analyses, interactive tutorials and journal club."*	**3**
Total Introductions and net change in credit hours		**+ 9**

Observations

These courses are intended to be generally available electives for all graduate students in the biomedical sciences. They have been developed in conjunction with the CIHR-funded program entitled "Innovative Technologies in Multidisciplinary Health Research Training."

Recommendation 4.

The Programs and Planning Committee of the Faculty of Graduate Studies recommends that the Faculty Executive of Graduate Studies endorse the course introductions in the Faculty of Medicine.

The program changes and course changes were endorsed by the Executive Committee of the Faculty of Graduate Studies on Feb. 27 /08 .

REPORT OF THE SENATE COMMITTEE ON AWARDS – PART A

Preamble

Terms of reference for the Senate Committee on Awards include the following responsibility:

> On behalf of Senate, to approve and inform Senate of all new offers and amended offers of awards that meet the published guidelines presented to Senate on November 3, 1999, and as thereafter amended by Senate. Where, in the opinion of the Committee, acceptance is recommended for new offers and amended offers which do not meet the published guidelines or which otherwise appear to be discriminatory under the policy on the *Non-Acceptance of Discriminatory Scholarships, Bursaries or Fellowships*, such offers shall be submitted to Senate for approval. (Senate, April 5, 2000)

Observations

At its meeting of February 27, 2008, the Senate Committee on Awards approved seventeen new offers and fifteen amended offers, and the withdrawal of one offer, as set out in Appendix A of the *Report of the Senate Committee on Awards*.

At the same meeting, the Committee approved a proposal to issue commemorative medallions with several awards that are offered to students in the Faculty of Pharmacy, as set out in Appendix A of the Report of the Senate Committee on Awards.

Recommendations

On behalf of Senate, the Senate Committee on Awards recommends that the Board of Governors approve seventeen new offers and fifteen amended offers, and the withdrawal of one offer, as set out in Appendix A of the *Report of the Senate Committee on Awards – Part A* (dated February 27, 2008). These award decisions comply with the published guidelines of November 3, 1999, and are reported to Senate for information.

On behalf of Senate, the Senate Committee on Awards recommends that the Board of Governors approve the concept of providing commemorative medallions for student awards in the Faculty of Pharmacy as further recognition of excellence, with the *proviso* that the Faculty be responsible for the production of such medallions and that such medallions do not in any way resemble or take away from the prestige of the University Gold Medals and the Program Medals.

Respectfully submitted,

Dr. Rick Baydack
Chair, Senate Committee on Awards

Appendix A

MEETING OF THE SENATE COMMITTEE ON AWARDS
February 27, 2008

1. NEW OFFERS

Ray and Joan Bailey Bursary

An endowment fund of $10,000 has been established by Raymond Bailey in memory of Frances Joan Pettipher (Bailey) to support students in the Faculty of Education at the University of Manitoba. The available annual income from the fund will be used to offer a bursary to an undergraduate student who:

(1) is enrolled full-time in any year of study in the Bachelor of Education Program (currently includes Weekend College and Integrated/Music Education Program);

(2) (i) as an entering student has achieved a minimum degree grade point average of 2.5 (or equivalent) based on the last year of full-time study in his/her undergraduate degree or (ii) as a continuing student has achieved a minimum degree grade point average of 2.5;

(3) has demonstrated potential as an educational leader to both guide and motivate others;

(4) has demonstrated ingenuity and innovation for implementing new ideas within an educational setting;

(5) has demonstrated financial need on the standard University of Manitoba bursary application form.

Applicants will be required to submit (a) the Raymond and Joan Bailey Bursary Supplemental Application Form to the selection committee by the designated deadline date and (b) the standard bursary application form to the Financial Aid and Awards Office by October 2nd.

The selection committee will be the Academic Standing Committee of the Faculty of Education.

Shirley Bradshaw Scholarship Fund

Ms. Shirley Bradshaw [B.A. (Hons.)/46] has established a fund at the University of Manitoba to provide two scholarships (one each at the undergraduate and graduate levels) for the purpose of encouraging and supporting students who have shown an interest in improving the quality of life in urban communities. One undergraduate scholarship, valued at 45 percent of the available annual income, will be offered to a student who:

(1) is enrolled as a full-time student in the third or fourth year of undergraduate studies;

(2) has achieved a minimum cumulative grade point average of 3.5;

(3) is enrolled in any of the following areas of study: City Planning, Political Studies, Sociology, or Human Resource Management/Industrial Relations, or other applicable areas.

A second scholarship, valued at 55 percent of the available annual income, will be offered annually to a full-time graduate student who:

(1) is enrolled in either the Master of City Planning program or the Master of Public Administration program;

(2) has achieved a minimum cumulative grade-point average of 3.5 on all graduate program courses completed.

Applicants for either award must also submit a resume and a brief biography including personal goals in their field of study and their vision for revitalizing urban communities. Preference may be

given to students who have demonstrated a keen interest in or involvement with community affairs at any level.

The selection committee shall be named by the Director of Financial Aid and Awards. The Director of Financial Aid and Awards is authorized to recommend to the Senate Committee on Awards, for approval, amendments to the financial and other terms of the bursaries as changing circumstances may require.

Consulting Engineers of Manitoba – Bill Evans Memorial Bursary

In memory of their colleague and friend, Mr. William (Bill) Evans, the Consulting Engineers of Manitoba have established an endowment fund (initial gift $10,000) at the University of Manitoba to offer bursaries for students in the Faculty of Engineering. The Manitoba Scholarship and Bursary Initiative has made a contribution to the fund. The Bursary honours Bill's exemplary career in communication engineering and reflects his commitment to community service.

The Bursary will initially be offered as an annual award with a value of $1,000. The Consulting Engineers of Manitoba will provide $500 annually for a five-year term beginning in the 2008-2009 academic session. In each of these years, $500 of matching funds will be contributed by the Edward Eric Hildebrand and Anne Palmer Hildebrand Memorial Scholarship Fund. Beginning in the 2013-2014 academic session, the available annual income from the fund will be used to offer one bursary. The Bursary will be offered to an undergraduate student who:

(1) is enrolled full-time in the second, third, or fourth year of study in the Faculty of Engineering;

(2) has achieved a minimum degree grade point average of 3.0;

(3) has demonstrated an interest in public and/or community service (e.g., through his or her participation in student government and/or professional or charitable organizations);

(4) has demonstrated financial need on the standard University of Manitoba bursary application form.

Applicants for this award will be required to prepare a brief statement (maximum one page) describing their involvement in public and/or community service, to be submitted with the standard bursary application form.

The selection committee will be the Scholarships, Bursaries, and Awards Committee of the Faculty of Engineering.

William G. Eamer/Manitoba Pharmaceutical Association Scholarship for Student Excellence in Pharmacy

Mr. William G. Eamer, B. Comm. (Hon.)/72, MBA/73, FCA, in association with Mr. Ronald Guse, B.Sc. (Pharm.)/79, Registrar of the Manitoba Pharmaceutical Association (MPhA), has established in 2005 an endowment fund (with an initial gift of $25,000) to provide a scholarship for an undergraduate student in the Faculty of Pharmacy who demonstrates academic excellence and social responsibility. The Manitoba Scholarship and Bursary Initiative has made a contribution to this fund.

Mr. Eamer has served as Director and President of the Western CA Services Association, Director of the College of Registered Nurses of Manitoba, Director and Treasurer of the Heart and Stroke Foundation of Manitoba, and as a member of the Council of the Institute of Chartered Accountants of Manitoba. His involvement in the Winnipeg business community as a Chartered Accountant included an appointment as Executive Director of the Manitoba Society of Pharmacists and Liaison Member to the Council of MPhA from 1993 to 1996.

The income from the fund will be used to offer a scholarship to an undergraduate student who:

(1) is enrolled full-time in the third year of study in the Faculty of Pharmacy;

(2) is in good standing and has achieved high academic standing with a minimum degree grade point average of 3.5;

(3) has demonstrated social responsibility through active participation in student government or other student or community service.

The Awards Committee of the Faculty of Pharmacy will have the discretion to use the annual income and any accumulated revenue to offer one or more scholarships, with the provision that the minimum value of each scholarship will be $2,000.

The Faculty of Pharmacy will offer a commemorative medallion, which will be presented to the recipient at the annual Student Recognition Ceremony.

Candidates will be required to submit a letter of application (maximum two pages) outlining their extra-curricular involvements, on or before the designated deadline date.

The selection committee will be the Faculty of Pharmacy Awards Committee and will include a representative of the MPhA. The Dean of the Faculty of Pharmacy, with agreement of the Registrar of the MPhA, is authorized to recommend to the Senate Committee on Awards, for approval, amendments to the financial and other terms of the scholarship as changing circumstances may require.

Faculty of Medicine Entrance Scholarship for Members of St. Paul's College

An endowment fund has been established, with an anonymous gift of $10,000, to offer scholarships for top students entering the Faculty of Medicine at the University of Manitoba. The Manitoba Scholarship and Bursary Initiative has made a contribution to the fund. The available annual interest generated by the fund will be used to offer a scholarship to a student who:

(1) has been admitted to the first year of the undergraduate Medical Degree program in the Faculty of Medicine;

(2) has registered as a member of St. Paul's College Students' Association; and

(3) has ranked high on the admission requirements.

The Dean of Studies of St. Paul's College will advise the selection committee of eligible candidates. The final selection will be made by the selection committee.

The selection committee will be named by the Dean of the Faculty of Medicine and will include the Assistant Dean of Admissions (or designate).

Faculty of Music Prize in Composition

Through generous contributions from faculty, staff, and friends of the Faculty of Music, an endowment fund has been established at the University of Manitoba to support students studying composition in the Faculty of Music. The prize will first be offered when the annual income from the fund will support an award with a value of $450. The available annual interest from the fund will be used to offer a prize to an undergraduate or graduate student who:

(1) is enrolled in either the Faculty of Music, in the Bachelor of Music (Composition) program or the Faculty of Graduate Studies, in the Master of Music in Composition program; and

(1) (i) as an entering student has achieved a minimum of 80 percent on those courses considered for admission to the Faculty of Music or (ii) as a continuing student has achieved a minimum cumulative grade point average of 3.5; and

(2) has shown promise as a composer.

The selection committee will be named by, and will include, the Dean of the Faculty of Music.

Frosty Golf Classic Bursary in Recreation Management and Community Development

Friends and family of Matthew Frost have established the *Matthew Frost Sports Fund* at The Winnipeg Foundation to honour Matthew's memory by providing financial assistance to students at the University of Manitoba. A portion of this Fund, the *Frosty Golf Classic Bursary Fund,* was established based on the proceeds from the September 13, 2007 Frosty Golf Classic. Beginning in January 2009, one award valued at $1,000, will be offered annually to an undergraduate student who:

(1) is enrolled full-time in the Faculty of Kinesiology and Recreation Management, in the Bachelor of Recreation Management and Community Development degree program;

(2) has achieved a minimum degree grade point average of 2.5;

(3) has demonstrated financial need on the standard University of Manitoba bursary application form.

Initially, there will be an annual award of $1,000 but the number of awards, the criteria for the awards and the value of the awards may change from time to time so as to remain consistent with the overall purpose and goals of the *Matthew Frost Sports Fund.*

The selection committee will be named by the Director of Financial Aid and Awards and will include a representative of the Faculty of Kinesiology and Recreation Management.

Ghostpine Environmental Services Ltd. Prairie Research Award

Sheryl and Cameron Faminow (M.N.R.M./94 and M.N.R.M./93, respectively) offer an annual award for students in the Natural Resources Institute (NRI) at the University of Manitoba. As Principals of Ghostpine Environmental Services Ltd., Sheryl and Cameron proudly recall their studies in the NRI, where they both carried out graduate research focussed on issues relating to the conservation of the native prairie environment and the species that inhabit it. Through this award they hope to encourage research that will contribute to the conservation of the grasslands of Alberta, Saskatchewan, and Manitoba.

An annual award of $2,500 will be offered to a graduate student who:

(1) is a Canadian citizen or permanent resident (i.e. landed immigrant);

(2) is enrolled full-time in the Faculty of Graduate Studies, in the Master of Natural Resources Management degree program;

(3) has completed at least one term of study in the M.N.R.M. program;

(4) has achieved a minimum degree grade point average of 3.5 (or equivalent) based on the last two years of full-time study;

(5) is conducting applied research related to the conservation of wildlife or rare plants in the prairie ecozones of Alberta, Manitoba, and/or Saskatchewan.

Preference will be given to students preparing for their first field season.

Preference will be given to research in terrestrial ecozones but research in prairie aquatic systems, on species other than fish, may be considered. Research in other ecozones (e.g. boreal shield, taiga) will not be considered. Field research must take place in Alberta, Manitoba, and/or Saskatchewan. Preference will be given to research that will potentially contribute to conservation of prairie ecozones in all three Prairie Provinces.

Applicants must submit: (a) a research proposal (maximum 5 pages, double-spaced, including references); and (b) a budget of costs related to the research that identifies other sources of research funds and describes how the award will support the research project or student.

The selection committee will be named by the Director of the Natural Resources Institute and will include at least three faculty members from the Natural Resources Institute.

Irvin Alex Grosney and Shirley (Grosney) Goodman Bursary in Education

Mrs. Shirley (Grosney) Goodman and Mr. Garry Goodman have established an endowment fund ($15,000) at the University of Manitoba to support students in the Faculty of Education. Mrs. Goodman's gift honours her father, Irvin Alex Grosney, who strongly encouraged her to pursue a postsecondary education. The award also celebrates the determination that Shirley showed in obtaining her B. Paed. (University of Manitoba /64) and B. Ed. degree, with a Specialist Certificate in English as a Second Language (York University /93), and it commemorates the rewarding career that she has had as a teacher and ESL instructor. The available annual interest from the fund will be used to offer a bursary to an undergraduate student who:

(1) is enrolled full-time in any year of study in the Faculty of Education, in a Bachelor of Education degree program;

(2) has achieved a minimum degree grade point average of 2.5;

(3) has demonstrated financial need on the standard University of Manitoba bursary application form.

The selection committee will be the Academic Standing Committee of the Faculty of Education.

Professional Development Week Award

A fund has been established to offer a student participation award for undergraduate students in the Faculty of Pharmacy. Beginning in 2007 – 2008, an annual prize valued at $200 will be offered for a period of ten years, to an undergraduate student who:

(1) is enrolled in the second or third year of studies in the Faculty of Pharmacy;

(2) is in good standing in the Faculty of Pharmacy;

(3) has demonstrated involvement in student-related activities in the Faculty, professional pharmaceutical organizations (i.e. Canadian Association of Pharmaceutical Students and Interns, Canadian Pharmacists Association; Manitoba Pharmacists Association), and/or volunteer activities.

Applicants will be required to submit a statement (maximum 250 words) describing their involvement in student-related activities in the Faculty, professional pharmaceutical organizations, and/or volunteer activities.

The selection committee will be the Awards Committee of the Faculty of Pharmacy.

School of Dental Hygiene Medal in Dental Hygiene

General Selection Criteria

A diploma medal shall be awarded to the graduating student who:

(1) has achieved the highest grade point average (minimum 3.50) on courses constituting the two years of the program (and including transfer courses in the applicable years); and,

(2) has completed at least 80 percent of what is considered to be the normal full course load in each of the two years of the Diploma in Dental Hygiene program.

Tie-Breaking Mechanism

Only one winner is to be named each year. Ties are to be broken using the following criteria in priority order:

(1) the cumulative grade point average is to be calculated to the fourth decimal place;

(2) preference is to be given to students who have a higher proportion of "A+"s and "A"s in a total program.

Selfless Soldier Award

Captain Geoffrey M. Young of the United States Air Force has established an endowment fund of $5,000 at the University of Manitoba, to pay tribute to the sacrifices of Canadian soldiers who have served in Afghanistan, as members of the Canadian Forces or NATO Forces, and their families. The available annual interest earned from the fund will be used to offer a bursary to an undergraduate student who:

(1) is (i) a current or past member of the Canadian Forces or NATO Forces who has served and has been wounded in action in Afghanistan; (ii) is an immediate family member of a Canadian or NATO soldier who was killed in action in Afghanistan, or (iii) is a current or past member of the Canadian Forces or NATO Forces who has seen service in conflict and/or peace keeping missions;

(2) is enrolled full-time in any Faculty or School at the University of Manitoba, excluding the Faculty of Graduate Studies;

(3) (i) as an entering student, has either achieved a minimum average of 70 percent on those courses considered for admission or has been admitted on mature or transfer student status or (ii) as a continuing student has achieved a minimum degree grade point average of 2.5 and is in good academic standing;

(4) has demonstrated financial need on the standard University of Manitoba bursary application form.

Preference will be given to a student who is either (i) a member of the Canadian Forces or NATO Forces who has served and has been wounded in action in Afghanistan or (ii) is an immediate family member of a Canadian or NATO soldier who was killed in action in Afghanistan.

The selection committee will be named by the Director of Financial Aid and Awards.

The Board of Governors of the University of Manitoba has the right to modify the terms of this award, with the written consent of the donor or in the event that the donor is deceased, if, because of changed conditions, it becomes necessary to do so. Such modification shall conform as closely as possible to the expressed intention of the donor in establishing the award.

Douglas and Isabelle Southam Bursary in Agriculture

Mr. Douglas Southam (B.S.A./56, B.Ed./71) and Mrs. Isabelle Southam (B.Sc.H.Ec./55) have established an endowment fund at the University of Manitoba, with an initial gift of $14,200. The available annual income from the fund will be used to offer a bursary to a student in the Faculty of Agricultural and Food Sciences who:

(1) is enrolled full-time (minimum 24 credit hours) in any degree program in the Faculty of Agricultural and Food Sciences;

(2) has achieved a minimum degree grade point average of 2.5;

(3) has demonstrated financial need on the standard University of Manitoba bursary application form.

The selection committee will be the Faculty of Agricultural and Food Sciences Awards Committee.

Ileen Stewart Memorial Award

Through a bequest, Mrs. Ileen Stewart [B.Sc. (Hons.)/43; M.Sc./48, University of Minnesota] has established an endowment fund ($20,736) at the University of Manitoba to offer awards to students pursuing studies in the field of biological sciences. The award commemorates Mrs. Stewart's career in the same field during which she served as a Research Assistant at the Dight Institute for Human Genetics (University of Minnesota), Editor of Publication and Deputy Director of the American Institute of Biological Sciences, Associate Program Director of the National Science Foundation (1959 – 1967), and as Health Sciences Administrator of the National Institutes of Health (1967 – 1995). The available annual income from the fund will be used to offer one bursary to a graduate student who:

(1) is enrolled full-time in the Faculty of Graduate Studies, in any M.Sc. or Ph. D. degree program delivered by the Department of Biological Sciences;

(2) has achieved a minimum degree grade point average of 3.5 (or equivalent) over (i) the last two regular academic sessions completed for students in the first two years of graduate studies or (ii) all graduate level sessions for students beyond the first two years of graduate studies;

(3) has demonstrated financial need on the standard University of Manitoba bursary application form.

The selection committee will be the Scholarships and Awards Committee of the Department of Biological Sciences.

Dr. Emőke J.E. Szathmáry Graduate Fellowship in Biological Anthropology

In honour of Dr. Emőke J.E. Szathmáry, an endowment fund has been established at the University of Manitoba to commemorate her tenure as President and Vice-Chancellor of the University (1996 – 2008). In recognition of the many contributions that Dr. Szathmáry has made to research in biological anthropology, the fund will be used to offer graduate fellowships to students in this discipline. The available annual interest on the fund will be used to offer a renewable fellowship to a graduate student who:

(1) is enrolled full-time in the Faculty of Graduate Studies, in the first year of a Masters or Doctoral program in the Department of Anthropology;

(2) has achieved a minimum degree grade point average of 3.5 (or equivalent) based on the last 60 credit hours of study;

(3) is undertaking or has proposed to undertake thesis research in biological anthropology.

The Fellowship is renewable for either one or three years, for Master's and Doctoral students, respectively, provided that the recipient:

(1) continues to be registered full-time in the Faculty of Graduate Studies, in a Masters or Doctoral program in the Department of Anthropology;

(2) has maintained a minimum degree grade point average of 3.5 (or equivalent) based on the last 60 credit hours of study;

(3) is in good standing in his or her degree program.

Candidates will be required to submit an application that will consist of a description of their proposed or ongoing research (maximum 500 words), a current academic transcript(s), and two academic letters of reference from professors at a post-secondary institution. Applications will be solicited in December, with a submission deadline in January. The recipient will be announced by March.

Candidates will be assessed as follows: record of academic achievement (30%), research statement (40%), letters of reference (30%).

Only one recipient may hold the Fellowship at any one time. Recipients may hold the Dr. Emőke J.E. Szathmáry Graduate Fellowship in Biological Anthropology concurrently with any other awards, consistent with policies in the Faculty of Graduate Studies.

The selection committee will be named by the Dean of the Faculty of Graduate Studies (or designate) and will include the Chair (or designate) of the Graduate Programs Committee of the Department of Anthropology.

Charles H. Thomsen Award in Landscape Architecture

In honour of Professor Charles H. Thomsen and his career-long contributions to the Department of Landscape Architecture, his colleagues and friends, family, graduates and students, have established an endowment fund to support an award for students in the Department of Landscape Architecture. The available annual interest generated by the fund will be used to support one or more awards for a community outreach project. The awards shall be offered to graduate and undergraduate students who:

(1) are enrolled full-time in the Faculty of Architecture, in the third year of the Bachelor of Environmental Design program (Landscape Option), or in the Faculty of Graduate Studies in either the Pre-Master's or the Master of Landscape Architecture program;

(2) have achieved a minimum sessional grade point average of 3.0 (or equivalent) in the previous year of study;

(3) have submitted the best statement of intent (maximum 500 words) outlining the objectives for a community outreach project related to landscape architecture or environmental design.

The selection committee shall be named by the Head of the Department of Landscape Architecture and will normally be comprised of the full time staff of the Department and one representative of the Thomsen family.

University College Resident Students' Association Prize

The University College Resident Students' Association offers an annual prize to recognize students who have made a significant contribution to resident student life through their service on the Association. One prize, with a value of $500, will be offered to an undergraduate student who:

(1) is a member of the University College Resident Students' Association Council but is neither a Co-Chair nor the Treasurer of the Association;

(2) has made a significant contribution to resident student life through their service on the Association.

Candidates will be required to submit an essay (maximum 500 words) outlining their involvement in the University College Resident Students' Association and their participation in, or specific contributions to, initiatives organized by the Association. Applications are to be submitted to the selection committee by the designated deadline date.

The selection committee will be named by the Co-Chairs of the University College Resident Students' Association and will include the Co-Chairs and the Treasurer of the Association and one member of Housing and Student Life.

2. Amendments

Hugh J. Anderson Graduate Award in Chemistry

R.H. Betts Graduate Award in Chemistry

Chemistry Centennial Scholarship

Walter and Elizabeth Rodewald Scholarship

At the request of the Department of Chemistry, the second criterion of the terms for the *Hugh J. Anderson Graduate Award in Chemistry*, the *R.H. Betts, Graduate Award in Chemistry*, the *Chemistry Centennial Scholarship*, and the *Walter and Elizabeth Rodewald Scholarship* was revised from: "[who] has achieved a minimum cumulative grade point average of 3.5 (or equivalent) over the last two regular academic sessions completed," *to*:

> [who] has achieved a minimum degree grade point average of 3.5 (or equivalent) over (i) the last two regular academic sessions completed for students in their first two years of graduate studies and (ii) all graduate level sessions for students beyond the first two years of graduate studies.

An additional requirement has been added to the terms of reference for the *R.H. Betts Graduate Award in Chemistry*. Criterion (3) reads: "[who] have demonstrated exceptional ability at either the undergraduate or graduate level." A paragraph has been added to specify that:

> Research ability may be determined by research publications or presentations at local, national, or international scientific conferences. Chemistry students in the first year of graduate studies will be evaluated based on CHEM 4710 – *Research Project in Chemistry or Biochemistry* or an equivalent course.

Editorial changes have also been made to the terms of reference for each of these awards.

M.C. Bjarnason Bursary

At the request of the donor for the *M.C. Bjarnason Bursary*, the number of bursaries offered each year has been reduced *from*: two *to*: one. The value of the bursary is equivalent to the available annual interest from the fund.

The Jack Blumberg Memorial Prize

Two amendments have been made to the terms of reference for *The Jack Blumberg Memorial Prize*. First, the initial sentence of the opening paragraph has been revised to read:

> A fund of $1,000 has been contributed to The University of Manitoba by members of the family of the late Jack Blumberg, the former city Alderman who was credited as having one of the longest records of service in Winnipeg civic politics.

Second, the Prize will now be offered to the student who attains the highest standing in POLS 2070 – *Introduction to Canadian Government*, which replaces POLS – 3960 *Canadian Politics* (formerly 019.396).

Congress for Social Sciences and Humanities Travelling Scholarship

Membership of the selection committee for the *Congress for Social Sciences and Humanities Travelling Scholarship* has, at the request of the Faculty of Graduate Studies, been changed *from*: "...will consist of two representatives from the Faculty of Arts and one each from the Faculties of Law and Education to be named by the Deans of these Faculties. The committee is

to be chaired by the Dean of Graduate Studies (or designate)," *to*: "...will be named by the Dean of Graduate Studies (or designate)."

Demchuk Scholarship for Women in Chemistry

At the request of the Department of Chemistry, several revisions have been made to the terms of reference for the *Demchuk Scholarship for Women in Chemistry*, which is offered to students in the second, third, or fourth year of studies in a major or honours program in chemistry.

- Third and fourth year students will now be required to have completed 9 credit hours (reduced from 12 credit hours) in chemistry courses in the previous regular session.
- The recipient must be registered for a minimum of 12 credit hours (reduced from 18 credit hours) in chemistry courses in the academic session in which the award is offered.
- Selection of recipients will be based on the grade point average achieved on all course work completed (replacing 30 credit hours) in the previous regular session.

A number of editorial changes were also made.

Mary and Louis Finkle Aboriginal and Immigrant Scholarship and Bursary

Sonia and Ralph Kaplan Aboriginal and Immigrant Bursary and Scholarship

At the request of the donor, the terms of reference for the *Mary and Louis Finkle Aboriginal and Immigrant Scholarship and Bursary* and the *Sonia and Ralph Kaplan Aboriginal and Immigrant Bursary and Scholarship* have been revised to open the awards to graduates of Children of the Earth High School who meet the selection criteria. These first year awards are also open to graduates of St. John's, Sisler, and R.B. Russell High Schools.

Reverend Joseph Hogg Scholarships

At the request of the Department of Chemistry, three amendments have been made to the terms of reference for the *Reverend Joseph Hogg Scholarships*.

- The revised terms state that the award will be offered to students who have completed at least one year of full-time study at the University. Previously, the terms stipulated that students were required to have completed at least one year of Science.
- A requirement has been added to specify that students must have achieved a minimum degree grade point average of 3.5 to hold the Scholarship.
- Membership of the selection committee, which was previously named by, and included, the Head of the Department of Chemistry, has been changed *to*: the Scholarship Committee of the Department of Chemistry.

A number of editorial revisions have also been made.

Instrumental Analysis Award

At the request of the Department of Chemistry, several amendments have been made to the terms of reference for the *Instrumental Analysis Award*.

- The course number for Instrumental Analysis has been updated from 2.347 to CHEM 2590.
- The Award, which has been offered for the highest standing in Instrumental Analysis, will now be offered to the student who achieves the highest combined standing in Instrumental Analysis and CHEM 4590 – Bioanalytical Methods.

- Membership of the selection committee, which was formerly named by the Head of the Department of Chemistry, has been changed *to*: the Scholarship Committee of the Department of Chemistry.

MPhA / William G. Eamer Graduate Scholarship in Pharmacy

At the request of the donor, the value of the *MPhA / William G. Eamer Graduate Scholarship in Pharmacy* has been changed *from*: $2,000 *to*: the available annual income on the fund.

At the request of the Faculty of Pharmacy, the following statement has been added: "The Faculty of Pharmacy will offer a commemorative medallion, which will be presented to the recipient at the annual Faculty of Pharmacy Graduate Ceremony."

A statement authorizing the Dean of the Faculty of Pharmacy and the MPhA representative to amend the financial and other terms of the Scholarship, as changing circumstances may require, has been revised to specify that these individuals are authorized to recommend such changes to the Senate Committee on Awards, for approval.

Editorial changes have been made throughout the document.

Alexander E. Rattray Scholarship in Landscape Architecture

At the request of the Faculty of Architecture, the required grade point average for the *Alexander E. Rattray Scholarship in Landscape Architecture* has been changed *from*: a minimum cumulative grade point average of 3.5 (or equivalent) *to*: a minimum degree grade point average of 3.0 (or equivalent).

Evelyn Shapiro Award for Health Services Research

At the request of the Manitoba Centre for Health Policy, several amendments have been made to the terms of reference for the *Evelyn Shapiro Award for Health Services Research*. The Award is offered to students enrolled in the Faculty of Graduate Studies who are conducting research in the area of health services that requires expenditures associated with the use of resources at the Manitoba Centre for Health Policy.

- The number of scholarships offered each year has been increased *from*: one *to* two.
- The award, which has only been offered to full-time students, will be opened to part-time students, as well.
- A statement has been added giving preference to students registered in a graduate program delivered by the Faculty of Medicine.

3. Withdrawals

Percy Hermant Fellowship

The *Percy Hermant Fellowship* has been withdrawn. This annually funded award for ophthalmology students, which was established in 1966, has not been offered for a number of years.

4. Proposal to Offer Commemorative Medallions

At its meeting of February 27, 2008, the Senate Committee on Awards received a proposal from the Faculty of Pharmacy to issue commemorative medallions with several awards that are offered to students in that Faculty for academic excellence.

The Committee approved the following motion:

that the Senate Committee on Awards approve the concept of providing commemorative medallions for student awards in Faculty of Pharmacy as further recognition of excellence, with the *proviso* that the Faculty be responsible for the production of such medallions and that such medallions do not in any way resemble or take away from the prestige of the University Gold Medals and Program Medals.

UNIVERSITY OF MANITOBA | Office of the Vice-President (Academic) & Provost

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Telephone (204) 480-1408
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19 February 2008

Mr. Sid Rogers
Secretary
Council on Post-Secondary Education
410 - 330 Portage Avenue
Winnipeg, Manitoba
R3C 0C4

Dear Mr. Rogers,

Statement of Intent:
M.Sc. and Ph.D. in Biomedical Engineering

On behalf of The University of Manitoba, I am pleased to submit the attached Statement of Intent to establish M.Sc. and Ph.D. programs in Biomedical Engineering.

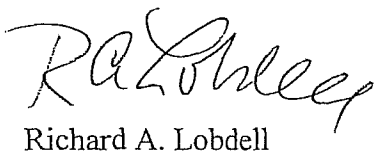
These new programs would be offered jointly by the Faculty of Engineering and the Faculty of Medicine. The objectives of these programs are: to enrich the educational experience of students through interdisciplinary course work and joint supervision by experts in a different disciplinary fields; to provide a consistent graduate-level curriculum leading to a clearly recognizable specialization; and to attract excellent students from Manitoba, Canada, and other countries.

Potential students would be graduates of engineering, natural science, or health related undergraduate degree programs. Enrolment will be limited initially to 10 students in the M.Sc. program and 10 students in the Ph.D. program. In later years, up to 14 students would be admitted to the M.Sc. program annually, but admissions to the Ph.D. program would remain at 10 per year. It is expected that graduates of these new programs would find employment in universities and colleges, basic and applied research institutes and centres, and in the health care system.

Implementation of these graduate programs in Biomedical Engineering would require additional financial support from COPSE, complete details of which will be addressed in the full program proposal.

My colleagues and I would be pleased to provide any additional other information your Council may require during its consideration of this Statement of Intent.

Yours sincerely,



Richard A. Lobdell
Vice-Provost (Programs)

enclosure

cc: Emőke J.E. Szathmáry, President
Robert Kerr, Vice-President (Academic) and Provost
Jay Doering, Dean, Faculty of Graduate Studies
Jeff Leclerc, University Secretary

STATEMENT OF INTENT

Institution

☐	Brandon University	☐	Assiniboine Community College
☒	University of Manitoba	☐	University College of the North
☐	University of Winnipeg	☐	Red River College
☐	Collège universitaire de Saint-Boniface		

Program Overview

- Program Name: Biomedical Engineering (BME) Graduate Program
- Credential to be offered: M.Sc. and Ph.D.
- Does the program require accreditation from a licencing group? ☐ YES ☒ NO
  If yes, name group
- Length of the program: 2 (M.Sc.) and 4 (Ph.D.) ☒ Years ☐ Months ☐ Semesters
- Proposed program start date: 01/09/2009
  Day/Month/Year
- Which department(s) within the institution will have responsibility for the program?
  Faculty of Engineering and Faculty of Medicine
- As compared to other programs your institution will be proposing, is the priority of this program:
  ☒ High
  ☐ Medium
  ☐ Low
- Is this a new program? ☒ YES ☐ NO
- Is this a revision of an existing program: ☐ YES ☒ NO
  If YES, name program
  What are the impacts of changing this program?
- Will the program be available to part-time students? ☒ YES ☐ NO
- Will this program have a cooperative education component? ☐ YES ☒ NO
  If YES, how long with the field placement be?
- Will the program contain an option to assess the prior learning of students, to grant credit for the skills/knowledge already present? ☐ YES ☒ NO
  Provide Details
- Will there be distance delivery options? ☐ YES ☒ NO
  Provide Details
- Will this program be delivered jointly with another institution? ☐ YES ☒ NO
  If YES, name the institution
- **Are similar programs offered in Manitoba or other jurisdictions?** ☒ YES ☒ NO
  If YES, indicate why this program is needed (e.g., area of specialization)

There are BME programs in other universities in Canada but not in Manitoba. Our proposed program is uniquely designed: it provides educational and research skills in biomedical engineering for students who will be recruited to the program from the main streams in the disciplines of engineering, science and medicine. Rather than using a collection of existing courses, specific courses will be designed to supplement the knowledge of students coming from different disciplines. In this way, the program can tailor the required knowledge and skill set suitable to the training needs of the students.

- **What articulation, block transfer or credit transfer arrangements will you be looking at developing for this program?**

None

Specific Program Information

●Describe the program and its objectives:

Biomedical engineering is a rapidly growing research area and an area of research focus for many faculty members and their graduate students at the University of Manitoba (in several Faculties, and not limited to the Faculty of Engineering). Currently, there are many graduate students who work in the area of BME research but their degree is granted under one of the current existing UM programs and possibly not being appropriately recognized as biomedical engineering. In the absence of a specific BME program, not only is the work of these students not sufficiently recognized, but also, the existing complementary expertise in various relevant faculties is not made available to these students in a coordinated manner.

The principal objectives of the proposed BME Program, consistent with the needs of students and the international expectations of BME graduates, are: (1) to enrich the educational experience of students by fostering the collaboration of researchers in interdisciplinary BME research, course development, and joint supervision of students, (2) to provide a consistent post-graduate curriculum and educational infrastructure leading to M.Sc. and Ph.D. degrees in BME, and (3) to attract excellent students from around the world to the BME program.

The administrative structure of the BME program is a hierarchy composed of a director and several committees: Admission, Curriculum, membership committees. Members of these committees are appointed by and report to the director. The BME director reports to the Dean of Graduate Studies. Detailed information about the BME organization will be presented in the full proposal.

●Provide an overview of the content to be taught in this program:

The proposed BME program is constituted of two programs: M.Sc. and Ph.D. programs (the detailed structures of which will be explained in the full proposal). The BME program will be a thesis and course-based program. To deal with the wide variety of backgrounds of entering students, two specialized full courses (each of 6 credit hours) will be created as bridging (introductory) courses. These mandatory courses will be designed uniquely for the BME graduate program and one will be assigned to students based on their background: Engineering, Medicine, or the Natural Sciences (either at the M.Sc. or Ph.D. levels). Tentative names for these courses are *Medicine for Engineers* and *Engineering for Natural Scientists*. The courses (which will be lecture and lab-based courses) will provide fundamental cross-cutting knowledge. The *Medicine for Engineers* course will provide lectures and labs on physiology, anatomy, biochemistry and kinesiology. The *Engineering for Natural Scientists* course will provide lectures on instrumentation and measurement, signal analysis, biomechanics, and electronics, all with corresponding labs.

There will be also another mandatory course (0 credit hour) called BME seminar. The seminar course will convene regularly throughout the term (defined by the curriculum committee). These seminars will require student participation (assessed) in various topics in BME. In addition to the seminar course, each year students will be required to present during a one day colloquium for the BME program.

2. **Enrollment**

●What is the program's initial projected enrollment?

It is expected that the intake of students will come from various areas of Engineering, Medicine, and the Natural Sciences. Within the first year, we expect a total of 20 students (10 M.Sc. and 10 Ph.D.) to enroll in the program. This number includes only the new students who will enroll in the program. Current students working in BME (potentially as many as 50) will have the option to be transferred to the new program with the transfer protocol (make-up courses, thesis proposals, etc.) being handled on an individual basis.

●What is the projected enrollment for the 2nd and 3rd years?

We expect to admit 12 and 14 M.Sc. students and 10 Ph.D. students during the 2nd and 3rd years of the program (details will be presented in the full proposal). These numbers reflect only new students and not transfer students.

●Describe the expected student profile?

The expected student profile is any student with an Engineering, Medicine, or Natural Sciences background whose research interests and demonstrated proficiency lie at the interface of complementary areas in BME. Such students are normally found as graduates of engineering,

physics, mathematics, biology and medicine are not uncommon. Currently there are about 225 M.Sc. and 217 Ph.D. students in the Faculty of Engineering; about 186 M.Sc. and 127 Ph.D. students in the Faculty of Science; and about 330 graduate students in the Faculty of Medicine. We expect the greatest number of applicants from the Electrical & Computer and Mechanical Engineering and Rehabilitation programs. Students from other disciplines will also be recruited and admitted. According to their background they may be required to take additional (remedial) courses as prescribed by the BME Curriculum Committee.

3. **Labour Market Information**

●What labour market need is the program expected to meet?

Canada spends more than $100 billion on health care each year—more than $3,300 per capita —with almost three quarters coming from public funds. In Manitoba the direct cost of health care each year surpasses $3 billion. Support of this massive health care enterprise requires an active biotechnology sector that includes related industries as well as government and university research institutions. Manitoba has a good share of the Canadian biotechnology sector: the 2005 Manitoba Life Sciences Industry Directory lists 42 companies and 32 research institutes. A healthy supply of graduates from the new Biomedical Engineering Program will benefit the health care enterprise across the board: with students filling positions at any of the many research institutes, industries, and clinical institutions in Manitoba and across Canada. The development of a strong health/biotechnology sector represents an important priority for the Government of Manitoba. As BME is one of the fastest growing areas of study and job market in the next few years, we will train students in a variety of BME fields of expertise such as clinical engineering, instrumentation design engineering, bioinformatics, biological software developments, biological signal and image processing, nanotechnology, telemedicine, etc.

●Are there currently jobs in Manitoba in this field? ☒ YES ☐ NO
If yes, where (geographic location and industry)?

BME graduates can be hired by the universities, research centers of hospitals, Government funded Research institutes such as NRC-institute for Biodiagnostics, Manitoba Cancer Care, TRLabs, and many biomedical companies such as Siemens, APOTEX Fermentation Inc., Biovail Corp., Cardiovascular Solutions Inc., Benomic Solutions Canada, VISTA, etc.

●What is the future job forecast for individuals with this education/training/credential?

National and international demand in BME field is very high and is also growing rapidly. According to the U.S. Department of Labor' official records, the number of biomedical engineering jobs will increase by 31.4% by year 2010, double the rate for jobs in any other area. Hence there is an immediate need to increase the training within BME graduate programs.

●How does this program fit with Manitoba's stated economic, social and other priorities?

Biotechnology & Health Care Industries are two of the four strategic priorities of the Government of Manitoba. The strategic report, released in September by the Organization for Economic Co-operation and Development, shows that enrolment at Canadian post-secondary institutions is stagnating, and this needs to be reversed to achieve the graduates required for meeting Mantioba priorities. The fact that no BME program is offered in Manitoba is a significant limitation in this regard.

●What agencies, groups, institutions will be consulted regarding development of the program?

Institute of Biodiagnostics and tenants of the new Biomedical Commercialization Canada Centre (BCC) - SMART PARK Tenants- Apptius Computer Solutions Inc, BASF Canada, BioMark Technologies Inc. Cangene, Composites Innovations Centre, DNT Development Systems Groups Inc, IDERS Inc, TRLabs, Monteris Medical Inc. ,Monsanto Inc, Richardson Centre for Functional Food Nutiaceuticals. RTD Technology - Biovail Corporation International - Medicure Inc -Viventia Biotech Inc - Winnipeg Regional Health Authority (WRHA) - Manitoba Health Research Council (MHRC) - University of New Brunswick, University of Toronto, McGill University and University of Calgary (these universities have BME graduate program. Some have also undergraduate BME program. Some of these institutions have already been informed about the proposed BME program and a detailed discussion of their future involvement is ongoing.

● Is there any other information relevant to this program?

The proposed BME Graduate Program will provide a mean for many faculty members and associated industry researchers of our university, who do research in BME related areas, to collaborate and resonate into one integrated BME program. The BME program will consist of

processing, medical imaging (Cancer Care center)/signal and image processing, Biodiagnosis (NRC institute)/biosensors/nanotechnology, and respiratory sound research/asthma study/sleep disorders/signal processing.
These collaborative efforts and developments along with the opportunities for both research and health delivery afforded by the internationally unique environment of the Province (e.g. the Manitoba medical database, which its computational requirements and geographic/ethnic diversity attract researchers internationally) represent a unique juxtaposition of strengths. This program would qualify for student/program support through the CIHR's STIHR program, which would lend significant resources for excellence of program development and student support. Application for such funding would be made as soon as the program is approved.

4. **Financial Information**

Financial details will be finalized in the full proposal.

Submitted by:

Dr. John (Jay) Doering
Name (print)

Dean, Fac. of Grad. Studies.
Position

Signature

Feb. 1/08
Date

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19 February 2008

Mr. Sid Rogers
Secretary
Council on Post-Secondary Education
410 - 330 Portage Avenue
Winnipeg, Manitoba
R3C 0C4

Dear Mr. Rogers,

Statement of Intent:
M.A. and Ph.D. in Health Psychology

On behalf of The University of Manitoba, I am pleased to submit the attached Statement of Intent to establish M.A. and Ph.D. programs in Health Psychology. It is anticipated that students would complete both degrees; in many respects this proposal should be viewed as a single program.

This new program would be offered jointly by the Department of Psychology (Faculty of Arts) and the Department of Clinical Health Psychology (Faculty of Medicine). The objectives of these programs are: to establish a new training model in psychology by combining course work and experimental research (typical of graduate education in the Faculty of Arts) with a clinically-based problem-solving approach (typical of graduate education in the Faculty of Medicine); to build a strong foundation for collaborative research and scholarship between the Faculties of Arts and Medicine; to help meet essential population health needs in Manitoba; and to attract and retain excellent students and academic staff to Manitoba. As indicated in the Statement of Intent, the design of this MA/PhD program would unique in Canada and offers students two main specializations: an academic/policy focus and a practitioner focus.

Potential students would be graduates of undergraduate honours degrees in psychology. Enrolment is expected to be limited to between 5 and 10 new students per year. Graduates of this program can anticipate a variety of employment opportunities in the health care system, in the public and private sectors, and in postsecondary institutions.

Implementation of the program in Health Psychology would require additional financial support from COPSE, complete details of which will be addressed in the full program proposal.

My colleagues and I would be pleased to provide any additional other information your Council may require during its consideration of this Statement of Intent.

Yours sincerely,

Richard A. Lobdell
Vice-Provost (Programs)

enclosure

cc: Emőke J.E. Szathmáry, President
Robert Kerr, Vice-President (Academic) and Provost
Jay Doering, Dean, Faculty of Graduate Studies
Jeff Leclerc, University Secretary

STATEMENT OF INTENT

Institution

☐	Brandon University	☐	Assiniboine Community College
☒	University of Manitoba	☐	Keewatin Community College
☐	University of Winnipeg	☐	Red River Community College
☐	Collège Universitaire de Saint-Boniface		

Program Overview

- Program Name: Interdisciplinary Program in Health Psychology

- Credential to be offered: M.A. and Ph.D. in Health Psychology

- Does the program require accreditation from a licensing group? ☒ YES ☐ NO
  If yes, name group

Canadian Psychological Association

- Length of the program: 4-6 ☒ Years ☐ Months ☐ Semesters

Students in the proposed Health Psychology program are expected to take 2 years in completing the requirements of their M.A. degree and then to continue through the Ph.D.. Students' professional preparation, beginning in the M.A. program and continuing through the Ph.D., will have either an Academic/Policy Focus or a Practitioner Focus. Students with an Academic/Policy Focus will require 2-3 years beyond the M.A. to complete their Ph.D., which is the appropriate entry-level qualification to jobs in academia, senior analyst positions in government agencies, and executive or research directorial positions in hospitals or not-for-profit community health service agencies. Students with a Practitioner Focus will have a more extensive program of study, including clinical practica, and must complete an internship year at an accredited training site. Therefore, students with a Practitioner Focus are expected to take 3-4 years beyond the M.A., in order to satisfy these additional requirements of their Ph.D.!! The doctoral degree is the entry-level qualification for professional licensure as a psychologist in Manitoba.

Proposed program start date: September 2009

- Which department(s) within the institution will have responsibility for the program?

The program will be offered and administered by the Department of Clinical Health Psychology, Faculty of Medicine, and the Department of Psychology, Faculty of Arts. The participating Departments will have equal representation on joint program committees with responsibility for (a) policy and procedures of the program, and (b) student admissions. In addition, at least one member of each Department will serve on each student's thesis advisory committee in the interdisciplinary program.

- As compared to other programs your institution will be proposing, the priority of this program is:
  - ☒ High
  - ☐ Medium
  - ☐ Low

- Is this a new program? X☐ YES ☐ NO

- Is this a revision of an existing program: ☐ YES X☐ NO
  If YES, name program
  What are the impacts of changing this program?

- Will the program be available to part-time students? ☐ YES X☐ NO

- Will this program have a cooperative education component? ☐ YES ☐ NO
  If YES, how long with the field placement be?

All students will take required *practica* in which they focus on applied activities, working intensively in health-care or community health promotion settings (see Figure 1 below on program requirements).

- Will the program contain an option to assess the prior learning of students, to grant credit for the skills/knowledge already present? ☐ YES X☐ NO
  Provide Details

- Will there be distance delivery options? ☐ YES X☐ NO
  Provide Details

- Will this program be delivered jointly with another institution? ☐ YES X☐ NO
  If YES, name the institution

- Are similar programs offered in Manitoba or other jurisdictions? ☐ YES X☐ NO
  If YES, indicate why this program is needed (e.g., area of specialization)

In Manitoba, the most similar existing program -- the recently approved Interdisciplinary Ph.D. in Applied Health Sciences -- is still quite different from the program proposed here. The Applied Health Sciences program is intended to promote interdisciplinary studies in applied health at the doctoral level. It provides an avenue to advanced education for students with a Master's degree in one of four participating faculties. However, the Applied Health Sciences program does not train students to function as professionals in the health care system and does not provide continuous training in a field of knowledge from the completion of undergraduate studies through the Ph.D. degree.

Outside of Manitoba, the closest comprehensive M.A./Ph.D. program in health psychology is offered at the University of British Columbia. The next closest programs of a similarly comprehensive nature are offered at the University of Pittsburgh (including the United States), or at McGill University (within Canada). York University offers a diploma for Ph.D. students in other major areas of psychology whose research and coursework are further concentrated in the area of health, and North Dakota State University treats social psychology and health as a combined major area.

None of these programs involves any formal cooperation between Psychology and Medicine. The opportunity to cooperate in this manner appears to be a unique feature of the University of Manitoba, owing to the historic precedent of our establishing the Department of Clinical Health Psychology within the Faculty of Medicine here. Accordingly, the level of research and graduate education in health psychology that we can offer at the University of Manitoba is not found elsewhere in Western Canada, Northern Ontario, or the northern United States. We anticipate high demand for this program both locally and from other regions.

- What articulation, block transfer or credit transfer arrangements will you be looking at developing for this program?

Students may apply for credit for courses they have taken. Equivalency will be assessed on a course-wise basis. It will be granted only if the course was taken at an accredited institution and is deemed to be equivalent in content to that offered by our program.

Specific Program Information

1. Program Description

Objectives

Working together, the Departments of Psychology in the Faculty of Arts and Clinical Health Psychology in the Faculty of Medicine are poised to create an innovative M.A./Ph.D. program in health psychology. By creating an interdisciplinary graduate program, we can accomplish four main objectives:

1. To establish a new training model in psychology. The proposed program will combine coursework and experimental research (typical of graduate education in Arts) with a clinically-based problem-solving approach (typical of graduate education in Medicine).

2. To build a strong foundation for collaborative research and scholarship between Arts and Medicine. The proposed program will abolish what we regard as an artificial and unhelpful separation between such natural allies as quantitative psychology and program evaluation, clinical psychology and patient care, social/personality psychology and primary health promotion.

3. To meet essential population health needs in Manitoba. Health psychologists work within the field of physical health -- most often in the areas of chronic disease (e.g., cancer, cardiovascular disease, HIV/AIDS, and diabetes) that present the greatest burden to our society in terms of human and economic costs. Health psychologists contribute to health promotion and illness prevention in many ways, through stress and pain management, rehabilitation, health education, and program evaluation. This is known to be the most effective available means to improve the health of our population and to counter rising trends in the cost of health care (now over 40% of most provincial budgets), which crowds out government spending on other pressing needs of Manitobans. Yet the number of psychologists in Manitoba at present is not adequate: It is the lowest in Canada at a per capita rate of 14 psychologists /100,000 population, and among the lowest of all health professions (only optometrists and midwives have a lower professional-to-population ratio). The proposed program will ensure that more people in Manitoba can have access to psychological services that will improve their health.

4. To attract and retain excellent graduate students and faculty members to the University of Manitoba and to health care facilities in Manitoba. A program of this nature will be unique among health psychology programs in Canada and North America. Health psychology is increasingly recognized internationally as a distinct specialty, encompassing aspects of medical psychology, neuropsychology, clinical psychology, pediatric and geriatric psychology, and behavioural medicine. In most instances, however, doctoral education in health psychology takes place in non-medical faculties and settings. Due to the location of the Department of Clinical Health Psychology in the Faculty of Medicine, and cross-appointment of its members with the Winnipeg Regional Health Authority, an interdisciplinary program with the Department of Psychology in the Faculty of Arts would place the University of Manitoba immediately at the forefront of health psychology education in North America. An organizational structure to this program that makes good on the promise of integrating psychology with other health professions will be immediately obvious and important to students, scientists, and practitioners alike in this field.

Principles and Distinctiveness

Our proposal is grounded in a new and inherently interdisciplinary way of thinking about health and

illness. The new conceptualization, often referred to as the biopsychosocial model, views health and illness as "the product of a combination of factors including biological characteristics (e.g., genetic predispositions), behavioral factors (e.g., lifestyle, stress, health beliefs), and social conditions (e.g., cultural influences family relationships, social support)" (American Psychological Association, Division 38: Health Psychology, 2007; see Attachment #2). The biopsychosocial model has gained acceptance steadily over the past 30 years within medicine, psychology, and many other life and social science disciplines. In essence, it differs from previous views by asserting that illness is more than just a biological malfunction, and that health is more than just the absence of disease.

One of the major implications of this view for psychology is that the mind and body together determine health and illness. Thus, health psychologists are essentially psychologists from a variety of academic and professional specialties who are working to understand how mental and bodily processes coincide. Their work has had, and continues to have, a significant impact on our complete understanding of human health and the delivery of health care.

Despite the wealth of research expertise in health psychology that resides at the University of Manitoba in our two departments and others, and which further goes to support the biopsychosocial point of view, our graduate program offerings represent it poorly at the present time, to the detriment of all health professions in the Province of Manitoba. Health Psychology is vital to the complete understanding of behavioural causes of illness, the role of early childhood development or stress in the etiology of disease and treatment outcomes, medical errors and communication patterns between patients and providers of health care, the intervening processes that connect social-structural variables with health discrepancies, and how to encourage healthy practices or adherence to medical treatments. Yet at this time, the Department of Clinical Health Psychology is not a part of the Faculty of Graduate Studies. Other interdisciplinary programs, such as the recently approved Ph.D. in Applied Health Sciences, are not intended or able to select students directly from an undergraduate program or to produce graduates who can function as professionals in the health care system.

Accordingly, we have designed the proposed Interdisciplinary Program in Health Psychology in close adherence to the following principles, in addition to our commitment to a biopsychosocial approach to health:

a) Program excellence: Graduates of this program will possess outstanding skills in health psychology research, services, and teaching. They will possess fundamental knowledge of health psychology, including in-depth training in various theoretical perspectives (e.g., behavioural, biological, cognitive, and social) informing the attainment of positive health outcomes. They will have experience, gained through supervised practica in applied settings and alongside members of other health-related professions, in applying their fundamental knowledge and skills. For students with each professional focus, an excellent program in health psychology must include the following elements:

(i) Students with a Practitioner Focus will receive training in all competency areas identified by the American Psychological Association, Division 38 (2007) Tempe Summit Report, and by Canadian Psychological Association Mutual Recognition Agreement as necessary for the independent and unrestricted practice under the title of Psychologist both within and beyond Manitoba. These competency areas are interpersonal relationships, assessment and evaluation, intervention and consultation, research, ethics and standards, supervision, and management/administration.

(ii) Students with an Academic/Policy Focus will receive training in applied research skills that will allow them to address fundamental health issues as outlined in the American Psychological Association, Division 38 (2007) Health Psychology Report (Attachment #2). These fundamental issues include: adherence with medical regimens; the effect of psychological, social, and cultural factors on specific disease processes (e.g., cancer, hypertension); psychological factors that contribute to the development of illness; and methods that promote health and prevent illness.

b) Diversity: Graduates, through their coursework and practical experiences in this program, will gain an appreciation of diversity in three main respects:

(i) the diversity that characterizes Manitoba's population (e.g., urban/rural environments, age and gender differences in health, ethnic/cultural diversity with special attention to First Nations);

(ii) the diversity that characterizes health professions (e.g., "cancer care" requires coordination among oncologists, nurses, occupational therapists, psychologists, etc.; awareness of health professional diversity will be enhanced by joint training experiences in the proposed program);

(iii) the diversity that characterizes graduate training in the Faculties of Arts and Medicine (e.g., in every year, this program will combine elements of the substantially theoretical and course-based approach to advanced education in Arts with those of the substantially practical and case-based approach to advanced education in Medicine).

In sum, the mission of the proposed Interdisciplinary Program in Health Psychology is to graduate health psychologists who meet the highest standards of excellence in relevant knowledge, skills, ethics, and professionalism. These goals will be achieved through the application of high standards to the following processes: recruitment and admission; education, training, and supervision; and evaluation.

Program Description

1. Admissions.

The admissions criteria would be similar to those of graduate programs in the Department of Psychology. Components taken into consideration include: Undergraduate grade point average, scores on the Graduate Record Examination (Quantitative, Verbal), and letters of reference. The majority of students admitted to the graduate program have an honours undergraduate degree. Students who do not have an honours degree are admitted to a "pre-masters" program designed to give them the coursework and skills an honours student would have. We anticipate admitting an average of five to ten students per year (assuming we receive the necessary additional resources, see below). A special admissions process similar to that used by the clinical psychology area will be instituted. According to that process, First Nations' students who meet the minimal requirements set by the Faculty of Graduate Studies are eligible to be admitted in this category. We hope to admit one or two students per year in this category. The admissions process would be carried out by an Interdisciplinary Program in Health Psychology Admissions Committee, with equal representation of faculty members from the Department of Psychology and the Department of Clinical Health Psychology.

2. Training Program.

A. Time frame. Students can obtain M.A. and Ph.D. degrees in Health Psychology. Students are admitted with the expectation that they will continue through the Ph.D.. The expected time from admission to the M.A. through completion of the Ph.D. degree program will vary from 4-6 years, depending on the professional focus of students' programs in either the Academic/Policy or Practitioner areas. We anticipate that students with either focus will be able to accelerate their progress toward the Ph.D. substantially through academic activities during the summer months. Such activity is not assumed, however, in the basic 4-6 year plan. Graduates with either professional focus may be eligible for licensing in their areas of expertise. In Manitoba, those who intend to practice under the title of Psychologist have additional testing requirements and must obtain the Ph.D. degree in order to be eligible for licensure.

●Provide an overview of the content to be taught in this program:

All of the core topics of health psychology will be taught in this program, including: psychological, biological, and social foundations of health and illness; health psychology research methods; stress (including stress physiology), coping, and health; psychological models and interventions in health-related behaviours; the role of psychology in seeking treatment; and the role of psychology in the management of chronic and life-threatening illnesses. These topics will be taught in addition to statistics courses that are required of all graduate students in psychology.

Figure 1 illustrates the requirements and sequencing of courses in the proposed program, according to three main pedagogical functions that these requirements will serve: (a) general educational development that distinguishes doctorates from undergraduates in psychology, (b) specific educational development that distinguishes a health psychologist from other kinds, and (c) further professional development with either an Academic/Policy or Practitioner Focus. Tables 1-3 further illustrate three possible courses of study, year by year, leading to the completion of all degree requirements and preparation for a specific professional future.

It is important to note that the proposed curriculum entails the development of new courses to fulfill these objectives, as follows. Attachment #1 further details the areas of expertise in health psychology that are well represented, and those that are poorly represented, by the present faculty rosters of the Departments of Psychology and Clinical Health Psychology combined. Further development of our proposed curriculum is necessary in areas such as psychoneuroimmunology, methodology, and social disparities in health. Such development is dependent upon hiring additional academic positions in these areas.

Case Studies in Clinical Health Psychology 1 and 2, to be introduced in the Department of Clinical Health Psychology, will be required for all students in the Joint Program. Students will be introduced to a method of formulating health problems of individuals and groups by integrating the biological, psychological, and social perspectives. Students will then work as a group with a tutor/facilitator though clinical problem scenarios by generating hypotheses; searching out critically evaluating information from the research, clinical, and social policy literature; developing an assessment approach; establishing a working diagnosis; identifying possible interventions (at the individual, group, or societal level, or all three) and evaluating the impact of intervention. Health problems to be covered will include common conditions seen in primary care (e.g. depression, developmental disorders, diabetes, domestic violence, heart disease, pain). Discussion of epidemiology, professional, ethical and cultural / individual diversity issues will be incorporated into the formulation of each case. Students will develop expertise in searching health-related databases and critical appraisal of information. The quality of the research literature as a basis for diagnosis, intervention and social policy will also be discussed, as will research and data analytic approaches appropriate to the issues in each case.

Health Psychology Research Methods, to be introduced in the Department of Psychology, will expose students to research designs and methodological issues that arise particularly in the study of health. Examples of such issues include the multi-stage sampling and appropriate weighting of cases in large-scale epidemiological or population health survey research; analysis of time series or multiple levels of data (i.e., events within individuals, or individuals within neighbourhoods); and program evaluation.

A series of combined Seminars + Practica will be developed in the Department of Clinical Health Psychology for students with a Practitioner Focus. These courses will consist of a seminar running concurrently with a practicum placement in a healthcare setting. Practicum placements are vital to the professional development of any type of clinical psychologist. Per recently approved guidelines of the Canadian Council of Professional Psychology Programs (2007), completion of about 1000 practicum hours is expected before students can gain an

ship to complete the requirements of their Ph.D.. Practicum placements that are combined with seminars for the purpose of this program will have a health-related topical focus and will be based in hospitals. Each course will gather together students pursuing conceptually related practicum options in the following areas: Brain-Behaviour Relationships; Illness Adjustment and Secondary Prevention; Stress Management; Child Health and Early Life Prevention of Illness; Mental Health; and Primary Prevention. Students will then participate in a seminar running concurrently with their practicum that will entail readings, discussion, and written and sometimes practical tests and assignments that will be designed to gain academic as well as practical training from the practicum experience, and to situate this academic training directly in the context of application.

Applied Health Practica will be developed in either or both Departments in order to give students with an Academic/Policy focus first-hand experience in translating basic research to an applied setting or conducting primary research in an applied setting. Students are expected to undertake a year-long applied project of direct interest to a supporting community or government agency and of sufficient scope that it may merit publication. In many cases, a student's primary advisor will serve as the supervisor or co-supervisor of his or her research practicum.

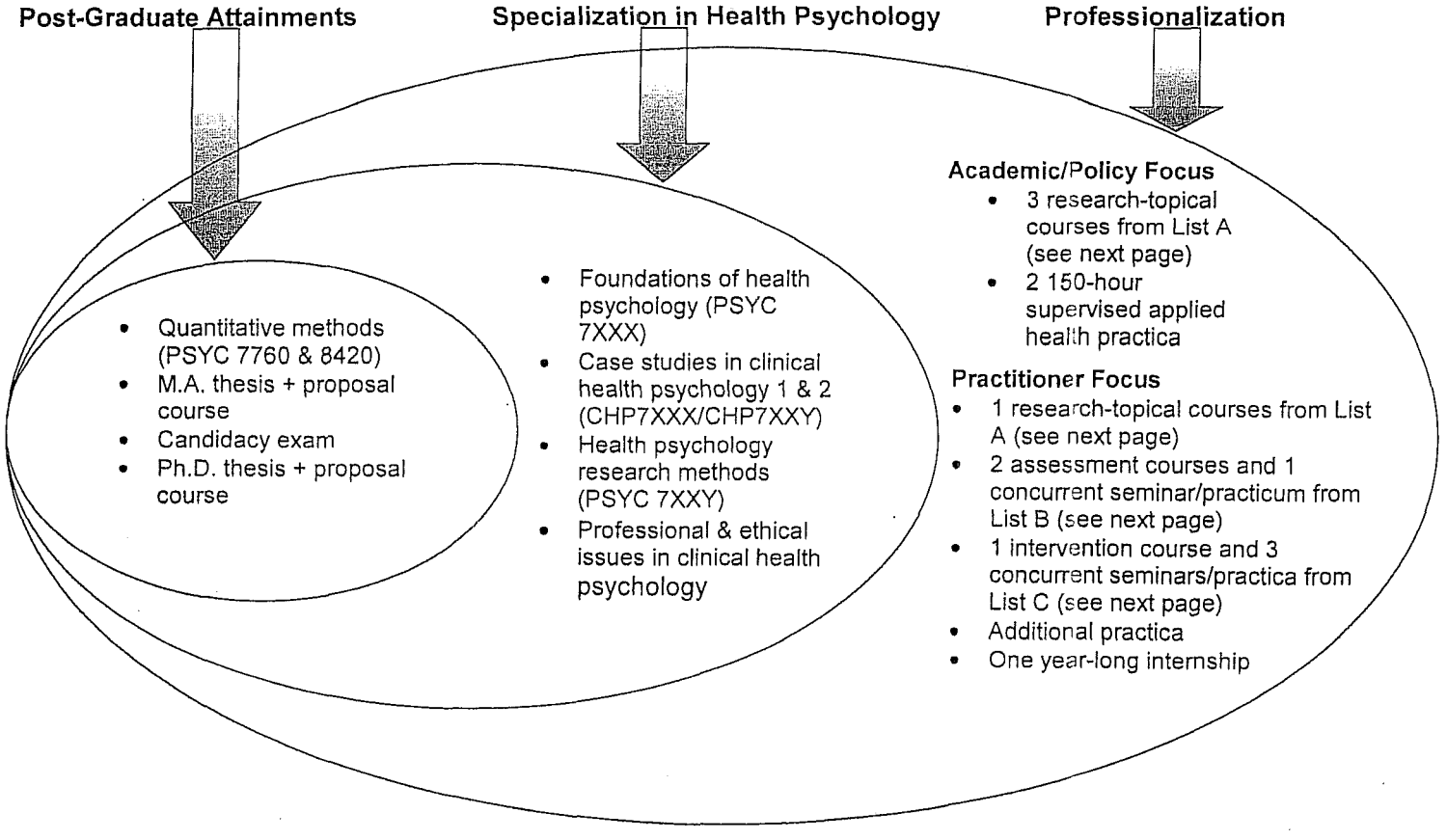

Figure 1. Proposed curriculum in relation to aims of the Interdisciplinary Program in Health Psychology. All students fulfill all requirements under the first two aims. Programs diverge with respect to each student's focus under the third aim.

List A

Existing courses, in the following departments/faculties (see Attachment #3 for the complete listing):

- Psychology
- Human Nutritional Sciences
- Nursing
- Occupational Therapy
- Kinesiology and Recreation Management
- Community Health Sciences

Students pursuing an Academic/Policy professional focus will be encouraged to use these courses to develop knowledge in specific content areas, such as epidemiology, psychoneuro-immunology, and social inequality.

List B

- PSYC 8150 Personality and Intellectual Assessment 1
- 8160 Personality and Intellectual Assessment 2
- 8170 Community Psychology
- 8230 Clinical Neuropsychology
- PSYC 7870 Psychopathology
- CHP 7XXX Seminar in Diagnostic and Neurocognitive Assessment / concurrent practicum in interviewing and assessment (150-200hrs)

List C

Psychology courses:

- 8340 Cognitive Behaviour Therapy
- 8400 Behaviour Therapy
- 8240 Seminar in Behaviour Modification
- 8120 Current Topics 2
- 8180 Community Psychology 2
- 8330 Family Therapy Seminar
- 8410 Verbal Psychotherapy

CHP seminars with concurrent practica (each 150-200 hrs):
CHP8XXA Illness Adjustment and Secondary Prevention / practicum options in cardiovascular disease, injury, excessive illness concerns, gastrointestinal disorders, family medicine, geriatric conditions, cancer
CHP8XXB Brain – Behaviour Relationships / practicum options in neuropsychology, pain management clinics, pelvic pain, geriatric conditions
CHP8XXC Stress Management / practicum options in anxiety and mood disturbances in medical conditions, sleep, stress management, caregiver stress, excessive illness concerns
CHP8XXD Child Health and Early Life Prevention / practicum options in pediatric consultation, child neuropsychology, PPP, childhood stress prevention, childhood obesity and diabetes.

Table 1

Sample Program Leading to the M.A./Ph.D. in Health Psychology: Practitioner Focus

Sigmund has a basic interest in the physiological basis of human behaviour. He has completed an undergraduate honours thesis in Psychology in this general topic area. His professional ambition is to become a clinical health psychologist, working in hospital setting with patients who have sustained brain injuries.

	Term		
Year	Fall	Winter	Summer
1	Quantitative 1 (PSYC 7760) Case studies 1 (CHP 7XXX) M.A. Proposal Development Course	Quantitative 2 (PSYC 8420) Case studies 2 (CHP 7XXY) Assessment 1 (CHP 7XXZ: Seminar + Practicum in Diagnosis & Neurocognitive Assessment)	
2	Fdns. of Health Psych. (PSYC 7XXX) Assessment 2 (PSYC 8230 Clinical Neuropsychology)	Intervention 1 (CHP 8XXA: Seminar + Practicum in Illness Adjustment) Research Topics 1 (PSYC 7610 Psychopharmacology) M.A. Thesis + Defense	Ph.D. Proposal Course
3	Intervention 2 (PSYC 8340: Cognitive Behavioural Therapy) Professional/Ethical Issues (PSYC 8070)	Intervention 3 (CHP 8XXB: Seminar + Practicum in Brain-Behaviour Relationships) Health Psych. Research Methods (PSYC 7XXY) Assessment 3 (PSYC 7870 Psychopathology)	
4	Intervention 4 (CHP 8XXC: Seminar + Practicum in Stress Management) Candidacy Exam	Additional Practicum	Additional Practicum
5		Ph.D. Thesis + Defense	
6	Internship		

Table 2

Sample Program Leading to the M.A./Ph.D. in Health Psychology: Academic/Policy Focus.

Emile has a basic interest in the relationship between social status and health. He comes from a First Nations background, and his professional ambition is to direct community-level interventions in northern and First Nations communities. His undergraduate training included substantial coursework in Psychology but no undergraduate thesis. Emile is required to complete the honours thesis in his first year but proposes and completes his Master's thesis on a related topic with the same advisor the following year. In his third year, he pilot tests a community-level nutritional intervention for his Applied Health Practica in Winnipeg. The following year, after completing his candidacy exam, he develops a proposal to expand, implement and evaluate a similar intervention in a northern community for his Ph.D. thesis.

	Term		
Year	Fall	Winter	Summer
1	Quantitative 1 (PSYC 7760) Case studies 1 (CHP 7XXX) Honours Research Seminar (PSYC 4520: Part A)	Quantitative 2 (PSYC 8420) Case studies 2 (CHP 7XXY) Honours Research Seminar (PSYC 4520: Part B)	M.A. Proposal Development Course
2	Fdns. of Health Psych. (PSYC 7XXX) Health Psych. Research Methods (PSYC 7XXY)	Research Topics 1 (CHSC 7220: Health and health services of native and northern people) M.A. Thesis + Defense	
3	Research Topics 2 (PSYC 8170: Community Psychology) Applied Research Practicum 1	Research Topics 3 (CHSC 7330: Cultural perspectives on illness and medical practice) Applied Research Practicum 2	Candidacy Exam
4	Ph.D. Proposal Development Course		
5		Ph.D. Thesis + Defense	

Table 3

Sample Program Leading to the M.A./Ph.D. in Health Psychology: Practitioner Focus

Shelley has a basic interest in health promotion. Her long-term professional ambition is to become a professor of clinical health psychology who teaches and does research in this area. With her exceptional academic record, first at the honours undergraduate level and subsequently at the M.A. level, she is able to obtain Canada Graduate Scholarships for the first two years of her M.A. and Ph.D. training. This external support, in turn, allows her to accelerate her program by completing requirements during the summer months. In this way, she completes all requirements for the Practitioner Focus, including her internship, in 5 years.

	Term		
Year	Fall	Winter	Summer
1	Quantitative 1 (PSYC 7760) Case studies 1 (CHP 7XXX) Fdns. of Health Psych. (PSYC 7XXX)	Quantitative 2 (PSYC 8420) Case studies 2 (CHP 7XXY)	M.A. Proposal Development Course Assessment 1 (CHP 7XXZ: Seminar + Practicum in Diagnosis & Neurocognitive Assessment)
2	Health Psych. Research Methods (PSYC 7XXY) Assessment 2 (PSYC 7870 Psychopathology) Intervention 1 (CHP 8XXD: Seminar + Practicum in Child Health and Early-Life Prevention of Illness)	Intervention 2 (PSYC 8340: Cognitive Behavioural Therapy) Research Topics 1 (PSYC 7310: Social psychology and health) M.A. Thesis + Defense	Intervention 3 (CHP 8XXA: Seminar + Practicum in Illness Adjustment) Candidacy Exam
3	Assessment 3 (PSYC 8150 Personality and Intellectual Assessment 1) Ph.D. Proposal Course	Intervention 4 (CHP 8XXC: Seminar + Practicum in Stress Management) Professional/Ethical Issues (PSYC 8070)	Additional Practicum
4	Additional Practicum	Ph.D. Thesis + Defense	
5	Internship		

2. **Enrollment**

●What is the program's initial projected enrollment? 5 – 10 students

●What is the projected enrollment for the 2nd and 3rd years? 5 – 10 additional students per year

●Describe the expected student profile?

We will be interested in admitting students who:

(1) Have a strong academic background in psychology (Honours psychology) and excellent written and oral communication skills; (2) Have excellent social and interpersonal skills; (3) Have a strong interest in working with persons, agencies, or institutions who would benefit from the services of a Health Psychologist; (4) Are committed to the profession of Health Psychology; (5) Who are energetic and have excellent work habits; and (6) Are willing and able to abide by professional codes of ethics and standards.

Above items 1 – 6 will be assessed by transcripts, letters of reference, and a sample of written work.

Special admissions: We will reserve one slot per Interdisciplinary Program faculty member for First Nations students. As long as the students meet Faculty of Graduate Studies minimum criteria for entry they will be eligible for admission.

3. **Labour Market Information**

●What labour market need is the program expected to meet?

The lack of registered professional psychologists in Manitoba is cause for serious concern. According to recent data from the Canadian Institute for Health Information, our province has the lowest per-capita number of registered, professional psychologists in Canada. In 2005, there were 45 Registered Psychologists per 100,000 nationally, whereas in Manitoba there were fewer than 15 per 100,000. This is a much greater deficit than exists for any other health profession in Manitoba. Behind this figure lie unacceptably long wait times to see a psychologist in the hospital system, and a chronic shortage of psychologists to fill staff psychologist positions in hospitals. A great many Manitobans have mental health problems that go untreated and physical health problems that are allowed to worsen for lack of timely access to a Clinical Health Psychologist.

The proposed program will meet additional labour market needs. Hiring in academic institutions is one of these needs, for which our graduates will be superbly prepared. However, our full proposal will also document the need that exists for psychologically trained professionals in community service and governmental agencies with health as part of their mandate. Other reports on psychology as a field consistently indicate that career opportunities are growing, and health is among the leading areas of specialization or hybridization (i.e., cross-training in psychology and medicine, pharmacology, nursing, physical therapy, etc.) to account for that growth now and in the future.

●Are there currently jobs in Manitoba in this field? ☐ YES ☐ NO
If yes, where (geographic location and industry)?

Graduates of the proposed program will be ideally suited to work in agencies such as community hospitals and personal care homes in a managerial, planning or program evaluation capacity (e.g., the Wellness Institute at Seven Oaks General Hospital, St. Amant, and Healthy Child Manitoba all sponsor research or have research director positions on their staffs and have expressed support for this program). Crown corporations such as Manitoba Public Insurance and government agencies such as Manitoba Health or Statistics Canada have ongoing needs to

assess the cost-effectiveness of medical and public health interventions and to lower costs through innovation. These needs are filled through a mix of contracting and internal hiring of analysts with knowledge and skills similar to those our graduates will possess. The Winnipeg Regional Health Authority also hires in a number of related areas, including clinical health psychology, community mental health services, outreach to street-involved individuals, and crisis response. Graduates of the proposed program would, of course, be well prepared for employment in academic or research associate positions at any of Manitoba's post-secondary institutions.

●What is the future job forecast for individuals with this education/training/credential?

Job prospects for graduates are very good both locally and nationally. We anticipate very strong, long-range demand within academia for graduates with expertise in health psychology. There is also current need and increasing demand for psychologists -- with specific expertise in health -- in diverse fields of employment, such as education, human resources, environmental stewardship, and community development and recreation. Indeed, health psychologists are needed in both urban and rural schools (including northern communities).

●How does this program fit with Manitoba's stated economic, social and other priorities?

The place of health care could hardly be overstated in Manitoba's economic, social and other priorities. It was given as the very first priority in the Speech from the Throne at the opening session of the current Legislative Assembly of the Province of Manitoba. As documented in a 2002 report of the Canadian Psychological Association, psychological interventions reduce health costs, and thus improve the cost-effectiveness of health care, in three known ways: (a) Psychological interventions provide effective treatments, both therapeutic and preventative, for the categories of illness that are most economically burdensome if untreated, including cardiovascular diseases, musculoskeletal diseases, and general distress and depression. (b) In several instances, such as treating panic disorders or depression, these interventions can produce comparable or superior outcomes to medical or drug treatment and better adherence at 10 - 50% lower cost. (c) Usual costs to the health care system are commonly avoided through much less costly psychological interventions, as over 90 studies have shown, in conditions such as chronic pain, cancer, diabetes, hypertension, and heart disease.

Health promotion overlaps with virtually all of Manitoba's other stated priorities, including the promotion of a cleaner, healthier environment, making communities safer, preserving affordability, investing in the rural economy, and improving social justice. Finally, investment in post-secondary education and training opportunities is itself one of Manitoba's stated priorities, which in this case will contribute directly to the growth of health research, efficiency of health services, and quality of life in the Province.

●What agencies, groups, institutions will be consulted regarding development of the program?

The following groups have been or will be consulted:

Canadian Psychological Association
CancerCare Manitoba
Healthy Child Manitoba
Manitoba Centre for Health Policy
Manitoba Healthy Living
Manitoba Health
Manitoba Education, Training, and Youth
Manitoba Family Services and Housing
Manitoba Psychological Society
Psychological Association of Manitoba
St. Amant

Canadian Council of Professional Psychology Programs
Interdisciplinary Health Studies
Faculty of Medicine, University of Manitoba
Faculty of Graduate Studies, University of Manitoba
Department of Community Health Sciences
Statistics Canada
Wellness Institute at Seven Oaks General Hospital

4. Financial Information

Formatted: Bullets and Numbering

- Projected Program Costs:
  - Salary
  - Operating
  - Capital
  - **Total cost**
- Projected Program Revenue:
  - Tuition
  - Other_
  - **Total revenue**

Submitted by:

Dr. Jay Doering, Dean
Faculty of Graduate Studies

Signature

Date Jan. 29/08

Attachment #1. Examples of Health Psychology Topics Being Addressed by Interdisciplinary Program Academic Staff

Core Topics of Health Psychology	Expertise of Interdisciplinary Program Faculty Members	Areas of Expertise to be Strengthened/Acquired
Foundations of Health Psychology	o Statistical methods for analyzing outcome variables in behavioural health research (Huynh, Keselman, Eaton) o Socioeconomic status, gender, and health (Bailis, Chipperfield, Lionberg) o Effects of aging on memory and other cognitive processes (Leboe) o Primary prevention (Walker, Feldgaier)	Time series, multilevel modeling, the analysis of change over time, program evaluation, cultural differences in health and ethnomedicine
Stress and Health	o Family caregiving to older adults with dementia (Mackenzie, Sexton, Koven, Millikin) o Consequences of stigmatization of ethnic minority individuals (Vorauer) o Inter- and intrapersonal processes of social support (Cameron, Morry) o Illness and injury adjustment (Lionberg) o Excessive illness concern (Furer)	Stress physiology, psychoneuroimmunology
Behaviour and Health	o Psychological and lifespan factors in the pursuit of regular physical activity (Bailis, Chipperfield, Eaton) o Self-regulation of health behaviours (Johnson) o Eating disorders, childhood diabetes, and obesity (Lebow, Ducharme) o Compulsive gambling (Cox) o Community health education (Tefft) o Sleep disorders (Vincent)	Prevention/cessation of smoking/tobacco use, alcohol/substance abuse
Chronic and/or Life-threatening Conditions	o Cardiac psychology and secondary prevention (Kaoukis, Ediger, Koven) o Assessment and coping with neurotrauma, movement disorders, and cognitive impairment (Medved, Millikin, Kilgour, Arnett, Mintz, Brousseau) o Aging and geriatric health (Chipperfield, Perry, Sexton, Koven, Millikin) o Consequences of early brain damage (Jakobson, Ivanco) o Child and adolescent health: neurodevelopmental disorders, brain injury, cancer, chronic illness, pain (Bow, Cartwright, Teschuk, Ducharme, Shady) o Self-management of renal disease (Johnson) o Chronic pain (Bailly, Tkachuk, Lionberg) o Cancer and cancer pain (Mintz, Hack) o Gastrointestinal disorders (Graff) o Causes and treatments of intellectual disabilities and autism (Martin, Ivanco, Jakobson)	Diabetes, HIV/AIDS, psychological aspects of palliative care and terminal illness

Treatment-seeking and Health-service delivery	o Mental models of illness (Medved) o Older adults' use of health services (Chipperfield, Perry) o Errors in medical diagnosis (Jamieson) o Variables affecting happiness and unhappiness behaviours of persons with developmental disabilities (Martin, Yu) o Accuracy of interpersonal perception in medical treatment decision-making (Vorauer) o Human factors in the design of medical equipment (Mondor) o Clinical supervision (Johnson)	Complementary and alternative medicine, stigma as a barrier to treatment-seeking, patient-practitioner relationships, psychological aspects of quality improvement in health-services delivery

What A Health Psychologist Does and How to Become One

Recent advances in psychological, medical, and physiological research have led to a new way of thinking about health and illness. This conceptualization, labeled the **Biopsychosocial Model**, views health and illness as the product of a combination of factors including biological characteristics (e.g., genetic predisposition), behavioural factors (e.g., lifestyle, stress, health beliefs), and social conditions (e.g., cultural influences, family relationships, social support).

Psychologists who strive to understand how biological, behavioural, and social factors influence health and illness are called health psychologists. The term "health psychology" is often interchanged with the terms "behavioural medicine" or "medical psychology". In contemporary research and medical settings, **health psychologists** work with many different health care professionals (e.g., physicians, dentists, nurses, physician's assistants, dietitians, social workers, pharmacists, physical and occupational therapists, and chaplains) to conduct research and provide clinical assessment and treatment services. Many health psychologists focus on prevention through research and clinical interventions designed to foster health and reduce the risk of disease. While more than half of health psychologists provide clinical services as part of their duties, many health psychologists function in non-clinical roles primarily involving teaching and research.

The Work Setting of a Health Psychologist: Health psychologists participate in health care in a multitude of settings including primary care programs, inpatient medical units, and specialized health care programs such as pain management, rehabilitation, women's health, oncology, smoking cessation, headache management, and various other programs. They also work in colleges and universities, corporations, and for governmental agencies.

Clinical Activities: Assessment approaches often include cognitive and behavioural assessment, psychophysiological assessment, clinical interviews, demographic surveys, objective and projective personality assessment, and various other clinical and research-oriented protocols. Interventions often include stress management, relaxation, therapies, biofeedback, psychoeducation about normal and patho-physiological processes, ways to cope with disease, and cognitive-behavioural and other psychotherapeutic interventions. Healthy people are taught preventive health behaviours. Both individual and group interventions are utilized. Frequently, health psychology interventions focus upon buffering the effect of stress on health by promoting enhanced coping or improved social support utilization.

Research: Health psychologists are on the leading edge of research focusing on the biopsychosocial model in areas such as HIV, oncology, psychosomatic illness, compliance with medical regimens, health promotion, and the effect of psychological, social, and cultural factors on numerous specific disease processes (e.g., diabetes, cancer, hypertension and coronary artery disease, chronic pain, and sleep disorders). Research in health psychology examines: the causes and development of illness, methods to help individuals develop healthy lifestyles to promote good health and prevent illness, the treatment people get for their medical problems, the effectiveness with which people cope with and reduce stress and pain, biopsychosocial connections with immune functioning, and factors in the recovery, rehabilitation, and psychosocial adjustment of patients with serious health problems.

Career Opportunities: The opportunities for careers in health psychology in the United States are quite good. Medical settings, particularly medical centers, have greatly expanded their employment of psychologists. Aside from medical centers, health psychologists often work in colleges and universities, medical schools, health maintenance organizations, rehabilitation centers, pain management centers, public health agencies, hospitals, and private consultation/practice offices. In addition to the specific content skills which psychologists offer to patients and staff in the medical community, psychologists' unique training often makes the health psychologist an asset to the medical team with regard to quality assurance methods (making certain that health care is helpful

and cost-effective), research, writing, grant-writing, statistical, communication, and team development skills.

Training for Health Psychology Careers: Health psychologists typically hold a doctoral degree (Ph.D. or Psy.D) in psychology. Applied health psychologists are licensed for the independent practice of psychology in areas such as clinical and counseling psychology, and board certification is available in health psychology through the American Board of Professional Psychology.

Often, psychologists preparing for a career in health psychology obtain general psychology training at the undergraduate and doctoral levels, but then receive specialty training at the postdoctoral or internship level. Some programs have been developed which offer specialized training in health psychology at undergraduate and graduate levels. Here are some specifics of training in health psychology at various levels:

- *Undergraduate:* Health psychology courses are available at about a third of North American colleges and universities. Because of the field's biopsychosocial orientation, students are also encouraged to take courses focusing on abnormal and social psychology, learning processes and behaviour therapies, psychophysiology, anatomy and physiology, psychopharmacology, community psychology, and public health.
- Graduate: Many doctoral programs in clinical, counseling, social, or experimental psychology have specialized tracks or preceptorships in health psychology. A number of programs now exist in the United States and other countries specifically for doctoral training in health psychology. These programs are quite diverse: some specialize in training students either for research careers or for direct clinical service to patients. Division 38 distributes a directory of doctoral programs offering training in health psychology, available from the Office of Division Services of the American Psychological Association.
- *Predoctoral Internships:* Clinical and counseling psychologists are required to complete a one-year internship/residency before obtaining their doctorates. Many of these programs offer some training in health psychology. A number of internship programs provide specialized training in health psychology in which at least half of the trainee's time is spent in supervised health psychology activities. Division 38 has a directory of health psychology internships, which is linked to its web site, including programs offering major rotations (at least half time health psychology) and minor rotations (less than half time) in health psychology.
- *Postdoctoral Fellowships*: Many university medical centers, universities, health centers, and health psychology programs offer specialized research and/or clinical training in different areas of health psychology. Division 38 has a directory of postdoctoral opportunities in psychology, linked to its web site.
- *International Health Psychology Training Opportunities*: A directory has been developed under the joint auspices of the Division of Health Psychology and the APA Office of International Affairs. This directory provides information about opportunities in health psychology outside the U.S. and Canada for students, faculty, and practicing professionals. The directory of international health psychology training opportunities is available through the Division Services Office of the American Psychology Association.

Training programs often vary with regard to specific educational emphases, formats and content of formal instruction, research opportunities, and opportunities to engage in supervised clinical training. After obtaining the appropriate directory of training opportunities, it is a good idea to contact specific programs to determine if programs match one's training needs.

Attachment #3. LIST OF COURSES THAT MIGHT BE USED TO COMPLETE THE PROGRAM IN HEALTH PSYCHOLOGY

PSYCHOLOGY (PSYC)	PSYCHOLOGY (PSYC)
7XXX Foundations of Health Psychology (submitted for approval)	8170 Community Psychology
7080 Child/Youth Psychopathology	8200 Development and Its Deviations 1
7020 Psycho-educational Assessment and Measurement	8210 Development and Its Deviations 2
7030 Learning and Cognitive Impairment	8220 Topics in Abnormal Psychology
7070 Social, Emotional, and Personality Assessment of ChildrenYouth	8230 Clinical Neuropsychology
7310 Current Topics (if appropriate content)[1]	8390 Development of Learning and Cognition
7360 Perception	**HUMAN NUTRITIONAL SCIENCES (HNSC)**
7370 Cognitive Processes	7520 Nutraceuticals in human health7570 Theoretical approaches to dietary change interventions
7380 Advanced Research Design	
7400 Measurement and Scaling Theory	**NURSING (NURS)**
7430 Advanced Physiological Psychology	7200 Human Responses to Illness
7450 Psychology of Group Behaviour	**OCCUPATIONAL THERAPY (OT)**
7460 Attitude Development and Change	6120 Health and Disability
7470 Advanced Developmental Psychology	
7580 Advanced Motivation	**PHYSICAL EDUCATION AND REC. STUDIES (PHED)**
7610 Psychopharmacology	7060 Social and psychological components of sports and physical education
7650 Theory and Research in Personality	
7670 Seminar in Personality 1	**COMMUNITY HEALTH SCIENCES (CHSC)**
7690 Seminar in Physiological Psychology	7130 Methods in Health Services Research & Evaluation
7700 Problems in Psychological Research (if appropriate content)	7200 Health and health care in developing countries
7870 Psychopathology	7210 Epidemiology of women's health
7530 Research in Psychpathology	7220 Health & health services of native & northern people
7610 Psychopharmacology	7240 Cultural epidemiology and primary care
8040 Psychology of Aging	7270 Epidemiology of Chronic (Non-Cancer) Diseases
8060 Advanced Adolescent Development	7330 Cultural perspectives on illness and medical practice
8010 Intergroup Behaviour	7370 Measurement of health and disability
8040 Psychology of Aging	7380 Prevention and health
8050 Human Brain Functions	7390 Health promotion
8150 Personality and Intellectual Assessment 1	7490 Empirical perspectives on social organization and health
8160 Personality and Intellectual Assessment 2	

[1]Some examples of relevant Current Topics courses that have been taught in the past ten years include: Aging & Cognition, Health Psychology, Psychobiology of Stress and Emotion, Readings in Autism Spectrum Disorders, Self-Regulation and Health, and Social Psychology and Health.

UNIVERSITY OF MANITOBA | Student Services
Student Affairs

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MEMORANDUM

DATE: February 20, 2008

TO: Mr. Jeff Leclerc, Secretary of Senate

FROM: Lynn M. Smith, Executive Director, Student Services

RE: **Student Advocacy Annual Report (2005-2007)**

Enclosed please find the report of the Student Advocacy office for the time periods of September 1, 2005 to August 31, 2006 and September 1, 2006 to August 31, 2007. I have also enclosed a copy of the memorandum that I received from Ms Brandy Usick, Director, Student Advocacy and Resource Services that provides further information about the report, its two year time span and plans for an online format.

Would you please include this report on the next agenda for the Senate Executive. As in the past, both Ms Brandy Usick and I will be available to attend that meeting and respond to any questions that members of the Senate Executive may have. I would appreciate hearing from you at your earliest convenience regarding the dates of the respective Senate Executive and Senate meetings where the Student Advocacy Report will be tabled.

Thank you for your assistance.

LMS/jb
Encls.
c.: Dr. Robert Kerr, Vice-President (Academic) and Provost
Dr. D.R. Morphy, Vice-Provost (Student Affairs)

STUDENT AFFAIRS
creating opportunities for student success

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MEMORANDUM

DATE: February 20, 2008

TO: Dr. Lynn Smith, Executive Director, Student Services

FROM: Brandy Usick, Director, Student Advocacy and Resource Services

RE: Student Advocacy Annual Report (2005-2007)

The terms of reference for the Student Advocacy office state that the Director of the office should report to the Senate, at least annually, on the activities of the office.

I have enclosed the Student Advocacy office's annual report for the periods of September 1, 2005 to August 31, 2006 and September 1, 2006 to August 31, 2007. As stated in the introduction of the report "we have submitted this report for two consecutive reporting years, due to a change that took place to our file management system in September 2007. Analyzing and summarizing the data for these two years allowed for easier comparison and presentation of information. In addition, subsequent years' reports may have additional information to be presented that would be best served in a new format."

Ms. Heather Morris, Student Advocate, compiled the statistics and together we authored the report. We appreciate your feedback on earlier drafts and acknowledge the editorial assistance we received from the rest of the Student Advocacy staff (Brian Barth, Angel Therrien and Ali Wood).

As we have done for the past two reports, we will continue to make the report available to the larger university community by uploading the document to our website. With a student audience in mind, the contents of the report will be reformatted by a graphic designer.

I respectfully request that you forward this report to Mr. Jeff Leclerc, Senate Secretary so that it may be placed on next Senate Executive agenda.

Student Advocacy
Annual Report
2005-2006 & 2006-2007

Mission Statement

The mission of the Student Advocacy office is to ensure that students are treated fairly in their dealings with the University. The Student Advocacy office is dedicated to educating the University community concerning student rights and responsibilities and assisting students in the resolution of conflicts arising from actions or decisions taken by the University.

While serving the University, Student Advocates maintain a student focus by providing information, investigating complaints, resolving conflict through alternative and formal systems, representing students at hearings, and reviewing policies and recommending change.

Introduction

This edition of the Student Advocacy office Annual Report, submitted to Senate, summarizes the activities of the office from September 1, 2005 to August 31, 2006 and from September 1, 2006 to August 31, 2007. We have submitted this report for two consecutive reporting years, due to a change that took place to our file management system in September 2007. Analyzing and summarizing the data for these two years allowed for easier comparison and presentation of information. In addition, subsequent years' reports may have additional information to be presented that would be best served in a new format.

Contacts

In 2005-2006, the Student Advocacy office received 1960 contacts, the breakdown of which is shown in Table 1. These statistics represent an increase from the 2004-5005 reporting year. The office opened case files to assist 1090 individual students. There were 14 cases from 2004-2005 year that were carried forward either because the student's appeal was pending or the issue was ongoing. There were 7 group cases which were handled by the advocates (see glossary).

For the 2006-2007 year, there were at total of 1910 contacts to the Student Advocacy (please see Table 1 for breakdown). There were individual case files opened for 978 students. There were 11 group cases.

Where case files were not opened, these students were given preliminary information and/or advice by the front desk upon their initial contact to the office. The information given may have sufficiently addressed the matter they presented and there was no need to make an appointment with an advocate. For other students who made contact and arranged an appointment, the student may have either cancelled or chose not to attend the appointment. In these situations as well, students would have been given information and advice in their initial contact which may have resulted in the student no longer needing the meeting with the advocate. For some of these students, the issue may have been resolved subsequent to their scheduling of the appointment

and for others their circumstances may have prevented them from following through with the appointment at that time.

One of the ways that students are increasingly accessing information is through the internet. As a result, our staff have been working on specific projects aimed at updating and improving our website so there is more information available to students through that medium. For issues such as grade appeals and authorized withdrawals (two of the main issues student contact about), we included sections where students can find out information about the steps to follow when making that particular appeal/request, as well as detailed sample letter outlines to follow when preparing a written appeal/request. There is also information directing them as to where their appeal/request should be submitted. Not only does this type of information address the common questions that students initially have, it allows them to prepare drafts of their letters prior to appointments with an advocate. This can help facilitate the meeting as well as expedite the submission of their appeal/request.

There were also updates made to the organization of the webpage to make specific information easier to locate, such as the services we provide, research and resource information that is available, as well as special events such as Academic Integrity Week. In addition, we have also created separate sections with information that is applicable to students and to faculty and/or staff.

Consultation with faculty and staff is another way in which we extend our support of students. The Director and the Advocates consulted with staff (academic, support and administrative) who contacted the office for advice on various student matters and procedural issues. Although this number decreased in 2005-06 from the previous year, this can be explained by the Student Affairs restructuring. The Executive Director of Student Services (the former Director of Student Advocacy and Resource Services) continues to consult with staff about student matters. For the 2005-06 reporting year, her total number of consults was 78, and 75 for the 2006-07 reporting year. This accounts for the difference in the number of staff consults recorded by Student Advocacy for the 2004-05 year and these two reporting years.

Table 1 Total Contacts 2006-2007 & 2005-2006

	2006-2007	**2005-2006**	2004-2005
Individual Student Cases	978	1090	949
Carried Forward Student Cases	23	14	23
Student Contacts	751	718	516
Group/Issues Cases	11	7	6
Staff Consults	147	131	211
Total	**1910**	**1960**	1705

Demographics

For these reporting years, there were slightly more female students than male students who had case files opened (49% and 47% male and 51% and 53% females, respectively). Overall, two thirds of our caseload is represented by four faculties (University 1, Science, Arts, and Graduate Studies). This is consistent with the enrollment numbers for those faculties and comparable to the 2004-2005 statistics.

Categorizing of Issues

In 2005-2006 there were a total of **1133** issues that were handled by the student advocates. The issues and concerns brought forward to the office continue to be sorted into five main categories: academic (**65%**), discipline (**19%**), administrative (**13%**), admissions (**2%**), and equity (**1%**). There was a slight shift in categories from the previous year. In this reporting year, discipline cases comprised the second largest percentage of issues, whereas in 2004-2005, administrative issues were the second largest component. One of the mandates of the office is to educate the U of M community about issues such as academic integrity. It is possible that this contributed to the increase in our discipline cases this year. Administrators may have gained an increased awareness of our office as a resource for students who are accused of academic dishonesty, and thus are referring students to us and handling academic dishonesty cases according to the appropriate procedures in the Student Discipline By-Law.

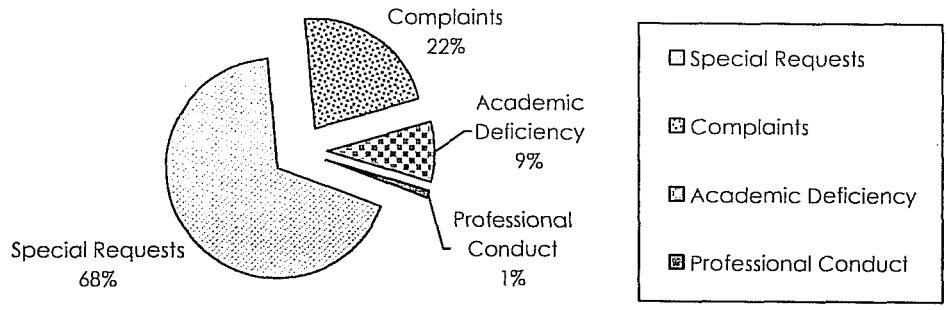
In 2006-2007, there were a total of **1186** issues that were handled by the student advocates. The category breakdown was consistent with years previous to 2005-2006, with academic representing the most common category of issue (**68%**), administrative being the second most common issue (**16%**), followed by discipline (**12%**), admissions (**2%**), equity (**2%**).

One important note regarding the equity category is that over time, there has been an increase in the number of issues identified under this category. This is largely due to more issues coming forward under the Respectful Work and Learning Environment policy. (Please see the description below for details).

Academic Issues

Concerns categorized as academic issues represent the largest proportion of cases; 65% of the caseload for 2005-2006 and 68% of the caseload in 2006-07. Within this category, we further divide the types of issues, as seen in Figure 1. In both reporting years, the percentages for each category are comparable.

Figure 1 Academic Issues 2006-2007



Special requests comprise the main type of academic concern for both reporting years (64% and 68%, respectively). These involve cases where a student makes a request for an academic concession or an exception to a rule, usually based on compassionate and/or medical grounds. Examples of this may include withdrawals, deferrals, incompletes, extensions, leaves of absence, or waivers of program rules. As is consistent with previous years, the majority of special requests were for Authorized Withdrawals and Deferred Exams. There was an increase in special requests for 2006-07 due to the updated Aurora registration system implemented this year. With the new system, students may only be permitted to repeat a course once. Therefore, there were more formal requests needed for students wanting to repeat a course for a second time. There were 8 such requests in 2006-07.

The **complaint** category is the next largest type of academic concern (26% and 22%, respectively). This is a diverse category including dissatisfaction with faculty/staff or with policies and regulations. Appeals of decisions are commonly seen within this category. Complaints also include situations where students have a concern about their program or policies and seek clarification of their rights in various situations.

Grade appeals make up the majority of issues within this category for both reporting years. We have continued with the approach of disseminating information to students about the process of filing grade appeals by setting up a poster display which contains general information on filing a grade appeal as well as general information on the website. In addition, this year we added this information to our website (as described previously).

The next three largest issues under the complaint category for both reporting years are "general information and advising", "student/professor conflict, and "student/advisor" conflict. This latter category applies to graduate students and advisors.

Last year, we added a new issue under this category called "Accommodations". Issues regarding accommodations can include complaints about existing accommodations or requests for various types of accommodations. Most students in these situations would receive information and be referred to Disability Services. In some cases, the advocates would work with staff from

Disability Services to gather information or mediate a concern. In 2005-2006, we had 9 Accommodations issues and there were 3 issues in 2006-2007.

The third main type of academic concern category is called **academic deficiency** and includes cases where a student has not met the minimum academic requirements for their program. This can result in probation, suspension, ineligible to proceed and withdrawal from their faculty. This comprised 8% and 9% of cases in each reporting year, respectively.

The final category of academic concern pertains to **professional conduct** (2% and 1%, respectively). This is distinguished from behaviour in a discipline matter, in that the behaviour is related to an academic program or professional program standards. Examples of this include debarment from courses or programs, or withdrawal due to professional unsuitability. This category mainly applies to professional programs, where clinical or field work is a required component.

Discipline Issues

Disciplinary cases comprised 19% of the total issues presented in 2005-2006 and 12% of the issues in 2006-07. It is important to note that disciplinary issues were the second largest issue category in the 2005-06 reporting year. This category includes not only academic discipline (i.e., academic dishonesty cases) but also non-academic discipline cases (i.e., inappropriate or disruptive student behaviour).

Matters involving academic dishonesty made up the majority of the discipline cases seen at Student Advocacy. There was a substantial increase in the number of academic dishonesty issues in 2005-06 compared to the year previous. The breakdown of these issues is presented in Table 2.

Table 2 Academic Discipline

	2006-2007	**2005-2006**	2004-2005
Cheating	40	79	59
Plagiarism	60	59	44
Inappropriate Collaboration	14	45	12
False Admissions Information	2	12	4
False Documentation (e.g. falsified medical notes)	2	5	3
Academic Fraud	2	2	1
Total	**120**	**202**	123

The category "cheating" had the most concerns for both 2004-05 and 2005-06. One of the trends that became apparent during 2004-2005 involved students having unauthorized materials, in the form of cell phones or electronic translators, in a test or exam situation. For 2005-2006 although there were fewer overall cases involving unauthorized material, there was not a significant difference in our records between electronic and non-electronic materials being brought into the

exam. Of the 25 cases involving bringing in unauthorized material, 9 were for electronic devices, and 9 were for non electronic devices such as notes (7 were unspecified).

As a result of this trend, for the 2006-07 reporting year, we created a specific category to allow us to more accurately record cases of "unauthorized material". Our numbers indicated that there were 6 cases in 2006-07, half of which were for electronic devices. This is a significant decrease from the previous year. One possible explanation for this trend is due in part to the increased attention given to this issue in tests and exams. There are announcements made by professors, signage in all examination rooms, and educational initiatives undertaken by our office. Anecdotally, our experience in 2005-06 was that many of the students were unintentionally bringing in electronic devices. For example, students having their cell phone with them because they use it as a watch to keep track of the time.

As can be seen from Table 2, the number of plagiarism cases was similar for both reporting years. This plateau of plagiarism cases may in part be a result of the various initiatives Student Advocacy has undertaken to educate students about plagiarism. The increase in numbers when compared to the 2004-05 year may be due to increased consultation and education of faculty members and administrators in terms of following the Student Discipline By-Law and referring students to our office for assistance when accused of plagiarism. As a result, faculty members in general are more aware of the issue of plagiarism. In addition, some faculties have undertaken their own initiatives to educate students about academic integrity, as well as informing their faculty members about management of suspected cases of plagiarism and other academic dishonesty matters.

There was a significant increase in the number of inappropriate collaboration cases we saw in 2005-2006. These are cases where students work together on an assignment when individual work is expected. This is a type of academic dishonesty that tends to be less clear to students and as a result, students may inadvertently engage in inappropriate collaboration. Our office plays an educational role in these types of cases in addition to assisting students being investigated for inappropriate collaboration. For the 2006-07 year, the number of inappropriate collaboration cases is comparable to the 2004-2005 year, as can be seen in Table 2.

Non-academic discipline matters tend to fall along a spectrum of behaviours, from rude or uncivil behaviour, to disruptive or harassing behavior and to violent and threatening behaviour. Our office's role in these issues can be both consultative and educational. We often help staff and faculty with how to respond to this type of behaviour and how they could discipline students depending on where the behaviour falls along this spectrum. We also work at educating students about appropriate behaviour, through workshops and orientations. This topic was also included in the video produced for the U1 orientation sessions. The overall number of non-academic misconduct cases seen in our office in these two reporting years was comparable (15 in 2005-2006 and 21 in 2006-2007). The main categories of these issues are inappropriate or disruptive behaviour and residence discipline matters. Table 3 provides the numbers for these reporting years.

Table 3 Non-Academic Discipline

	2006-2007	**2005-2006**	2004-2005
Inappropriate or disruptive behaviour	4	3	6
Inappropriate Computer Use	2	0	2
Residence discipline	9	10	3
Other	6	2	4
Total	**21**	**15**	15

Although the overall numbers of non-academic discipline do not make up a large percentage of our caseload, these types of issues and behaviours are serious and can have serious implications for students, staff, and the overall campus community. Therefore, it is important that educational efforts are aimed at increasing awareness of appropriate conduct on campus.

Some issues involving inappropriate or disruptive student behaviour are brought forth to our office for consultation by the Director of the office and/or the Executive Director of Student Services. These issues are not necessarily represented in our caseload numbers, as a file may not be opened for all case consultations. As mentioned previously, with the restructuring of Student Affairs in 2005, consultation with individuals in these two positions allows for a separation in the level at which the consultation can occur (i.e., Executive Director and Director levels). However, there is still opportunity for overlap in how these two directors work together and provide integrated responses to faculty and staff.

In 2005-2006, there were 5 such consults and in 2006-2007, there were 8 consults. Generally, these issues involve disruptive student behaviour and/or students in crisis.

Administrative Issues

Administrative issues comprised 13% and 16% of the concerns that students were assisted with over both reporting years, respectively. This category mainly includes fee appeals (filed through the Registrar's Office) and issues with course registration. This category also includes a wide array of issues that do not directly affect a student's continuation in an academic program (e.g., removal of a transcript notation) or fall outside the jurisdiction of the university (e.g., immigration concerns).

Admission Issues

Admissions cases are also a component of the Student Advocacy caseload, as the advocates work with potential students as well as current or former students. In both reporting years, admissions issues represented 2% of our total caseload. This category mainly encompasses appeals of admissions decisions.

Equity Issues

Finally, equity issues continue to comprise a small, yet growing, category of student concerns (1% in 2005-2006 and 2% in 2006-07). In the 05R annual report, it was noted that under the Respectful Work and Learning Environment (RWLE) policy, our office was mandated to resolve informal complaints of Personal Harassment and it was expected that the number of these cases would increase. This was our experience in both reporting years.

There were 10 personal harassment cases opened in 2005-06 and 15 cases in 2006-07, compared to 5 cases in 2004-05. These are matters where a student or staff may bring forward a concern of personal harassment by another person on campus. Alternatively, this can be a situation where a complaint of personal harassment is made against a student.

In the 2005-06 personal harassment cases, one investigation occurred as an informal complaint by the student, two cases were referred to Equity Services, while the rest were given information and advice pertaining to their options under this policy.

In 2006-07, of the 15 personal harassment cases, 12 were cases where a complaint was made against a student (10 were due to cyberbullying). In terms of resolution over all these cases, 7 of these students were given information and advice from our office under the RWLE policy, 6 students had an advocate attend a meeting with an investigator, and 2 students were referred to Equity Services.

Resolution of Issues

When assisting students with their concerns or issues, our goal is to resolve the matter at the lowest level possible. We define this as an informal resolution to a case. However, cases involving formal requests or appeals require a formal resolution process.

Informal

In both reporting years, the majority of our cases were resolved informally (67% in 2005-2006 and 63% in 2006-2007). Table 4 provides further breakdown of the types of services provided. The majority of the cases that were resolved informally were situations in which the advocate provided the student with information and advice, made a request on the student's behalf, or mediated a resolution on behalf of the student. For the remainder of cases that were resolved informally, students were either directed to another office to receive assistance or the students, or after writing a letters of request or appeal, chose not to pursue the matter.

Table 4 Informal Resolution of Cases

	2006-2007	2005-2006
Information & advice	80%	72%
Request or mediate	20%	28%

Formal
A smaller number of cases are handled through formal avenues. The advocates always encourage resolution of issues at the lowest possible level. In the reporting years 2005-2006 and 2006-2007 32% and 36% of cases were resolved at a formal level, respectively.

The large majority of the formal requests and appeals that went forward were successful. Of those that were not successful, a small portion of these students received a modified outcome. Modified outcomes are not the resolution that was originally sought, but what might allow a student to recover academically. For example, a student may have requested an authorized withdrawal on medical grounds, but because the documentation only covers the final exam period, a retroactive deferred exam is granted instead. We also classify cases formally as "pending" for situations where a formal decision has not been determined as of the end of the reporting year. This applies to a small percentage of cases. (See Table 5)

Table 5 Formal Resolution of Cases

	2006-2007	2005-2006
Upheld	63%	58%
Modified	7%	13%
Denied	21%	22%
Decision pending	9%	7%

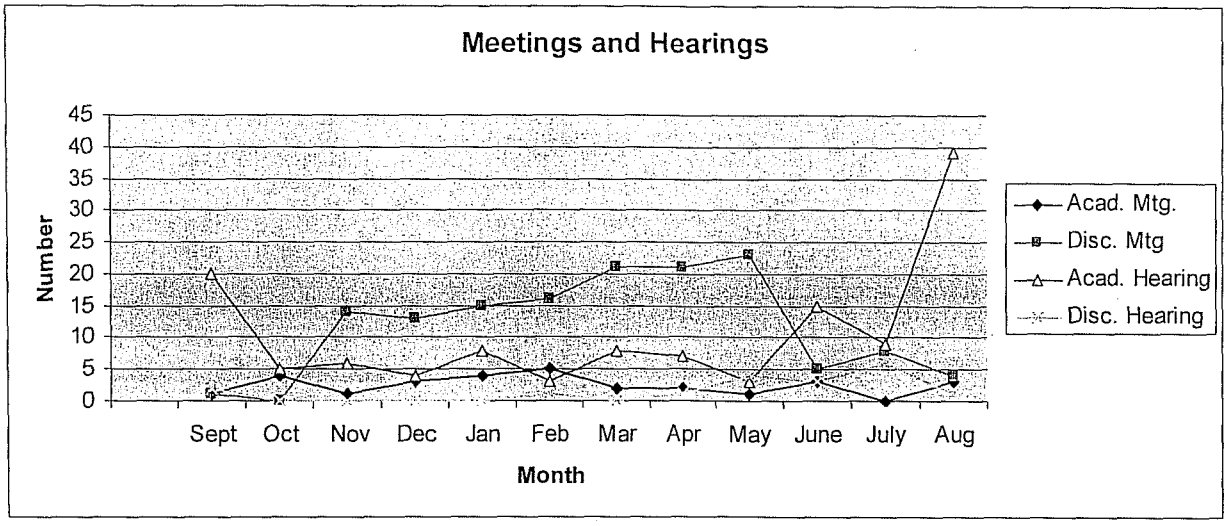
Other
The remaining 1% of the cases in both reporting years was closed as "other" (i.e. not included in the "formal" or "informal" statistics). These cases include instances where a student decided to retain a lawyer to assist with the formal process or a student, after submitting his/her appeal materials, chose to formally withdraw the appeal.

Meetings & Hearings

Our work with students includes preparation for and attendance at meetings and hearings for both academic and disciplinary matters. We distinguish between meetings (less formal in terms of process or procedure followed) and hearings (which involve a committee and formalized procedures). The advocates attended a total of 170 academic and disciplinary meetings in 2005-06, and 118 in 2006-07. Discipline meetings involve the investigative stages of a disciplinary process wherein the administrative authority meets with the student to discuss the allegation before making a decision.

The advocates attended a total of 145 academic and disciplinary hearings in 2005-06 and 156 hearings in 2006-07. Disciplinary hearings occur as a result of a student appealing a decision made at a lower level. Academic hearings normally are used to hear requests/appeals of program policies or requirements. Figures 2 and 3 display the monthly trends of our meetings and hearings in both reporting years, separated according to "discipline" and "academic" type. An interesting overall trend between both years is that the number of meetings decreased, but the number of hearings increased, from 2005-06 to 2006-07.

Figure 2 Monthly Trends 2005-2006



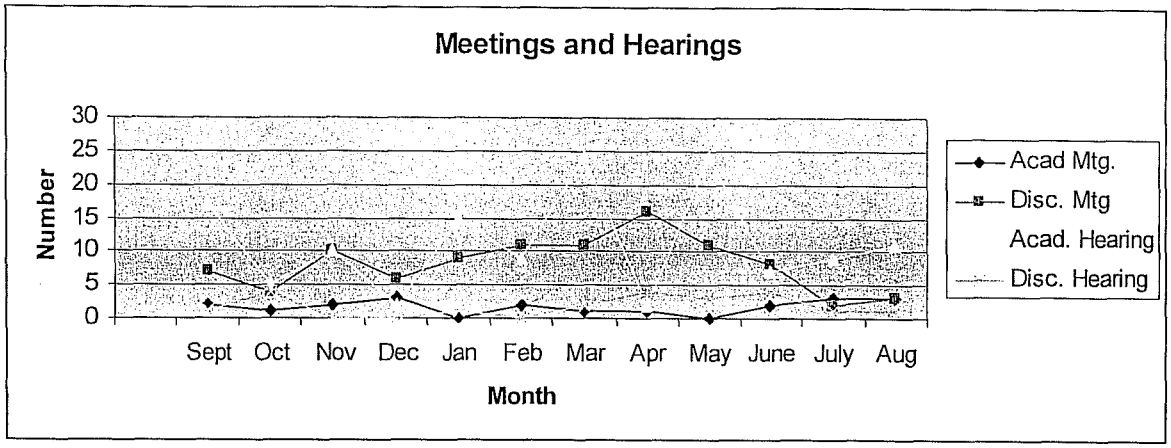
In 2005-2006, academic hearings were more frequent in September, June and August, as most faculty committees convene at these times to hear requests or appeals on decisions, such as academic suspensions or withdrawals, that affect a student's continuation in the program for Regular Session.

Occurring much more infrequently, academic meetings involve informal discussions between a student and their professor or thesis advisor regarding a course or progression in a program.

The frequency of disciplinary meetings, typically involving an administrator and a student to discuss an allegation, rise and fall with the patterns of the academic year. These "investigative" meetings tended to be frequent in November and March, the timing of which coincides with the completion of mid-term tests or term work assignments. These meetings also tended to be high in April and May which follows the completion of final exams and final papers being graded.

Disciplinary hearings are less regular and are generally low throughout the year. However, in 2005-2006, there were 13 discipline hearings between May, June, and July which reflects the high number of students who appealed disciplinary decisions. The majority of these were appeals of academic dishonesty decisions.

Figure 3 Monthly Trends 2006-2007



In 2006-2007, the majority of hearings that took place were academic and tended to peak in September, March, and May. There were more faculties scheduling academic hearings in September (compared to August) to hear appeals and requests pertaining to continuation in Regular Session. It is noted that in March, there were a large number of hearings. In reviewing the cases for that month, this was due to an unusual circumstance in which one Faculty held two faculty committee meetings in one month.

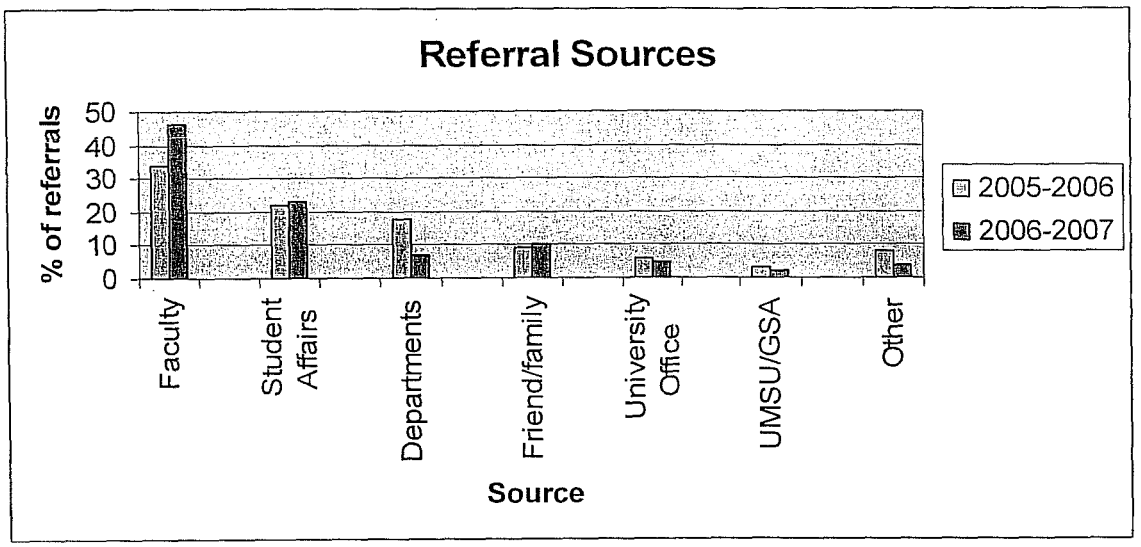
The number of disciplinary meetings generally tended to peak at the same times as the 2005-06 reporting year (November, February/March, and April), consistent with mid term and end of term periods.

The overall number of disciplinary hearings in 2006-07 was comparable to 2005-06, the main difference being that they were scheduled more consistently throughout the year in 2006-07 with no specific "peak" month.

Referrals

In both reporting years, approximately 70% of our student contacts came from referrals. The main referral source is Faculties (either advisors or administrators), followed by Student Affairs offices, academic departments, friends and family, and other university offices. A small percentage of students identified online sources, print materials, and workshops/orientations as referral agents. Please see Table 6 for details.

Table 6 Referrals 2005-2006 and 2006-2007



Educational Initiatives

Student Advocacy staff are committed to providing high quality and relevant educational programming to the university community on various topics. Across the two reporting years, Student Advocacy staff participated in 80 presentations, orientations and workshops, which can be categorized into four main themes:

Orientations and Workshops

Student Rights and Responsibilities	*49*
Student orientations (30)	
Faculty and staff (11)	
General workshops (8)	
Academic Integrity	*26*
Academic integrity (3)	
Plagiarism/Writing and citing (14)	
Exam cheating (1)	
Student orientations (1)	
Faculty and staff (5)	
General workshops (2)	
Procedural Fairness & advice for faculty and administrators	*4*
Handling incivility and disruptive behaviour	*1*

Notable accomplishments

Orientation video

Student Advocacy created orientation videos for the 2005 and 2006 U1 orientation. The first video, entitled *Get Positioned for Success (GPS)* was produced by the Student Affairs Communication Specialist Jason Herzog. Student Advocacy staff, and most notably Heather Morris, prepared the script and acted in the production. University academic staff and administrators were recruited to "star" in the video and relay important messages to students pertaining to their rights and responsibilities.

In 2006, Cory Falvo was hired to create a new look for the production – a video for students created by students. The video is entitled *Learning to Swim: Riding the waves to academic success.* The video was later added to our website and to the Virtual Learning Commons. Students have the choice to watch the video in its entirety or to select which chapter to access.

Academic Integrity Weeks 9 and 10

Integrity 9

The theme for *Academic Integrity Week – Integrity 9* was appropriate writing and citing. A workshop with that title was offered to graduate students with a focus on the challenges of writing a graduate thesis. Miriam Unruh, Coordinator of LAC, and Brandy Usick co-presented the sessions which took place at the Fort Garry and Bannatyne campuses and were very well attended. Another workshop "Creating a Culture of Academic Integrity" was presented for CHET participants. Staff promoted Integrity 9 through articles published in the Manitoban, the Gradzette, and Residence newsletter.

Integrity 10

Last year marked the 10th annual hosting of Student Advocacy's Academic Integrity Week. The occasion was marked by a celebratory booth in University Centre. Event highlights included a workshop for international students on "Acting with Integrity: Know Your University's Expectations" which was facilitated by Heather Morris and Zuzana Dankova. Brandy Usick and Miriam Unruh (LAC) co-presented "Writing and Citing: Challenges of Writing a Graduate Thesis" offered at the Fort Garry and Bannatyne campuses. Zuzana submitted an article to the Residence newsletter. Heather compiled the history of Academic Integrity week. Brian Barth created specialized appointment cards and created the Integrity 10 web pages. Brian also made a short presentation to UMSU council in which he promoted Integrity 10 and highlighted the VLC.

Student Advocacy website

Brian Barth worked on revamping the web site which is now more user-friendly. In addition to the reorganization of the content, the Advocates created material specifically outlining how to file grade appeals and make requests for authorized withdrawals (which are our most common appeals/requests). A Frequently Asked Questions section was also added and a section was created to include resources specifically for staff.

Virtual Learning Commons – Graduate community

In partnership with the Faculty of Graduate Studies, Student Advocacy applied and subsequently received a two year grant from the Strategic Program Development Fund to create online resources and educational programming for graduate students. A number of University units, led by Peter Tittenberger of Learning Technology Centre (LTC), began collaboration on the Virtual Learning Commons, a social networking site and centralized repository for student resources and services. LTC developed the Virtual Learning Commons and the supports for graduate students became one of the communities added to this site.

Amit Chabbra, a PhD student in the Department of Computer Science, was hired to assist in the development of the graduate community. He was also responsible for creating and adapting content that would be appropriate for the site. Nancy Callaghan, a former advocate was later hired to create content that was informed by her work with graduate students. In the summer of 2007 a focus group with graduate students was held to receive constructive feedback on the site and the content. Their feedback was summarized and provided to the VLC Management Committee. Incorporating those suggestions pertaining to the graduate community is the focus of our work for the current term.

Research and scholarly activities

Heather Morris and Brandy Usick were guest lecturers for Lynn Smith's online course *The Role of Students and Student Needs* offered through CHERD.

Brandy Usick was interviewed by Alex Gillis who published an article entitled "Cheating Themselves" in the April 2007 edition of *University Affairs.*

Conference presentations

Usick, B. L. (2007, June). *Evolving as a scholar: How do graduate students learn about avoiding plagiarism?* Presented at the Society for Teaching and Learning Conference, Edmonton, AB.

Usick, B. L. (2007, March). *Cultivating an understanding of plagiarism within graduate education.* Presented at the Canadian Student Judicial Affairs Conference, Windsor, ON.

Usick, B. L. & Morris, H. (2006, February). *Academic integrity week: A Canadian institution's 9-year experience.* Paper presented at the annual conference of the American Association on Student Judicial Affairs, Clearwater Beach, FL.

Publications and internal presentations

Barth, B. (2007, February) *Image and text: Tools of visual communication for an integrated teaching approach.* Presented as part of the UTS Workshop Series.

Barth, B. (2007, Spring). New tools, new media: Three strategies for the "hyperfied" classroom. *UTS newsletter, 15*(1), 4-5.

Morris, H. (2007, Spring). Peers: Students helping students – A collaboration spanning 20 years. *Communiqué*, 7(18), 18.

Smith, L. M. & Usick, B. L. (2006, April) *Training appeals committees.* Presentation to staff at Assiniboine Community College, Brandon, MB

Usick, B. L. (2006, Fall). Student complaints and poor performance: Issues in experiential learning courses. *UTS newsletter, 15*(1), 10-11.

Morris, H. (2005). Final exams and technology: Policy and practice. *UTS Newsletter, 14*(1), 6.

Staff

Student Affairs underwent a review and subsequent restructuring. The most direct impact of this event to the office was the appointment of Dr. Lynn Smith, Director of Student Advocacy and Resource Services, to the position of Executive Director, Student Services. Brandy Usick (former Student Advocate) was hired as Director in an interim capacity in June 2005 and was then officially appointed in December 2005. In January 2006, Brian Barth was hired as a Student Advocate. Brian was formerly an Accessibility Advisor in Disability Services and graduated with his M.A. in Anthropology . Also in 2006-2007 Student Advocacy reluctantly said good bye to two employees: Zuzana Dankova, Student Advocate, left in November 2006 to take the position of International Student Advisor in the Faculty of Science and Paul Taylor, Junior Student Advocate, graduated from the Faculty of Law in May 2007 and moved to Ottawa for an articling position. In May 2007 we welcomed Ali Wood, Junior Student Advocate, who is completing her Bachelor of Arts.

Committee work

Student Advocacy staff are committed to playing active roles on Student Services, Student Affairs and University committees. Staff participation is summarized below.

Brandy Usick was involved with: Council of Student Affairs (COSA), Faculty of Graduate Studies Guidelines and Policy Committee, Student Advocacy and Resource Services Coordinators, Student Leadership Task Force and Virtual Learning Commons Management Committee, Student Affairs Orientation Committee and Administrative Council. Heather Morris was a member of the Promotions and Tenure Committee and Academic Advising Toolkit and Training Project Advisory Committee (ATTPAC). Brian Barth and Heather Morris participated in the ACCESS student selection

Staff were also involved with various Search Committees over the two reporting years which included: Director, Student Advocacy and Resource Services (Heather), Student Advocate (Brandy – Chair, Heather), SCCC Director Reappointment Committee (Brandy) Junior Peer Advocate (Brandy – Chair, Brian and Angel)

Staff outreach
Brandy joined the Alumni Association Board of Directors in September 2006. Brian is a member of the Joint Faculty Research Ethics Board and was recruited as a board member for Winnipeg Citizen's Advocacy. Paul presented on the use of language for the Alternative Dispute Resolution Section of the Manitoba Bar Association and was the Deputy Returning officer for the Engineering Tuition increase referendum. Zuzana Dankova and Angel Therrien were United Way Rainbow Auction Campaign representatives.

Professional Development
Student Advocacy staff are committed to participating in educational opportunities that lead to the development of enhancement of skills or provide chance for reflection of our services. The following are highlights of the past two years:

- Brandy attended *Society for Teaching and Learning in Higher Education* Conference held at the University Alberta (June 2007).
- Brandy and Heather attended *Association of Student Judicial Affairs* conference held in Clearwater, Florida (February 2006).
- Brandy attended the University of Management Course (UMC) held in Banff, AB (May 2007).
- Heather and Brian attended CACUSS (June 2007) held at the University of Saskatchewan.
- Staff from Student Advocacy and Disability Services attended the inaugural SA&RS Retreat held at the St. Norbert Arts Centre (May 2007)
- Brandy attended the University of Management Course (UMC) held in Banff, AB (May 2007).
- Angel participated in the Support Staff Endowment Fund Exchange Trip, hosted this year by the University of Victoria (April 2007).
- Brandy and Heather attended the *Canadian Student Judicial Affairs* conference hosted by the University of Windsor (March 2007).
- Brian audited Karen Busby's Administrative Law class (Winter 2007)
- Brandy attended *CACUSS* hosted by McMaster University (June 2006).
- Brandy attended *Canadian Student Judicial Affairs* conference hosted by the University of Alberta (March 2006).

Staff also attended sessions offered by various units on campus including Student Affairs, University Teaching Services, Learning Development Services, and Information Services & Technology. Staff have also been participated in the American Sign Language course offered by Disability Services.

Advocacy Training
David Wesst (2005-2006) and Rimma Pilat (2006-2007) were our Advocacy Placement Peers. Zuzana Dankova was the Placement Coordinator and co-trainer, along with Angel Therrien.

Student Advocacy also provides training and support to students who hold student governance positions that include an advocacy component in their portfolio. During the reporting periods Brandy Usick met with UMSU VP Advocacy, GSA Vice President Advocacy and Engineering Vice President.

Peers: Students helping students
During the reporting years, the Peer program was once again very successful in providing training to approximately 30 volunteers each year. These volunteers also were able to work in the Peer Office to help students. The volunteers also participated in various outreach activities throughout the years. On an administrative level, a sub-committee was formed in 2005 to undertake a review of the program's Constitutional Framework, which was last revised in 2001.

Heather Morris continued in her role as Chair of the Steering Committee and administrator of the Peer program. She also participated on the sub-committee for the constitutional revision. The Volunteer Coordinators were: Joan Roberts (September 2005-April 2006), Jenny Molendyk (May 2006-August 2006) and Angela Kennedy (September 2006- August 2007).

Future Plans

In keeping with our educational mandate, particularly with regard to non-academic discipline matters, we are working at preparing written and website materials on the topic of non-academic discipline matters. Corresponding materials will be created that will give advice to students on how to be safe on campus and how to report concerns if they feel threatened or unsafe. These materials will complement the existing material our office has on academic discipline (i.e., academic dishonesty). Materials regarding the process, procedures, for responding to inappropriate behaviour, and expectations for appropriate behaviour will be helpful for both students and staff, as there are several policies currently in place to address non-academic misconduct. This includes Inappropriate and Disruptive Student Behaviour, Violent and Threatening Behaviour, Appropriate Use of Computers, Respectful Work and Learning Policy, and the Student Discipline By-Law. The goal in having a large number of policies cited in this area is to show that the University is committed to providing a safe and respectful environment for all members of the campus community. However, given the number of policies in place, it is important to develop clear procedures for responding to non-academic discipline matters.

Our office is working jointly with Equity Services and the Ombudsman to ensure that our materials are consistent with policies and procedures set out by their respective offices. In addition, given the new issues that arise when it comes to non-academic misconduct and the increased use of technology (i.e., email, web sites, blogs, etc.), our office is working on updating workshops for students to educate them about applying principles of appropriate behaviour to the use of technology. This will also be complemented by workshops and articles for faculty and staff for responding to inappropriate behaviour that may occur in electronic forms.

Recommendations

Student Advocacy recommends that work on the Student Discipline By-Law be expedited. The By-law has been under review for the past number of years and drafts have been circulated to some members of the University community for feedback. Consequently, some of the proposed changes have already led to some modifications in practices. For example, the administrator of the Faculty offering the course in question may consult with the student's home Faculty to discuss procedures, specifically whether a joint meeting with the student would be appropriate.

Acknowledgements

During the past two years, many new and innovative projects were initiated and could not have been possible without the support and collaboration of our partners. One of these projects was the development of the Virtual Learning Commons, an on-line community and resource for U of M students to stay connected to each other and make use of the variety of on-line academic resources. The Learning Technology Centre developed the Virtual Learning Commons with content created by Student Advocacy, Learning Assistance Centre, the Libraries and IST.

We would also like to acknowledge the Faculty of Science for their development of comprehensive web material and information on the topic of Academic Integrity. This is a resource that can be utilized by faculty and staff in terms of how to respond to instances of academic dishonesty. As well, there is information for students to help them understand what constitutes cheating, how to avoid it, and what the consequence could be for cheating. The faculty also instituted faculty-wide "honesty declarations" to be signed by all students upon the submission of term work.

Glossary of Terms

Contacts- students or staff who contact the Student Advocacy office with questions or to arrange an appointment with a student advocate. These contacts can be in-person, email, or phone.

Cases-a case file is opened for a student to follow a particular issue/request/appeal.

Group Case- a group of students contact the office with the same issue.

Issue- a matter in which a student is seeking assistance (e.g. concern, complaint, appeal, etc). Issues cases are investigated as an overall issue affecting a large number of students.

Category- the way in which issues are classified or grouped: academic, discipline, administrative, admissions, or equity.

PRESIDENT'S REPORT: April 2, 2008

My last report to Senate was submitted for its meeting on February 6, 2008. Part A of this report is organized into sections on General, Academic, Research, Administrative, and External matters. Part B contains a list of significant external engagements during the time period of this report.

I. GENERAL

1. Winter Term Enrolment

The second year of reporting using the Aurora Student System has indicated a number of changes in enrolment patterns. As yet the Office of Institutional Analysis suggests caution in interpreting the data, as there are only two data points to compare under the new system.

Compared to Winter 2007, the Winter 2008 term total enrolment decreased by 2.4% from 26,146 to 25,516 students. Undergraduate enrolment is down 2.8% from 22,410 to 21,784 students, whilst graduate enrolment has decreased by 21 students only, from 3,259 to 3,238.

New University 1 enrolment decreased by 1.3%, or by 47 students. There has been a 10.6% increase in the number of continuing University 1 students, a result of the change in transit requirements. The change has produced a one-time negative impact on enrolment levels in Arts and Science.

Total credit hours have decreased by 1.9% from Winter 2007 to winter 2008. Credit hours in Distance and Online Education were also down 3.3%.

International student enrolment declined from 2,488 students in Winter 2007 to 2,257 in Winter 2008. International students currently make up 8.8% of the student population.

2. Federal Budget

The federal budget was presented to the House of Commons on February 26, 2008. The following summarizes some of the components of the budget that relate to post-secondary education (PSE):

- The Budget reiterates the promise of 2007 to provide $800 million per year, starting in 2008-09 and growing by 3 percent annually, for provinces and territories to strengthen the quality and competitiveness of Canada's PSE system. However, with the monies still flowing through the Canada Social Transfer (CST), there is no guarantee they will actually direct the additional funding to PSE institutions, despite the funding being 'earmarked' for that purpose.

- The Canada Millennium Scholarship Foundation (CMSF) will be terminated in 2009.

CMSF has distributed $325 million in scholarships and bursaries each year. To coincide with this wind-down, the Government will invest $350 million in 2009-10, rising to $400 million by 2010-11, and increasing to $430 million by 2012-13, in a new, consolidated Canada Student Grant Program that will reach 245,000 college and undergraduate students per year. The Canada Student Grant Program will consolidate this funding with approximately $138 million in annual investments currently provided through the patchwork of existing federal grants that go to students eligible for Canada Student Loans.

- $123 million will be allocated over four years starting in 2009-10 to streamline and modernize the Canada Student Loans Program, building on the $20 million a year provided in Budget 2006.

- $25 million will be allocated over two years and $100 million over five years to establish a new Canada Graduate Scholarship award, which will support 500 top Canadian and international doctoral students, worth $50,000 per year for up to three years. An additional $3 million over two years will be provided to establish a new international study stipend for Canada Graduate Scholarship recipients who wish to study abroad, worth up to $6,000.

- $21 million will be provided over two years to establish up to 20 Canada Global Excellence Research Chairs in the four priority areas: the environment; natural resources and energy; health; and information and communication technologies.

- An additional $80 million per year will be provided to the three granting councils for research in support of industrial innovation, health priorities, and social and economic development in the North. NSERC and CIHR will each receive an additional $34 million ($3 million less than last year's increase) and SSHRC will receive an additional $12 million ($1 million more than last year's increase).

- An additional $15 million per year will be added to the Indirect Costs of Research program. This brings the annual support in 2008-09 to $330 million.

- Genome Canada will receive an additional $140 million.

3. Canadian Millennium Scholarship Foundation (CMSF)

As noted above, the mandate of CMSF will not be re-newed after 2009. The mandate includes allocating $2.5 billion endowed to it by an act of Parliament in 1998. During the period 1999-2007 CMSF has distributed more than 800,000 awards.

The following table indicates that over $44 million have been distributed through 12,525 awards to University of Manitoba students during 1999-2007.

Awards Program	Number of Awards 1999-2007	Value of Awards 1999-2007	Number of Awards 2007	Value of Awards 2007
Millennium Excellence Bursaries				
- Entrance Awards	216	$888,300	32	$130,000
- In-Course Awards	123	$506,000	23	$98,000
Millennium Bursaries	11,614	$41,812,468	1,029	$5,100,916
World Petroleum Council Millennium Scholarships	29	$87,000		
Millennium Access Bursaries	543	$1,068,516	492	$921,293
Total	**12,525**	**$44,362,284**	**1,576**	**$6,250,209**

4. Premier's Mission to Australia

I was part of a trade mission led by Premier Doer to Australia during February 18-25, 2008. I have been on other trade missions before, but the nature of this one was different in that it had a research focus.

In 2006 our Province had signed two memoranda of understanding (MOUs) with the states of Victoria and South Australia, each agreement outlining areas of co-operation to the partners' mutual benefit. Interest in the life sciences, especially in agricultural biotechnology, infectious disease and biosecurity research, were identified as important to Manitoba and the State of Victoria, and research on issues around climate change, cancer, inflammatory diseases, and the benefits of functional foods among others subjects, were listed as important to Manitoba and the State of South Australia.

During the visit the State of South Australia and the Province of Manitoba announced that $1.8 million will be provided over a three year period to support three research projects, funded at $600,000 each, involving scientists at the Richardson Centre for Functional Foods and Nutraceuticals and their partners at the Nutritional Physiology Research Institute, scientists at the Manitoba Centre for Proteomics and Systems Biology in the Faculty of Medicine and their partners at the School of Molecular & Biomedical Science at the University of Adelaide, and scientists in the Department of Plant Science and their partners at the Innovative Plant and Food Division, South Australia Research and Development Institute.

With regard to Victoria, the state and the Province announced $100,000 to fund the development of a joint research project involving the Composites Innovation Centre, located in Smartpark, and its Australian partners, and the two governments and Monash University will

provide $600,000 over a two year period to develop new approaches to study the immuno-regulation of cancer. The latter project will include the exchange of mouse embryonic stem cells and provision of training related to transgenic technologies, and will require the partners to hold international workshops and symposia annually.

To facilitate the undertaking of joint research, the exchange of professors and students, I signed several MOUs. In Adelaide I signed three MOUs with the vice-chancellors of the University of Adelaide, the University of South Australia, and Flinders University that were in turn signed by Premier Doer and Premier Rann, as witnesses. I also signed an MOU with Monash University in Melbourne, with Minister Gavin Jennings (Environment and Climate Change) of Victoria and Deputy Minister John Clarkson (Science, Technology, Energy and Mines) of Manitoba signing as witnesses. An MOU was also signed with the Faculty of Arts at the University of Sydney for student exchanges.

It was a pleasure to participate in a trade mission that had as its focus the implementation of research agreements.

5. United Way

University of Manitoba employees and retirees are committed to the United Way and once again have pledged to be one of the top employee campaigns in the city. Their contributions through the University of Manitoba's 2007 campaign totaled $420,003, a 2.5 % increase over 2006. The Fort Garry campaign raised $224,130, an 8.6 % increase over 2006, the Bannatyne campus raised $119, 783, an 8.8 % decrease from 2006, and the Retirees campaign raised $76,090, a 5% increase over 2006. In addition, $21,261 was pledged to other charities through donor-directed giving.

Our appreciation is extended to the large number of volunteers and contributors as well as the steering committee team: Ms. Rosalyn Howard, Director, Learning and Development Services (LDS) and Dr. John Wiens, Dean, Faculty of Education, co-chairs for the Fort Garry campaign; Dr. Tom Klonisch, Head, Department of Human Anatomy and Cell Science, chair for the Bannatyne campaign; Irv Gusdal, chair for the Retirees campaign; Dr. Norm Hunter, Chemistry, chair for the Leadership campaign; Lynn Bohonos, Extended Education, coordinator of the Rainbow Auction; and Pat Goss, the Public Affairs liaison. This team received extensive support from Ellen Cianflone, Assistant Manager Payroll Services; Michael Marshall, who was the Home Page Coordinator; and Linda Lassman in LDS. I also extend appreciation to the contributions that Dr. Janet Hoskins, Warden of St. John's College, made to the overall United Way campaign as co-chair of the Universities and Colleges Division.

6. The University of Manitoba Press

The University of Manitoba Press has celebrated its 40th anniversary: 40 years of publishing books of the highest educational and production values. The Press publishes five to eight books a year. It is best known for its books on Native history, Canadian history, Native

studies, Canadian literary studies and in other areas, including film studies, Canadian biography, geography, and nature. The Press has received many accolades and honours over the years. Its achievements can perhaps be summarized best by the following excerpt from the Assessment Report of the Manitoba Arts Council:

"The University of Manitoba Press is a 'savvy' publisher, one of the pre-eminent publishers of trade non-fiction in the west. The Press titles have a great deal of cross-over appeal between academic and trade markets. Editorial selections are congruent with the Press's mandate, and treat serious subjects in an in-depth fashion, and with "an edge" that appeals to readers. Books are beautifully-designed and distinguished by impeccable editing. This editorial excellence is reflected in the impressive list of recent awards. The University of Manitoba Press is soundly run, and sales figures are healthy. In sum, University of Manitoba Press has 'everything you want to see in a University press'."

My congratulations are extended to the University of Manitoba Press on the occasion of its 40th anniversary and my appreciation goes to those who have contributed to the success: staff, in particular David Carr, the editor, and members of the Editorial Board.

II. ACADEMIC MATTERS

Faculty of Agricultural and Food Sciences

- Dr. Peter McVetty, Plant Science, has been invited to join the review panel for Agriculture and Agrifood Canada's Canola & Mustard Germplasm Enhancement Program. The panel will provide recommendations on the future direction of the canola and mustard germplasm enhancement program.

- Dr. Martin Scanlon, Food Science, has been elected to serve a three-year term on the Quality Evaluation Team of the Prairie Recommending Committee for Wheat, Rye and Triticale. This committee evaluates candidate cultivars of wheat, rye and triticale and, upon the request of the owner or designate, makes recommendations to the Variety Registration Office, Canadian Food Inspection Agency, regarding the suitability of the candidate for registration.

- Hida Manns, graduate student in Soil Science, was named the recipient of the Karl C. Ivarson Scholarship, administered by the Agricultural Institute of Canada. The scholarship was created to support students pursing studies in soil science in Canada.

Faculty of Architecture

- Architecture graduate student Ryan Gorrie is the recipient of an Aboriginal Capacity and Developmental Research Environment Graduate Fellowship. His research will focus on architectures that begin to provide a healthy reciprocity between Aboriginal people and

their environment.

- Priscilla Mah and Jason Campbell, graduate students, have been selected as finalists and will have their images published in *Photographer's Forum, Best of College Photography Annual 2008.* This work was completed during the Travelling Concepts in Photography graduate elective.

Faculty of Arts

Publications

- Dr. Étienne Beaulileu, French, Spanish and Italian, *La fatigue romanesque de Joseph Joubert.* (2008). Québec: Presses de l'université Laval.

- Dr. Liz Millward, Women and Gender Studies, *Women in British Imperial Airspace 1922-1937.* (2008). Montreal and Kingston: McGill-Queen's University Press.

- Dr. Andrew Woolford, Sociology, *Informal Reckonings: Conflict Resolution in Mediation, Restorative Justice, and Reparations".* (2007). London: Routledge-Cavendish.

- Dr. Robert Chernomas and Dr. Ian Hudson, Economics, *Murder and Other Shortcomings of Conservative Economics.* (2008). Winnipeg: Arbeiter Ring Publishing .

Faculty of Dentistry

- The "Drive for Top Five" gala and celebration held February 1, 2008 showcased the past while pointing the way to the future to establish the University of Manitoba as one of the top five dental schools in North America.

Faculty of Engineering

- The Aboriginal Circle of Educators recently awarded Diana Laurie, counsellor with the Engineering Access Program (ENGAP), the "Honoring our Allies" Award to recognize her work in the field of Aboriginal education.

I.H. Asper School of Business

- Taren Gesell (Asper School UGP student) won the Fast Pitch Competition at the University of Louisville's Cardinal Challenge Business Plan Competition. The event was held at the Louisville Slugger Factory and Museum and involved Taren making a one minute pitch to the assembled judges about his proposed company in hopes of securing a second meeting. The judges consisted of local venture capitalists and entrepreneurs. Overall the Asper School finished fifth.

Faculty of Human Ecology

- Dr. Michael Eskin, Human Nutritional Sciences, has received a travel award from Oxford Brookes University in the UK. This award will allow Dr. Eskin to spend several weeks with Professor Jeya Henry, Head of the Department of Nutrition in the School of Life Sciences, to give a number of lectures as well as assist in setting up a program on Functional Foods.

- The Faculty hosted the Deputy Minister and Associate Deputy Ministers from Manitoba Agriculture and Rural Initiatives to review projects in which academic research can directly influence quality of life and economic productivity in farming communities.

- The 3rd Annual Career Day was held on February 6, 2008. The purpose of the day is to give the students a chance to learn about career opportunities and to network with potential employers.

Faculty of Law

- The Manitoba Bar Association (MBA) recently presented David Matas (Sessional Instructor) with the Distinguished Service Award and Professor Debra Parkes with the Equality Award.

- The 43rd Annual Solomon Greenberg Competition was held at Robson Hall with Neil Steen being named the winner and Shannon McNicol as the runner-up. Both are second year students. They then acted for the Crown at the Western Canada Moot Trial Competition held in Vancouver finishing second and will compete in the Sopinka Cup National Trial Moot being held in Ottawa.

Faculty of Nursing

- Dr. Maureen Heaman, has been selected to receive a Canadian Nurses Association (CNA) Centennial Award honoring Canadian Registered Nurses. The Centennial Awards signify a celebration of 100 exceptional registered nurses whose personal contributions have made an outstanding and significant impact on the nursing profession.

- Dr. Roberta Woodgate, Nursing, received the Canadian Nurse Association's Nurse to Know Centennial Achievement Award, which is given to nurses who have made a significant contributions to the health of Canadians and the health system in general.

  Dr. Woodgate was identified by Prime Minister Stephen Harper and Health Minister Tony Clement as an extraordinary and diverse nurse leader, and as Manitoba's "nurse to know." She recently joined 13 others in Toronto from across Canada for a formal ceremony honouring them with the CNA Nurse to Know Centennial Achievement Award.

- In January 2008 the Canadian Nursing Students' Association (CNSA) National Conference was hosted by the University of Manitoba. The Conference provides nursing students a forum for professional development and networking, with sponsors, exhibitors, job recruiters and career fair attendees.

Faculty of Pharmacy

- Dr. Colleen Metge was appointed to the Expert Advisory Committee on Vigilance of Health Products, nominated by the Association of Faculties of Pharmacies of Canada.

- Students have participated in two national events for students from the nine pharmacy schools in Canada: the Professional Development Week Competitions where the team of Robi Messinbird, Colin Langedock, Margo McCrae, and Lavtej Sekhon placed first in the PharmaFacts Competition; and the Canadian Association of Pharmacy Students and Interns where Bobby Currie was the winner of the Student Literacy Challenge and will have her article published, and the team of Jacinte Bosc, Alexandra Cooper, Stacy Galas and Pavi Gill placing second in the Compounding Competition.

III. RESEARCH MATTERS

Awards and Honours

- Three of the University of Manitoba's Tier 1 Canada Research Chairs have had their chairs renewed for another seven years. The chair holders are: Dr. Francis Plummer, Canada Research Chair in Resistance and Susceptibility to Infections; Dr. Kent HayGlass, Canada Research Chair in Immune Regulation; and Dr. Brian Hasinoff, Canada Research Chair in Drug Development.

- Dr. Xi Yang, has had his Tier 2 Canada Research Chair in Infection and Immunity renewed for another five years.

- The Province of Manitoba - Healthy Child Manitoba has awarded Dr. Lawrence Elliott, Community Health Sciences, the prestigious Research Scientist Award in recognition of his outstanding research involving Fetal Alcohol Spectrum Disorder (FASD).

- Dr. Myron Britton, Biosystems Engineering, has had his Natural Sciences and Engineering Research Council of Canada (NSERC) Chair in Design Engineering renewed for $800,000 over four years. The main objective of this Chair is to develop design-ready engineers with the skills future employers will require to ensure increased productivity and innovation.

- Dr. Frank Plummer, Medical Microbiology, was elected as Fellow of the Canadian Academy of Health Sciences (CAHS) in 2007, in addition to the previously reported

Psychiatry professor Harvey Chochinov and Physiology professor Grant Pierce, who were also inducted into the Academy at a special ceremony in Montreal last September.

Election to Fellowship in the CAHS is considered to be one of the highest honours for individuals in the Canadian health sciences community. Fellows are elected by their peers in recognition of outstanding career accomplishments and exceptional leadership, and for showing creativity and commitment to the advancement of academic health sciences.

- Dr. Frank Plummer, Medical Microbiology, has been chosen by the Canadian Friends of the Hebrew University (CHFU) to be this year's recipient of the Scopus Award, which is the organization's highest award.

  The award is given to individuals who have demonstrated exceptional leadership as well as commitment to the growth and development of the Hebrew University and, or, have significantly impacted the quality of educational, philanthropic, or cultural activities in their community.

Appointments

- Dr. James Blatz, Associate Head and Associate Professor with the Department of Civil Engineering, was appointed a member of the Natural Sciences and Engineering Research Council of Canada (NSERC).

  The announcement was made in Ottawa by The Honourable Jim Prentice, Minister of Industry and Minister responsible for NSERC. NSERC is a federal agency whose role is to make investments in people, discovery and innovation for the benefit of all Canadians.

Grants Received

- Dr. Christina Lengyel, Human Nutritional Sciences, has received a Manitoba Rural Adaptation Council two-year grant of $79,961 for her project, "Designing and Developing Food Products for Baby Boomers and Older Consumers."

- Dr. Francis Plummer, Medical Microbiology, has received a Canadian Institutes of Health Research (CIHR) five-year grant of $500,000 for project, "Comprehensive Studies of Mechanisms of HIV Resistance in Highly Exposed Uninfected Women."

- Dr. Cindy Ellison, Pathology, was awarded a Canadian Foundation for Innovation (CFI) Leaders Opportunity Fund grant of $100,000 to support of a laboratory that will study immunoregulatory interactions between epithelia and cells of the immune system.

- Dr. Michael Gericke, Physics and Astronomy, was awarded a CFI Leader Opportunity Fund grant of $93,940 to support the development of a laboratory for new particle

detector technology.

- Dr. Davinder Jassal, Internal Medicine, was awarded a CFI Leaders Opportunity Fund grant of $100,000 to support an advanced small animal cardiovascular imaging laboratory.

- Dr. Ojo Olanrewaju, Mechanical and Manufacturing Engineering, was awarded a CFI Leaders Opportunity Fund grant of $98,759 to support a facility that will develop bulk nanostructured and ultra-fine-grained lightweight metals.

- Dr. Jennifer van Wijngaarden, Chemistry, was awarded a CFI Leaders Opportunity Fund grant of $100,000 to acquire a novel broadband microwave spectrometer for probing reactive intermediates.

- Dr. Peter Jones, Richardson Centre for Functional Foods and Nutraceuticals, received a Natural Sciences and Engineering Research Council of Canada (NSERC) Collaborative Research and Development two-year grant of $115,000 for his project, "Mechanisms Responsible for the Anti-obesity Potential of Stearoyl-CoA Desaturase-1 Inhibition: Implications of Dietary Fat Source and Energy Intake."

- Dr. Wole Akinremi, Soil Science, received a NSERC Collaborative Research and Development two-year grant of $40,000 for his project "Identification and Quantitation of P Compounds and Its Transformation Products in a Dual P Band Using X-ray Absorption Near Edge Spectroscopy (XANES)."

- Dr. Usha Thiyam, Human Nutritional Sciences, has received a NSERC Collaborative Research and Development three-year grant of $480,000 for her project "Adding Value to Canola: Identification and Extraction of Antioxidative Components."

Program Initiatives

- On January 24, 2008, close to 40 people attended the third presentation in this year's *This Lunch Hour has 33 Minutes* speaker series. The featured speaker was Dr. Doug Buchanan, Electrical and Computer Engineering, who described the use of atomic scale materials for traditional silicon-based micro and nano-electronics. His presentation was titled, "The *Engineering* of Physics and Chemistry."

- On January 29, 2008, over 130 people attended the third presentation in this year's *Get to Know Research at Your University* speaker series. The featured speaker was Dr. Samar Safi-Harb, Canada Research Chair in Supernova Astrophysics, who described the processes behind, and implications to, supernova. Her presentation was titled, "Supernova Explosions: The Hunt for the Extreme in the Invisible Sky."

IV. ADMINISTRATIVE MATTERS

Vice-President (Administration)

Strategic Resource Planning

- Deans and Directors presented their 2008-2009 to 2010-2011 Strategic Resource Plans to the President and Vice-Presidents from January 14, 2008 to February 7, 2008. The President and Vice-Presidents subsequently outlined their priorities for their respective units to the Budget Advisory Committee in mid February. The University has not yet been advised of the 2008-2009 COPSE operating grant levels, however notification was previously provided that a minimum 5% 2008-2009 base grant increase was committed for the overall Manitoba universities system. The University of Manitoba has advised COPSE that it requires a base grant increase of 10.7 % to maintain steady state operations. As this level of grant increase is unlikely, work continues on the development of possible solutions to address any resultant shortfall. The final operating budget recommendations will be brought forward to the Board of Governors in May 2008 subject to the timing of the 2008-2009 COPSE grant announcement.

Ancillary Services

- Food Services initiated at "Branding" exercise so students can name some of the Food Service Locations and win prizes. A professional logo will be developed for each location to improve profile and awareness of the services on Campus.

Financial Services

- Financial Services held its first bag lunch seminar with Kathleen Sobie, Budgets Supervisor, presenting on AURORA "Fund Hierarchies". The seminar was attended by over 40 people from areas across the University. The intention is to continue this series covering topics of interest to Financial Services users.

- The second term fee payment deadline, January 18, went smoothly with few lineups. More than 13,000 payments worth $17 million were received in the last four days leading up to the deadline. More than 49% were received electronically, up from less than 43% last year.

Information Services and Technology

- IBM delivered their final report on the disaster recovery project. The next steps will be to finish the recovery scripts, develop time-lines, investigate space for a secondary computer room and initiate a business continuity project.

Physical Plant

Status of Building Projects:

- **Aboriginal Centre** - There was a second hoarding fire on January 29 with minimal damage. Work on steel stud walls and drywall installation is complete. Masonry and tyndall stone work is proceeding. Millwork and interior doors are complete. Flooring installation is in progress. All roofing and window installation is complete and the entire building is insulated.. Mechanical, electrical, sprinkler and control rough-ins are complete. Substantial completion is expected for March 31, 2008.
- **Buller Building Redevelopment** - Ceilings have been removed on Levels 100 & 200. All windows have been installed except for Level 100 and a few on Level 200. Sprinkler work is complete as well as fire alarm and life safety work. Painting is complete and suspended ceilings are installed. Installation of access doors in corridor wall opening is complete. Project is 80% complete.
- **Clinical Learning Simulation, Faculty of Medicine** - Substantial completion.
- **Elizabeth Dafoe Library Storage Annex** - Tyndall stone is complete as well as floor topping. Exterior brick masonry complete at Link area. Ladder and catwalk installation, annex roof and roofing over the Link area are complete. Shelving installed in Annex main floor. The revised schedule submitted by the contractor indicates a March 31, 2008 completion date.
- **Pharmacy (Apotex Centre)** - Drywall is 100% complete in the basement and main floor except for washrooms and 90% on the second floor. Concrete risers for theatre seating are complete. Electrical rough in complete in basement and main floor, 95% complete on the 2nd floor and 80% complete on the 3rd floor. Plumbing rough in 100% complete in basement and main floor, 80% on the 2nd floor and 25% on the 3rd.. Insulation to be completed in February. Aluminum framed windows are complete on all elevations. An occupancy date of July 1 is expected.
- **St. John's College - Theatre Addition** - Foundation wall installation is complete and entry lobby stairs are being formed and poured. Forming of the concrete columns and beams is ongoing. Floor joist installation has begun and steel columns and beams for tiered seating have been installed. Building occupancy is scheduled for June 20, 2008.

Sustainability Update:

- The Waste Prevention Office reports that metric tonnes diverted accumulative from April 1st, 2007 to February, 2008 are: steel: 3.19, glass: 17.87, aluminum: 2.28, #1 plastic: 7.31, paper recycling: 274, organics: 4.28, scrap metal: 25.8.
- The year-to-date measured savings to January 31, 2008 are $3,187,338 compared to $3,118,751 last year for the energy performance contract.
- In February, advertising began to promote recycling of cell phones, toners and cartridges.

- A new fluorescent lamp recycling program has recently been implemented.
- Planning is underway for Environmental Awareness Week: March 24-28, 2008
- The Waste Prevention Office has opened a re-use shop where surplus office supplies and non-hazardous reusable items are donated by departments for use by other members of the university community.

V. EXTERNAL MATTERS

Public Affairs:

- During the period February 1, 2007 and January 31, 2008, the number of media hits (mentions) for the University of Manitoba increased to 4,903 from 4,388 the previous year, a 12% increase. References to the University of Manitoba in the *Globe and Mail* increased by 15 %.

- Communications Officers Chris Rutkowski and Tamara Bodi were both recognized by the 27th Annual Council for the Advancement and Support of Education (CASE) District VIII Communications Awards. Chris won a Gold award in the New Release writing category for a release on sarcasm research and Tamara won a Silver in the same category for a release on the annual Ditchball tournament.

Government Relations Office (GRO):

- A total of $1.5 million was secured in federal funding in support of composites research equipment at the University of Manitoba in the EITC. This investment was made possible through the support of Western Economic Diversification Canada. A formal announcement hosted by Dr. Doug Ruth, Dean of Engineering, was made on January 17 by the Honourable Rona Ambrose, President of the Queen's Privy Council for Canada, Minister of Intergovernmental Affairs and Minister of Western Economic Diversification (WED) and Dr. Szathmáry.

- $1.6 million was secured in funding from the Winnipeg Partnership Agreement (WPA) in support of the expansion and enhancement of Immunology Research Facilities at the Apotex Centre at the University of Manitoba. The announcement, hosted by Dr. Patrick Choy, Associate Dean (Research) for the Faculty of Medicine, was made on February 29 by the Honourable Vic Toews, President of the Treasury, Marilyn Brick, MLA of St. Norbert, Deputy Mayor Brenda Leipsic and Dr. Szathmáry.

- GRO hosted a *Breakfast and Brainstorms* session on January 24 at the Manitoba Legislative building, featuring guest speaker, Dr. Elizabeth Comack, Professor and Acting Head of the Department of Sociology at the University of Manitoba. The topic was "Do We Need to "Get Tough" on Crime? Or Should We Be Asking Some "Tougher" Questions About its Causes?"

- On February 20, 2008 GRO hosted a *Business Breakfast & Presentation* session at Smartpark regarding Smartparks's activities supporting the business community in Manitoba. Those in attendance included representatives from the Winnipeg, Aboriginal and Manitoba Chambers of Commerce and Destination Winnipeg.

Development and Advancement Services

- Total funds raised as of February 29, 2008: $24,857,481.

- Monsanto Canada Inc. has made a $100,000 gift to the Glenlea Farm Education Centre at the National Centre for Livestock and the Environment just south of Winnipeg. The Farm Education Centre will promote agricultural awareness by educating students and the public about modern livestock production and sustainable agriculture.

- Planned Giving exceeded its three-year goal of $15.7 million. Since April 1, 2005, Planned Giving has raised $9,759,258 in current gifts and $6,194,987 in future gifts, for a total of $15,954,245

External Relations on Bannatyne

- On February 4, President Emőke J.E. Szathmáry and Dr. J. Dean Sandham, Dean, Faculty of Medicine, participated in the Provincial announcement regarding $3 million in funding of 10 more seats for Medicine, bringing the number of students entering each year to 110.

- This March through April, the Faculty of Medicine will join over 100 medical schools in North America and launch a mini medical school open to the public - a series of lectures for the general public aimed at increasing awareness and understanding of the scientific principles behind many of today's medical issues such as allergies, obesity and heart health. The mini medical school features University of Manitoba researchers.

- On February 25, in celebration of its 50th anniversary, the Faculty of Dentistry hosted Research Day, highlighting the ongoing research in the Faculty and particularly student-driven research. An exhibition of artistic images in dental research, "Art in Science", followed the scientific program.

PART B - Notable Events (External)
Emőke J. E. Szathmáry
January 24, 2008 - March 11, 2008

Thursday, January 24, 2008

- Host dinner for Rhodes Scholar, Akosua Matthews, at 37 King's Drive

Friday, January 25, 2008

- Present remarks at the opening of the Donald K. Johnson Student Centre in the Engineering and Technology Centre

Saturday, January 26, 2008

- Present remarks at St. Paul's College Alumni and Friends Dinner

Monday, January 28, 2008

- Attend a meeting of the St. Boniface General Hospital Board of Directors

Thursday, January 31, 2008

- Present remarks at the Faculty of Science Celebration of Excellence

Friday, February 1, 2008

- Present remarks at the Faculty of Dentistry "Drive for Top Five" Banquet

Monday, February 4, 2008

- Present remarks at the Province of Manitoba's announcement of 10 new seats in the Faculty of Medicine, attended by Honourable Diane McGifford, Minister of Advanced Education and Literacy and Theresa Oswald, Minister of Health

Wednesday, February 6, 2008

- Dinner meeting with the President's Advisory Council at the Manitoba Club. The special guest for the evening was Dr. David Barnard, President-Designate.

Thursday, February 7, 2008

- Attend Chinese Community and Cultural Centre's New Year's Dinner

Friday, February 8, 2008

- Attend the Winnipeg Chamber of Commerce Membership Luncheon to hear Mayor Sam Katz's "State of the City Address".

- Attend York University Convocation to receive the degree Doctor of Laws (*honoris causa*)

- Attend Convocation dinner at York University

Monday, February 18, 2008

- Meet with Dr. Rhonda Hawkins, Deputy Vice-Chancellor (Corporate Services); Dr. Geoff Scott, Pro Vice-Chancellor (Quality); Dr. Michael McDaniel, Dean, Indigenous Education; Dr. Wayne McKenna, Dean, College of Arts; Dr. Beryl Hesketh, Dean, College of Health & Science; Dr. Andrew Cheetham, Pro Vice-Chancellor (Research); of the University of Western Sydney, Sydney, New South Wales, Australia to receive presentations from luncheon participants

- Attend reception for Manitoba Trade Mission delegates held by Network 10 (Canwest Media)

- Dinner meeting with Professor Janice Reid, Vice-Chancellor, University of Western Sydney

Tuesday, February 19, 2008

- Meet with Professor Don Nutbeam, Acting Vice-Chancellor, University of Sydney and sign a Memorandum of Understanding and Student Exchange Agreement (Faculty of Arts)

- Meet with Ms. Marilyn Wise, Executive Director, Australian Centre for Health Promotion

- Meet with Professor Richard Waterhouse, Acting Dean, Faculty of Arts, University of Sydney

- Meet with Ms. Janet Mooney, Director, Koori Centre, for programs and services to Indigenous Australians, University of Sydney

- Attend luncheon at the University of Sydney with Mr. Peter Ball, Director, International Office; Professor Richard Waterhouse, Acting Dean, Faculty of Arts; Ms. Janet Mooney, Director, Koori Centre; Mr. Terry Heath, Academic and Planning Manager, Faculty of Arts; Professor Juergen Reichardt, Plunkett Chair of Molecular Biology (Medicine),

Medical Foundation Fellow, University of Sydney Medical Foundation

Wednesday, February 20, 2008

- Attend briefing together with Manitoba and South Australian researchers, university administrators, government ministers and premiers, followed by a meeting with South Australian media

- Attend ceremony to sign a Memorandum of Understanding with Professor James McWha, Vice-Chancellor, University of Adelaide; a Memorandum of Understanding with Professor Peter Høj, President and Vice-Chancellor, University of South Australia; and a Memorandum of Understanding and a Student Exchange Agreement with Professor Michael Barber, Vice-Chancellor, Flinders University. All agreements were witnessed by the Honourable Gary Doer, Premier of Manitoba and the Honourable Mike Rann, Premier of South Australia.

- Attend funding announcement of three joint research projects between the Province of Manitoba and the State of South Australia at which each government awarded $300,000 to each project over 3 years.

- Attend lunch meeting with Professor Peter Høj, President and Vice-Chancellor, University of South Australia, and Professor Anna Ciccarelli, Pro Vice-Chancellor (International and Development)

- Meet with Mr. Malcolm Raedel, Managing Director, and Mr. Shaun McNicholas, College Director and Principal, South Australian Institute of Business and Technology (SAIBT [south Australia Institute of Business and Technology]) (Navitas College)

- Attend Welcome Reception for the Manitoba Trade Mission hosted by His Excellency Rear Admiral Kevin Scarce, Governor of South Australia

- Attend dinner for Manitoba Trade Mission hosted by the Department of Economic Trade and Development and the South Australian Chamber of Commerce

Thursday, February 21, 2008

- Attend Canadian Australian Chamber of Commerce Business Breakfast, Adelaide, South Australia

- Meet with Professor James McWha, Vice-Chancellor and President; Professor John Taplin, Pro Vice-Chancellor (International) and Professor Bob Gibson, Senior Research Fellow, Plant Science; University of Adelaide, Adelaide, South Australia

- Tour the University of Adelaide Campus

- Attend lunch meeting with Professor John Taplin, Pro Vice-Chancellor (International); Professor Bob Gibson, Senior Research Fellow; and Professor Johann de Vries, Dean of School of Dentistry, University of Adelaide

- Meet with Professor Mike Keller, Deputy Head, School of Agriculture Food and Wine and Professor Bob Gibson, Senior Research Fellow at the Waite Campus, University of Adelaide

- Tour the Waite Campus, site of the University of Adelaide's experimental farm and agricultural operations, and co-location of the South Australia Research and Development Institute (SARDI)

- Attend reception for Manitoba Trade Mission hosted by the Honourable Mike Rann, Premier of South Australia

Friday, February 22, 2008

- Meet with Professor Dean Forbes, Deputy Vice-Chancellor (International); Professor Chris Marlin, Deputy Vice-Chancellor (Research); Professor Roy Goldie, Executive Dean, Faculty of Health Sciences; Professor Graeme Young, Senior Director, Gastoenterology; Professor Lynne Cobiac, Head, Nutrition and Dietetics; Professor Paul Worley, Dean, School of Medicine; Flinders University, Adelaide, South Australia

- Attend lunch meeting with Professor Dean Forbes, Deputy Vice-Chancellor (International); Professor Roy Goldie, Executive Dean, Faculty of Health Sciences; Professor Fran Baum, Head, Public Health, School of Medicine; Professor Faith Trent, Executive Dean, Faculty of Education, Humanities, Law and Theology; Professor Warren Lawrance, Executive Dean, Faculty of Science and Engineering; Professor Hilton Kobus, Director, Forensic Science research Centre, School of Chemistry, Physics and Earth Sciences; Ms. Virginia Pattingale, International Office; Flinders University, Adelaide, South Australia

- Meet with Dr. Lester-Irabinna Rigney, Director, Yunggorendi Frist Nations Centre for Higher Education and Research; Senior Lecturer Bevin Wilson, Coordinator Student Support; and various staff members and lecturers of the Yunggorendi First Nations Centre, Flinders University

- Meet with Professor Michael Barber, Vice-Chancellor, Flinders University

Monday, February 25, 2008

- Bring greetings to the breakfast co-hosted by the Province of Manitoba, AusBiotech, and the Government of Victoria in Melbourne, Victoria

- Sign Memorandum of Understanding with Professor Richard G. Larkins, Vice-Chancellor and President, Monash University, between the University of Manitoba and Monash University

- Present remarks to the inaugural Mon-Man Workshop on Genetically Modified Models of Human Disease along with The Honourable John Clarkson, Deputy Minister, Manitoba Science, Technology, Energy and Mines, Province of Manitoba; Professor David de Kretser, A.C., Governor of Victoria; and Professor Edwina Cornish, Deputy Vice-Chancellor & Vice President Research, Monash University, in Melbourne, Victoria

- Meet with Mr. Eugene Sebastian, Director, International Research, Office of the Deputy Vice-Chancellor (International); Ms. Kate Roth, Director, International Education, Office of the Deputy Vice-Chancellor (International); Mr. Michael Simmonds, Manager, Europe and North American Engagement, Office of the Deputy Vice-Chancellor (International); Professor Amanda Lynch, Federation Fellow, School of Geography and Environmental Science; Professor Lenore Manderson, Federation Fellow, School of Psychology Psychiatry and Psychological Medicine, Faculty of Medicine, Nursing and Health Sciences; Dr. Katie Vasey, School of Psychology, psychiatry and Psychological Medicine; Ms. Narelle Warren, School of Psychology, Psychiatry and Psychological Medicine, Monash University, Melbourne, Victoria

- Attend lunch meeting with Professor Richard G. Larkins, Vice-Chancellor and President, Monash University; Mr. Eugene Sebastian, Director, International Research; Ms. Kate Roth, Director, International Education; Mr. Michael Simmonds, Manager, Europe and North American Engagement; Professor Lenore Manderson, School of Psychology, Psychiatry and Psychological Medicine; Dr. Katie Vasey, School of Psychology, Psychiatry and Psychological Medicine; Ms. Narelle Warren, School of Psychology, Psychiatry and Psychological Medicine; Mr. Damien Farrell, Director, External Relations; Monash University, Melbourne, Victoria

- Tour Australian Synchroton

- Meet with University of Manitoba and Deakin University exchange students

- Attend reception for Manitoba Trade Mission hosted by the Department of Innovation, Industry, and Regional Development

Tuesday, February 26, 2008

- Meet with Professor John Rosenberg, Deputy Vice-Chancellor (Academic); Ms. Liz Stinson, Executive Director, Deakin International; Mr. Douglas Proctor, Director, Academic Partnerships and International Relations Office, Deakin University, Melbourne, Victoria

- Meet with Dr. John Duncan, Melbourne Institute of Business and Technology (MIBT) (Navitas)

- Meet with Professor Joan Beaumont, Dean, Faculty of Arts and Education, Deakin University, Melbourne, Victoria

- Meet with Professor Sing Kai Lo, Associate Dean (Research), Faculty of Health, Medicine, Nursing and Behavioural Sciences; and Professor David Crawford, Associate Head of School (Research), School of Exercise and Nutrition Sciences, Deakin University, Melbourne, Victoria

- Attend lunch meeting with Dr. Hilde Lovegrove, Associate Dean, International, Faculty of Health, Medicine, Nursing and Behavioural Sciences; Ms. Liz Stinson, Executive Director, Deakin International and Ms. Rosemary Livingstone, Manager, Education Abroad, Deakin University, Melbourne, Victoria

- Meet with Professor Sally Walker, Vice-Chancellor, Deakin University, Melbourne, Victoria

Thursday, February 28, 2008

- Host the dinner at Marshall McLuhan Hall in honour of The Robert and Elizabeth Knight Distinguished Visitor, 2003 Nobel Laureate in Physics, Sir Anthony Leggett.

- Present remarks and attend lecture given by The Robert and Elizabeth Knight Distinguished Visitor, 2003 Nobel Laureate, Sir Anthony Leggett.

Friday, February 29, 2008

- Present remarks at the Faculty of Law Moot Court 2008 reception, and attend dinner with the judges

Wednesday, March 5, 2008

- Present remarks as Keynote Speaker at the University of Manitoba 2008 International Women's Day reception and dinner, co-sponsored with the Association of Employees Supporting Educational Services

Thursday, March 6, 2008

- Host dinner as Chair of the Council of Western Canadian University Presidents, in Victoria, B. C.

Friday, March 7, 2008

- Chair meeting of the Council of Western Canadian University Presidents, in Victoria, B.C.

Monday, March 10, 2008

- Present remarks at the opening of the "Hungarian Exodus" Exhibit, at Marshall McLuhan Hall, sponsored by Rakoczi Foundation (Toronto)

Tuesday, March 11, 2008

- Attend meeting of the Council of Presidents of Universities in Manitoba

March 19, 2008

Report of the Senate Executive Committee

Preamble

The Executive Committee of Senate held its regular monthly meeting on the above date.

Observations

1. **Speaker for the Executive Committee of Senate**

   Professor Tom Berry will be the Speaker for the Executive Committee for the April meeting of Senate.

2. **Comments of the Executive Committee of Senate**

   Other comments of the Executive Committee accompany the report on which they are made.

Respectfully submitted,

Dr. Emőke Szathmáry, Chair
Senate Executive Committee
Terms of Reference:
http://umanitoba.ca/admin/governance/governing_documents/governance/sen_committees/477.htm

/mb

REPORT OF THE SENATE COMMITTEE ON AWARDS – PART B

Preamble

Terms of reference for the Senate Committee on Awards include the following responsibility:

> On behalf of Senate, to approve and inform Senate of all new offers and amended offers of awards that meet the published guidelines presented to Senate on November 3, 1999, and as thereafter amended by Senate. Where, in the opinion of the Committee, acceptance is recommended for new offers and amended offers which do not meet the published guidelines or which otherwise appear to be discriminatory under the policy on the *Non-Acceptance of Discriminatory Scholarships, Bursaries or Fellowships*, such offers shall be submitted to Senate for approval. (Senate, April 5, 2000)

Observation

At its meeting of February 27, 2008 the Senate Committee on Awards reviewed one new offer that appears to be discriminatory according to the *Policy for Non-Acceptance of Discriminatory Scholarships, Bursaries or Fellowships*. The committee received letters of support for the *Linda K. Park Memorial Bursary* from Dr. Glenn Feltham, Dean, of the I.H. Asper School of Business (Appendix A, Attachment I), and from Ms Kali Storm, Director of the Aboriginal Student Centre (Appendix A, Attachment II).

Recommendation

The Senate Committee on Awards recommends that Senate and the Board of Governors approve the establishment of one new offer as set out in Appendix A of the *Report of the Senate Committee on Awards – Part B* (dated February 27, 2008).

Respectfully submitted,

Professor R. Baydack
Chair, Senate Committee on Awards

Comments of the Senate Executive Committee:
The Senate Executive Committee endorses the report to Senate.

Appendix A

MEETING OF THE SENATE COMMITTEE ON AWARDS
February 27, 2008

1. NEW OFFERS

Linda K. Park Memorial Bursary

Charlotte Blackman has established an endowment fund ($10,233) at the University of Manitoba in memory of her best friend, Linda K. Park, B.A. During her career with Royal Bank of Canada, Linda distinguished herself in the fields of employment diversity and Aboriginal banking. Proud of her Métis heritage, she inspired, motivated, and supported Aboriginal and Métis students in their quest for educational opportunities and achievement. The available annual income from the fund will be used to offer two bursaries of equal value to undergraduate students who:

(1) are Aboriginal (Status, Non-Status, Métis, Inuit);

(2) are enrolled full-time in the I.H. Asper School of Business, in the Aboriginal Business Education Program;

(3) have achieved a minimum degree grade point average of 2.5;

(4) have demonstrated financial need on the standard University of Manitoba bursary application form.

Recipients will receive credit, in the amount of the award, at The University of Manitoba Book Store to purchase textbooks and course supplies.

The selection committee will be named by the Director of the Aboriginal Business Education Program (or designate) and will include the Coordinator of the Program.

(Attachments I and II)

UNIVERSITY OF MANITOBA | Asper School of Business
Faculty of Management

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February 22, 2008

MEMORANDUM

TO: **Shannon Coyston, Awards Establishment Coordinator**
Financial Aid and Awards Office, 422 University Centre

FROM: **Glenn Feltham**

SUBJECT: **Linda Park Memorial Bursary**

The Asper School of Business is committed to growth in Aboriginal Business Education. During the regular academic session 2006-07, a total of 20 aboriginal students were studying in the Aboriginal Business Education Program of the ASB. This is only slightly more than 1% of our total student population of about 1600 full and part time students. Over the past five years, the percentage of students enrolled in ABEP relative to total number of students enrolled averaged 1.4%. As aboriginal people represent 14 % of Manitoba's total population, aboriginal students are under-represented at the Asper School of Business in comparison to the general population.

The Linda Park Memorial Bursary will provide meaningful support to aboriginal students enrolled in the Bachelor of Commerce (Honours) program in the Asper School of Business. Given the Asper School's commitment to growth in Aboriginal Business Education, and given the under-representation of aboriginal students in the School, I strongly support the establishment of this bursary.

UNIVERSITY OF MANITOBA | Aboriginal Student Centre

537 University Centre
Winnipeg, Manitoba R3T 2N2
Telephone (204) 474-8850
Fax (204)275-3142
Toll Free in Manitoba
1-800-432-1960 ext. 8850
asc@umanitoba.ca

October 26, 2007

Dr. Rick Baydack
Chair of the Senate Committee on Awards
C/o Ms. Shannon Coyston
Awards Establishment Coordinator
417 University Centre

Dear Dr. Baydack & Senate Committee:

Please accept this letter as formal support for the Linda K. Park Memorial Bursary designed to assist Aboriginal students in the I. H. Asper School of Business.

As the Director of the Aboriginal Student Centre, I can verify that financial strain is the leading cause for Aboriginal students leaving school before graduation. It is common knowledge that many Aboriginal peoples live in poverty and whereas a university education can help rectify this, most cannot afford to do so. It is only reasonable that the University of Manitoba would want to assist in rectifying this situation with or without the declared commitments made in the Strategic Plan.

The number of Aboriginal students attending the University of Manitoba continues to increase and, I believe, is partially due to the financial assistance made available through programs and faculties. The Linda K. Park Memorial Bursary is an example of a community member wanting to assist with the financial difficulties faced by some of the students. For many Aboriginal students, attending university requires moving away from home knowing there is little or no financial assistance available from their families should they need it. The Asper School of Business had very few Aboriginal students before the Aboriginal Business Education Program came into existence and now they boast 34!! This number is remarkable and yet is still only 2.1 % of the Faculty population. Any financial assistance available should be supported and encouraged to assist with the recruitment and retention capabilities of the Program and Faculty.

I trust that the Senate committee will approve this bursary and others like it, in the hopes of increasing the recruitment and retention of Aboriginal students in the Asper School of Business.

In education, miigwetch!

Kali Storm, Director
Aboriginal Student Centre

UNIVERSITY
OF MANITOBA

FACULTY OF GRADUATE STUDIES
AND FACULTY OF MEDICINE

SUBMISSION TO

SENATE AND BOARD OF GOVERNORS

REGARDING

A NEW GRADUATE PROGRAM ENTITLED THE

PHYSICIAN ASSISTANT EDUCATION PROGRAM

Master of Physician Assistant Studies

Dr Neil R Berrington
Medical Manager, PAEP
and
Dr W. Fleisher
Associate Dean, Medical Education
Faculty of Medicine

on behalf of the
Steering Committee for the
Physician Assistant Program

for
Dr Dean Sandham
Dean, Faculty of Medicine
and
Dr. J. Doering
Dean, Faculty of Graduate Studies

December, 2007

Comments of the Senate Executive Committee
The Senate Executive Committee endorses the report to Senate.

ACKNOWLEDGEMENTS

This submission is based on both the original PA feasibility study prepared by Dr. KR Brown, November 30, 2004 and the PA Program report October 31, 2005 to the Faculty of Medicine as prepared by, Dr. Wil Fleisher, Dr. Ming-Ka Chan and Mr. Keith O'Connell.

Valuable input and critique from the external review process has resulted in a more comprehensive and better defined proposal. The Steering Committee would like to thank Mary Warner and Judith Belle-Brown for their contribution to this program.

Invaluable support from Dr Emily Etcheverry in the initial proposal development is greatly appreciated.

We would also like to acknowledge the contributions of the members of the steering committee and its working groups. Membership included:

Physician Assistant Steering Committee (PASC)

Office of the Dean, Associate Dean, Medical Education	Dr. Wil Fleisher (Chair)
Coordinator, PA Program/ Steering Subcommittee	Dr. Ming-Ka Chan (1st co-chair)
Medical Manager PA Education Program (Sept.2006)	Dr. Neil Berrington (co-chair)
Office of the Dean, Project Manager/Steering Subcommittee	Mr. Keith McConnell, MBA
Associate Dean, Undergraduate Medical Education [UGME]	Dr. Bryan Magwood
Associate Dean, Undergraduate Medical Education [UGME]	Dr. Bruce Martin
Associate Dean, Postgraduate Medical Education [PGME]	Dr. Ira Ripstein
Associate Dean, Continuing Medical Education [CME]	Dr. Gisele Bourgeois-Law
Program Director, Department of Community Health Sciences	Dr. Lawrence Elliott
Associate Dean, Academic	Dr. Judy Anderson
Canadian Academy of Physician Assistant (CAPA)	Mr. Chris Rhule, PA-C
College of Physicians and Surgeons of Manitoba (CPSM)	Dr. Bill Pope/Dr. Anna Ziomek
Faculty Representatives	Dr. Luis Oppenheimer
	Dr. Ed Buchel
	Dr. Ken Brown
	Dr. Kurt Skakum
Northern Medical Unit	Dr. Bruce Martin
Winnipeg Regional Health Authority [WRHA] Representative	Mr. Sean Drain
Manitoba Health Representative	Dr. Chris Burnett

Curriculum Development & Evaluation Working Group

Chair	Dr. Ming-Ka Chan
CAPA Representatives	Mr. Noel Cabuhat, PA
	Mr. Russ Ives, PA
	Mr. Chris Philpott, PA
	Mr. Ian Jones, PA-C
Faculty Representative	Dr. Glen Drobot
Faculty Representative	Dr. Andrew MacDiarmid
UGME Representative	Dr. Bryan Magwood
Faculty of Pharmacy Representative	Dr. Payal Patel
Faculty of Nursing Representative	Ms. Deb Fraser-Askin
Faculty of Dentistry and Faculty Developer Representative	Dr. Dieter Schönwetter
Community Health Science Representative	Ms. Gladys Stewart

Curriculum Implementation Committee

Co-Chair	Dr Neil Berrington
Co-Chair	Dr Ming-Ka Chan
Family Medicine Representative	Dr Tamara Buchel
Basic Sciences Representative	Dr Ed Brune
PA Representatives	Mr Ian Jones
	Mr Russ Ives
Faculty Representative	Dr Kurt Skakum
Department of Medical Education	Ms Joanne Hamilton

Consultants to Working Group

Canadian Forces PA Program Representative	Mr. Tom Ashman, PA Mr. Jack Buchanan, PA
American Academy of Physician Assistants, Vice President	Mr. Paul S. Robinson, PA-C

Stakeholder Needs Assessment & Relations Working Group

Chair	Dr. Kurt Skakum
CAPA Representative	Mr. Kerry Ten Eyck, PA
Faculty Representative	Dr. Ed Buchel
Manitoba Health Representative	Dr. Chris Burnett
Aboriginal Health Representative	Dr. Catherine Cook
Community Physician	Dr. Bruce Martin
Community Physician	Dr. David O'Hagan
Office of Rural & Northern Health (ORNH) Representative	Dr. Don Klassen
Faculty Representative	Dr. Luis Oppenheimer
Regional Health Authorities of MB (RHAM) Representative	Ms Penny Sorensen

Impact Analysis Working Group

Chair	Dr. Judy Anderson
CAPA Representative	Mr. Russ Ives, PA
UGME Representative	Dr. Bryan Magwood
Project Manager	Mr. Keith McConnell
Manitoba Health Representative	Mr. Jerry Ross

Consultant to Working Group

University of Manitoba Representative	Dr. Richard Lobdell

Remuneration & Liability Working Group

Co-Chairs	Dr. Ed Buchel Mr. Keith McConnell
CAPA Representative	Mr. Chris Rhule, PA
Faculty Representative	Dr. Ken Brown
WRHA Representative	Mr. Sean Drain
Manitoba Pharmaceutical Association (MPA) Representative	Dr. Ron Guse
Grace General Hospital Faculty Representative	Dr. Ramin Hamedani
Manitoba Health Representative	Ms Leanne Matthes
Faculty Representative	Dr. Ed Buchel/ Dr. Luis Oppenheimer
CPSM Representative	Dr. Bill Pope
PGME Representative	Dr. Ira Ripstein
College of Registered Nurses of Manitoba (CRNM) Representative	Ms. Diane Wilson-Mate

External Review: 19 August 2007.

External Reviewers

PA Program Director, Yale University, Connecticut, USA	Prof Mary Warner
Chair, Clinical Science in Family Medicine, Univ. Western Ontario	Dr Judith Belle-Brown

Participants in External Review

University of Manitoba Faculty and Administration

Richard Lobdell	Vice-Provost (Programs)
John (Jay) Doering	Dean, Faculty of Graduate Studies
Tom Hassard	Associate Dean, Faculty of Graduate Studies
Dean Sandham	Dean, Faculty of Medicine
William Fleisher	Associate Dean, Faculty of Medicine
Bruce Martin	Associate Dean, Faculty of Medicine
Neil Berrington	PA Program Medical Manager
Ming-ka Chan	Site Coordinator, PA program
Keith McConnell	Director of Operations, Faculty of Medicine
Ada Ducas	Head of Health Science Library

Stakeholders

Brock Wright	CEO, Winnipeg Regional Health Authority
William Pope	Registrar, College of Physicians and Surgeons of Manitoba
Jerry Ross	Executive Director, Manitoba Health Workforce Policy
Michele Mathae-Hunter	Director, Manitoba Health Physician Resource
Michael West	Section Head Neurosurgery
Eric Bohm	Orthopaedics Arthroplasty Program, W RHA
Ed Buchel	Section Head Plastic Surgery
Jamie Boyd	Department Head Family Medicine
Kathy Doerksen	President-Elect, College of Registered Nurses of Manitoba
Suzanne Wowchuk	Consultant, Nursing Practice, College of RN of Manitoba

A. PROGRAM DESCRIPTION.

1. Rationale, objectives and features.

Improved and timely access to quality health care is a central goal for all patients and their families, our governments as well as health care providers. The physician assistant [PA] represents an alternative health care provider with the knowledge and skills to undertake delegated medical services, and provides a model being increasingly used to help meet the pressing demand for quality medical care around the world. In the U.S., physician assistants have been assisting in meeting this need for the past 30 years. In addition, health care planners and administrators in Canada, Europe and the United Kingdom, India, South Africa and Australia are starting to explore this avenue.

Physician assistants are 'health care professionals who work under the supervision of a physician' and act as 'physician extenders'. Physician assistants are well known health care providers to the US public as well as to the Canadian Forces personnel. Manitoba patients were introduced to these 'physician extenders' four years ago when the Faculty of Medicine at the University of Manitoba entered into a collaborative agreement with the Canadian Forces to provide clinical training sites to Military Physician Assistant Students. In addition, within the WRHA, the utilization of PAs has increased over the past three years. These PA health care practitioners have been growing in number in our province with estimates of over thirty potential Clinical positions available.

The primary goal of our proposal is to develop a Physician Assistant Education Program (PAEP) to educate and train competent 'physician extenders' to help meet our provincial and national primary care and specialty health care needs in all health care settings. This will be the first program of its type for PA education by a University in Canada. (Training in Canada has been restricted to military personnel for Canadian Forces). We are proposing the development of a 26-month generalist PA program [at a Master's level] with an option for further enhanced skills training upon completion of the core years. These graduates will be 'polyvalent'/generalist PAs with diverse capacities who could then work in primary care or subspecialty care with further training and/or appropriate MD supervision. It is our belief that this model of PA practitioner will generate the best 'fit for practice' PA to work in modern Primary Care settings as well as a variety of other health care situations.

This program will produce graduates with similar skills and practice options to current health care practitioners in the province; the most similar being the Nurse Practitioner (NP). While the NP and PA may have some similar functions in practice and work in similar settings, the most distinct difference is one of independent practice (NP) vs. dependent practice (PA). We view the ongoing development of both streams of practitioners as providing our Province with complementary professionals to further promote an innovative and collaborative inter-professional focus for future health care delivery.

This proposal represents the combined works of the PA steering committee (PASC) as well as the four working groups: 'Curriculum Development and Evaluation', 'Impact Analysis', 'Remuneration & Liability' and 'Stakeholder Needs Assessment & Relations'. We trust it will provide the information and background to support the development of the PAEP within the Faculty of Medicine at the University of Manitoba. Further refinements have been incorporated, following recommendations of Graduate Studies and the external review.

Mission Statement:
The University of Manitoba Physician Assistant Education Program aims to educate individuals to become outstanding Physician Assistant (PA) clinicians, to advance the academic field of the profession, and to foster PA leaders who will serve their communities and advance the physician assistant profession in Manitoba and Canada.

2. Context

I. Needs Assessment.

Physician Assistants, in their role as physician practice extenders, are well suited to alleviate a portion of the medical and health care needs of the population of Manitoba, whether within rural primary health care or within the boundaries of tertiary specialist care. As the Manitoban population ages, and health demands increase, physician shortages are going to become more apparent and pressing.

Since 1992 the percentage of medical student graduates choosing a family practice program has dropped sharply from 44% to 1998 – 31.48% and 2003 – 24.85%. [1] In rural Manitoba the decline in family physician numbers has led to an increased reliance on foreign recruitment. In 2003 the percentage of Canadian trained doctors had fallen to 35.5%. Of these, 61% are over 65 or under 35 (compared to Winnipeg's figure of 23.87%). Generally, the rural patient is more likely to have a physician who is relatively young and educated in a non-Canadian system.

As one moves away from population centres served by acute care hospitals, the patient/physician ratio increases to 1:1621, compared to a Winnipeg ratio of 1:412: The Winnipeg ratio does not include specialists who provide primary care. [2]

Manitoba is faced with an urgent primary care resource gap:

The current family doctor reservoir is increasingly vulnerable to out of province recruitment because of:

- Undervalued perception
- Excessive call demands
- Inadequate consultation services.

The pool, in rural areas, has a high percentage of physicians over the age of 65 and under the age of 35.

Although rural Manitobans who go through medical school and enter practice in Manitoba have a higher likelihood of entering rural practice and being retained, their recruitment is difficult, and despite active actions to increase these numbers, the output remains low.

Summary estimates of current PA Workforce demand (Manitoba only)

Primary Care – rural (conservative estimate)	40 - 50
Primary Care – urban hospitals and emergency departments	10 - 20
Specialists Medical Service	40 – 50

II. Program Strengths

The Faculty of Medicine at the University of Manitoba is uniquely positioned at the present time. Manitoba is currently the only jurisdiction with legislation in place for the regulatory registration and formal workplace utilization of PAs.

The University of Manitoba is currently involved in the training of members of the Canadian Armed Forces Pas.

III. Program Reputation.

Building on our experience to date, coupled with the intense academic rigour of the program, we hope to enhance the reputation of the students, the PA profession and University as a whole.

IV. Interaction with existing programs.

From the inception of this proposal, involvement of existing University programs and allied professionals has been sought. Interaction with the Faculties of Pharmacy, Nursing, and the School of Medical Rehabilitation has been ongoing. The nature of a PA is such that close liaison with allied medical professionals is essential, and with this in mind, all stakeholders have been involved in this process.

The PAEP (leading to the Master of Physician's Assistant Studies) is distinct from that in which military students are currently trained within our Province. The academic rigor and didactic teaching of the PAEP learners will remain distinct and separate from the military students.

V. Cooperation with Manitoba/ Canadian Universities.

There are no other University based PA program in Canada at present.

VI. University Reputation.

The unique nature of this program, coupled with existing experience with PA training within our Faculty, offers an opportunity to further the University reputation as innovative leaders in health care delivery and Inter-professional collaboration.

In the longer term, the quality of the PA graduate students will determine the reputation of this program. The academic rigour planned for the program is such that well trained and knowledgeable PAs are anticipated in the graduating body of students.

VII. Similar programs in North America.

Canada
There are currently no active University PA programs of this nature in Canada. There are (at the time of this document's preparation) 2 proposals in development in Ontario.

United States
In the USA there are 139 PA training programs, of which 107 are at the Masters level.

3. Specifics

I. Credentials of Graduates.

a) Name

A 26-month core program at the Masters level is proposed. It will consist of a generalist program focused on primary care skill sets with an option to specialize during or after the generalist program is completed. It will be a freestanding program housed under the Faculty of Graduate Studies and implemented by the Faculty of Medicine through the Office of the Dean of Medicine.

Currently the PAEP has limited primary faculty appointed, since the program is as of yet awaiting approval to proceed. It is our intent that the PAEP initially continue its academic presence within the Department of Medical Education at the Faculty of Medicine, and consequently continue to report to the Medical Faculty through the Associate Dean, Medical Education.

The current Medical Manager holds an appointment within the Department of Medical Education (0.2 FTE) so as to facilitate this process. It is anticipated that the future Medical Director may hold up to a 0.4 to 0.5 FTE position dedicated to the PAEP (allowing for up to 0.5 to 0.6 FTE for other professional duties).

A Program Director is yet to be appointed, and is the first priority of this Program once funding and University program approval is secured. We anticipate this to be a 0.8 FTE position dedicated to the PAEP (allowing for up to 0.2 FTE for other professional duties). The Program Director will report to the Associate Dean, Medical Education and to the Faculty of Graduate Studies as required.

This current educational proposal is based on current medical and PA models. While there are similarities to the medical curriculum made necessary since PAs will be extenders of physician practice, this curriculum mirrors the breadth of the medical curriculum with less depth of coverage of content. Other educational innovations such as inter-professional collaborative education e.g. Public health course and integrated clinical skills are being developed.

We propose to award a Master of Physician Assistant Studies degree. Given the proposed academic rigor of the program and the focus on didactic teaching and practicums, the name *Master of Physician Assistant Studies* seems most appropriate for the degree. The University of Manitoba now has an opportunity to set the bar for PA training in Canada. A professional graduate degree is anticipated to build on baccalaureate knowledge, producing scholarly professionals who are able to learn from, and contribute to a knowledge base.

b) Uniqueness of program

The proposed program is unique in Canada. There are no University affiliated academic programs which offer the training of physician assistants in Canada.

In Canada, the PA profession has been well utilized for over 40 years in the Canadian Forces. PA professionals have only recently begun to move into the civilian realms of practice.

In 1999, The College of Physician & Surgeons of Manitoba requested an amendment of the Medical Act to enable the registration of Physician Assistants. The Act amendments and governing regulation came into effect November 1999 and provides for the licensure of the physician assistant within the register for Clinical Assistants. The terms and conditions are contained in Regulation CCSM.c.M90.[3] Manitoba is currently the only Canadian jurisdiction with the legislation for Physician Assistant registration and practice.

In May 2003, The Canadian Medical Association (CMA) recognized the PA as a designated health science profession and agreed to conduct an accreditation process for any Canadian PA educational program.

In November 2003, The Faculty of Medicine, University of Manitoba entered into an agreement with CFMSS to provide clinical rotations for Military PA Students. The CFMSS Program was successful in the first accreditation visit in June 2004 conducted by the CMA Committee on Conjoint Accreditation.

c) External accreditation

Currently, the CMA oversees accreditation of physician assistants through the Canadian Physician Assistant Program (CPAP). Upon completion of the proposed Physician Assistant Education Program, graduates would be eligible for accreditation through this body, upon successful completion of the CPAP examination.

The Canadian Academy of Physician Assistants (CAPA) exam must be successfully completed upon graduation. Graduates need to re-certify every seven years. The criteria for qualification to sit the exam include:

- Graduate of CMA accredited institution;
- Military PA graduates prior to CMA accreditation;
- Certified PAs from the US.

II. Program Description.

a) Admission requirements

Graduates of Honours (four-year undergraduate) and equivalent programs from colleges and universities recognized by the Faculty of Graduate Studies with a minimum grade point average (GPA) of 3.0 in the last two full years (60 credit hours) of study are eligible for admission. Additional criteria for consideration will include: previous degrees (or diplomas) such as a Bachelors of Health Sciences or similar degrees, Respiratory Therapy (RT), Physiotherapy (PT), Occupational Therapy (OT), Nursing, Paramedic, or Emergency Technician (EMT).

- Human Anatomy and Physiology with Laboratory
- Microbiology with Laboratory
- Introductory Chemistry or Biochemistry
- English
- Introductory or General Psychology
- Previous direct clinical experience – a minimum of 2000 hours direct professional work with patients is recommended (with written verification of such completion)
- Police Check
- In-person admissions Interview (to include Program Director, Faculty and Student reps) as part of a standardized admission process. Weighting of Curriculum Vitae, GPA, pre-admission exam score and interview score would be predetermined and standardized for admission purposes.

The rigor, content and pace of the PAEP curriculum are such, that a sound understanding of human anatomy and physiology would be necessary prerequisites for success within the program. Setting the Grade Point Average as an entrance criterion is reasonable given the academic rigor of this program. Once again individual cases could be considered on merit.

The Faculty of Graduate Studies, in conjunction with an oversight or educational committee will oversee the application process. Applicants will in all likelihood come from a variety of backgrounds and experience. Application documents and records will be reviewed on a case-by-case basis to determine if there is any direct overlap with our core program training. Credit transfer may be granted based on performance of the applicant.

The oversight or educational committee will consist of the medical director, program director, a family physician, a specialist physician and a physician assistant(s) in practice. Once the program is in place, a physician assistant graduate student from each year of the program will be added to the committee complement.

b) Course requirements

All students must complete a set number of courses and comprehensive exam(s).

The proposed program is attached as appendix 1, with curriculum competencies in appendix 2.

c) Evaluation of student procedures

A variety of evaluation tools have been chosen to assess all seven competencies. The validity and reliability of the tools will need to be assessed. The methodologies include:

- Web-based format for ease of administration
- Physician Assistant Student/ Trainee
    - Preclinical
        - Multiple choice/Short answer
        - Participation – group and individual
        - Written assignments
        - Reflection
        - Lab assignments
        - End of rotation exams
        - End of year exam
    - Clinical
        - In-training Evaluation Reports (ITERs) (see Appendix #5)
        - Competency based
        - Completed midway and at end of rotation
        - Evaluation of longitudinal continuity clinic
        - Objective Standardized Clinical Exam (OSCE) or Structured Oral
        - Ten 15-minute stations
        - Observation – on rotation via video or synchronous observation, or long case

        - Daily Logging of clinical cases with critical reflection - PDA
        - Procedural logging - PDA
        - 360 degree Evaluation – patients, allied health staff etc
    - c. Project – further reflection exercise
    - d. Research Methodology – Research proposal – to be completed in the didactic phase, supervised by a faculty mentor.

- Faculty / Trainer Evaluation (see Appendix #6)
    - Completed of course/rotation

- Program Evaluation
    - Course evaluations
    - End of year evaluations
    - End of Rotation evaluations
    - External Stakeholder evaluations

- Curriculum Review
    - Annual review conducted by students and core faculty. Participation by basic scientists and physicians.

In-Training Evaluation Reports (ITERs) and Final In-Training Evaluation Reports (FITERs) forms have been formalised, and will be the initial mainstay of PA student assessments. Regular tests relating to block rotations will be part of curriculum implementation development (which is currently taking place.)

No formal mechanism of program evaluation has been put in place at this point, as the program is not yet functional. However, the PAEP will ensure ongoing and regular assessment of the factors highlighted in the reviewers' report, notably students and faculty attrition, student performance as well as faculty scholarly activity. Periodic internal as well as external reviews of the program are anticipated as per the rules and guidelines of the Faculty of Medicine as well as by the bodies accrediting PA education.

d) Thesis, practicum, procedures and regulations

The PAEP program is a course based Masters Degree, and as such the requirements relate to the completion of both didactic learning objectives, as well as practical clinical exposure. In as much as this is a formal course driven process, there is no thesis requirement within the program.

There is within the proposed curriculum provision for research methodology and biostatistics. This is now part of the Basic Science component of Year 1 of the program.

Learners are required to complete a research proposal as a major component of the Basic Sciences Course. Students are expected to apply knowledge gained in the research methodology course. The proposal would be due at the completion

of the didactic phase of the program. Students will have a mentor appointed to guide students in the development of the project.

In 2001 the Canadian Association of Physician Assistants with the assistance of the Canadian Medical Association developed the Occupancy Competency Profile for Canadian Physician Assistants.In our development of Canadian PA competencies, we believe that it is important to integrate the CFPC's Four Principles of Family Medicine[5] along with the RCPSC's CanMEDS competencies[6] (Appendix 2) so as to promote a cohesive set of expectations and competencies to a profession that will be working in an integrated fashion with physicians.
The PAEP is to be fully integrated within the Faculty of Medicine and synergy in training is anticipated and PA students will be trained in a similar manner to medical students, incorporating clinical learning opportunities that exist in the Faculty of Medicine.

Students within the program are expected to behave in a professional manner at all times and must comply with the professional and ethical standards as set by the College of Physicians and Surgeons of Manitoba.

Registration as a Physician Assistant (Certified Clinical Assistant) in Manitoba requires all graduates to complete a National Certification Examination. This examination is currently administered by the Canadian Association of Physician Assistants (CAPA). Successful completion of the National Certification Examination is thus a requirement for completion of the degree, and will be regarded as a capstone exercise for the graduate student.

The PAEP at the University of Manitoba is currently in discussion with the NCCPA (The National Commission for the Certification of Physician Assistants), and various PA stake holder groups within Canada. At this time, the accreditation of individual PAs takes the form of challenging the CAPA examination. It is possible that by the time of our students' graduation in 2010, a different process may be in place.

Accreditation of the PAEP as a program will be initiated with the Canadian Medical Association (and any other relevant national/ international accrediting bodies) upon successful approval of the program.

e) Ability to transfer courses into the program

Due to the very course specific content of the program, it is unlikely that significant content will have been covered in other courses outside of US PA programs or the existing Canadian Armed Forces PA curriculum. Students enrolled in the CAF program are not usually university graduates and have military obligations to fulfill, and thus we do not foresee students regularly transferring from these programs to the PAEP.

4. Projects and Implementations

I. Typical student

Given that this is a graduate program, we would expect more mature students with a background in health care delivery to apply. Students will have obtained a minimum of 2000 hours of direct clinical/patient experience prior to their acceptance into the PA education program. Prerequisites for admission include a four year degree, with a grade point average of 3.0, from an academic institution recognized by the University of Manitoba. Under exceptional circumstances, candidates not fulfilling this requirement could be considered on a case by case basis.

II. Estimated enrolment

12 student PA learners per year for each of the 2 years.

III. Distance education

Manitoba Telehealth (and/ or similar technologies) will be used during year 1 and 2 to reach students whose education and training may be provided outside the formal Bannatyne Faculty campus. This will allow for flexibility of program delivery especially in the 2nd year clinical rotations. Other electronic education modules are also being reviewed. Distance learning would not be a primary method of learning in the initial framework of program introduction; however Manitoba Telehealth is a well established resource that could be utilized for clinical teaching opportunities for 2nd year clinical rotations if needed and when learners are away in rural/ remote sites for extended periods of time.

IV. Schedule for implementation

Submissions:

October 2006	Statement of Intent – submission to Graduate Studies
February 2007	COPSE approval of LOI
April/ May 2007	Proposal Submission to Graduate Studies
August 2007	External Review
December 2007	Submission to Senate.

Program Development:

December 2006	Curriculum Core Competencies Development
February 2007	Curriculum Implementation Committee Analysis of Core Competencies
April 2007	Physical Plant needs assessment
August 2007	External Review
December 2007	Physical Plant Modification/ Renovations
December 2007	Faculty Recruitment
March 2008	Student Applications

September 2008	First Student Admissions for Year I. (Class of 2010)
January 2009	Faculty Recruitment for Year II
September 2009	Student Admissions (Class of 2011)
November 2010	First Graduating Class

B. HUMAN RESOURCES

1. Faculty

I. Research based program faculty.

Given that this is largely a non-research based program, there is no expectation of either thesis advisors or thesis committee members at this juncture.

II. Non-research based program faculty requirements.

a) Student Program Advisors

At the outset of this program, the Program Director would take on significant administrative roles regarding initiating this educational program. Both the Program Director and the Medical Director will report to the head of the Department of Medical Education and the Associate Dean of Medical Education. The academic appointments for the PAEP academic faculty will be vetted through the Faculty's Department of Medical Education, and as needed, through the Faculty of Graduate Studies.

Faculty rank and promotion procedures will be as provided through the Faculty of Medicine Department of Medical Education and the Faculty of Graduate Studies, and as such, the rights and responsibilities of the Faculty will be congruent with Faculty policy and guidelines.
Teaching in the PA program would be thus credited and count for promotion and tenure review for all faculty. Potential PA faculty is currently being identified. Recruitment is to date not formalized, as funding and approvals are still pending. Medical educators with appropriate educational credentials and suited to teaching at a graduate student level will be recruited.

The current Medical Director is a 0.2 FTE, and may be increased to a 0.4 to 0.5 FTE at some point in the future as needed.
The Program Director is expected to be a 0.8 FTE for administrative and educational functions, thus also allowing for an additional clinical practice of approximately 0.2 FTE. Recruitment of a Program Director is a priority, once programmatic and fiscal approvals are in place.

b) Course Teachers.

As a graduate program, all course faculty, lecturers and instructors are expected to be suitably qualified with experience in medical education.

Instructors – 1 PA per 6 students to enable evaluation plus 2-3 core staff for teaching subjects like anatomy and physiology, physical examinations. For a class size of 12 students 4-5 PA FTEs will be required.

Lecturers – The PAEP will rely upon the pool of instructors that normally teach medical students for the majority of lecture delivery. However, as a minimum, the following disciplines and specialties should be included in the formal didactic process in terms of medical content development and lecture delivery: Pharmacy, General Internal Medicine, Cardiology, General surgery, Obstetrics, Pediatrics, Psychiatry, Orthopaedic Surgery/ Sports Medicine, and Family Medicine/ Primary Care.

Faculty development will be actively encouraged. There are a number of resources available to new faculty. Aside from expectations of maintenance of competency, faculty will be expected to participate in University Educational opportunities and various workshops. Faculty will be supported to participate in conferences of this nature.

All new academic PA faculty will be expected to attend currently available New Faculty workshops as well as programs developed to train new medical educators (e.g., TIPS, etc).

Faculty research collaboration within and outside the Faculty of Medicine, relating to PAs and the effect of this program, the impact of PAs on the arthroplasty program is documented previously. Collaboration with the Manitoba Centre for Health Policy is possible, given the current synergies already present with the Faculty of Medicine. Resources available through the Department of Medical Education will be utilised to further promote such investigation and study.

Academic promotion and growth will be based on Faculty of Medicine (through the Department of Medical Education) and Faculty of Graduate Studies criteria.

2. Support Staff

Adequate Administrative Staff – Because most of the participating programs are already existent within the Faculty of Medicine, they already have access to statisticians, computer advisors, librarians, etc. However, there should be a dedicated person to organize admissions, registrations and administration: Administrative Assistant. (1.0 EFT)

C. PHYSICAL RESOURCES FINANCIAL RESOURCES

1. Space

A dedicated classroom equipped with audio/visual aids when classes are in session. The examination areas could also be utilized for ACLS and ATLS training if it is to be given in-house.

Resources required for support areas

- Access to the medical school library.
- Dedicated office space for the program director, course director and admin assistant. Instructors could have shared space.

Clinical Rotations:

The sites must provide a rounded experience in the core disciplines as well as a spectrum of levels of care.

The University of Manitoba already has experience with PA Practice sites involving multi-level learners: Parkland Family Medicine Residency Unit at the Dauphin Regional Heath Centre and Dauphin Medical Clinic, Parkland Family Medicine Residency Unit at the Ste. Rose General Hospital and Parkland Medical Group, Grace General Hospital, Health Sciences Centre, Seven Oaks Hospital, Pan Am Clinic, Riverview Health Centre, and St. Boniface General Hospital.

D. FINANCIAL RESOURSES

1.) Delivery costs

The impact on resources has been previously studied during the Feasibility study for this program. The recommendations and cost estimates are included in Appendix 8.

E. SUPPORTING DOCUMENTS

- APPENDIX #1 - PROPOSED ACADEMIC PROGRAM
- APPENDIX #2 - PHYSICIAN ASSISTANT COMPETENCIES
- APPENDIX #3 - MODEL PA CURRICULUM - FIRST YEAR
- APPENDIX #4 - MODEL PA CURRICULUM - SECOND YEAR
- APPENDIX #5 - LECTURE HOUR REQUIRMENTS AND TIME ALLOCATION PROPOSAL
- APPENDIX # 6 - CORE COURSES
- APPENDIX #7 - IMPACT ON RESOURCES
- APPENDIX #8 - ESTIMATED FINANCIAL RESOURCES
- APPENDIX #9– PA PROGRAM DIRECTOR JOB DESCRIPTION.
- APPENDIX#10-EXTERNAL REVIEW REPORT

APPENDIX #1 - Proposed Academic Program

Assume: 12 students in year 1, 12 students in year 2.
While this is more feasible than a larger entry-class size, particularly for the first iteration of the program, it may be effective (especially long-term, and in relation to use of this template in development of other programs) to model the impact on resources for both small and larger class sizes, in order to identify resource efficiencies from changes in expected training capacity.

From the outset of the program, a generalist training model has remained the focus, recognizing that a generalist PA will attain further clinical skills and knowledge by way of experience in their future work environment. This program is intended as an introduction to a lifetime of ongoing learning and professional development. Didactic and clinical rotations reflect this philosophy. Candidates will be expected to engage in literature appraisal (e.g. Journal club on clinical rotations), and emphasize evidence based medical care.

Opportunities for synergy with Nursing, Pharmacy and the School of Medical Rehabilitation will be sought and relationships nurtured as far as possible. The reviewers have highlighted the need for PAs within our Province and we would concur with their recommendations to attempt to educate the public as well as health care providers as to the role of Physician's Assistants and the potential for collaboration with other disciplines within the province.

Program Delivery -- Year 1:
A) Basic sciences: based on a 'typical USA program" and **traditional** course-by-course, non-integrated curriculum model.

Note that if the model is to be integrated, or emphasize a distance education modality (e.g., to develop access to primary care in rural, remote and northern locations), then the schedule, faculty allocation, design and implementation of

courses/programs, as well as the process of tracking of student progress will differ significantly and accrue very distinctive costing estimates.

400 hr basic science instruction includes the following general requirements and calculations.

200 hr (50%) scheduled for whole class (e.g., lecturing)
200 hr (50%) scheduled for small group teaching (n=6? max) X 2 tutors = **400 hr**
1200 hr (3X 400 hr of contact time) in preparation once program is established

NOTE: Implementation/preparation will be more onerous, Estimated at least 4-5 X 400 hr = 2000 hr (may require a phase-in implementation year following recruitment of core faculty to the program)

Likely sub-divided into subject area/discipline, and assigned to individuals in a particular field or department.
Typically 2-3 faculties per discipline field are required to provide instruction, evaluation and backup, over the main basic science disciplines (anatomy, biochemistry, medical microbiology, pharmacology, physiology, pathology, community health sciences, immunology, genetics, medical research methodology and critical appraisal of medical literature).

A brief research proposal is deliverable at the completion of the first year. This would encompass skills learned during the didactic phase. Under the supervision of a mentor, students are expected to develop a proposal which makes use of the principles of literature appraisal, evidence based medicine and research methodology previously studied. Training time for small group teaching and lecturing (i.e., faculty development prior to implementation)

B) Clinical Skills training:
A typical school in the US has 71 hr clinical skills training for the average (Masters Level) PA program. Assuming here that the class is taught in 2 small groups of 6 students, and that instruction is provided by PAs and/or MDs/specialists = 2 X 71 hr of clinician time X average remuneration =? (Likely 3-4 preceptors to handle this requirement over the full course)

Interprofessional training: this may be the most effective time for Inter-professional training with medical students or nurse practitioners. This is critical to the PA being effective, as per mandated goal of training program, to operate as a physician extender, and cannot be omitted from the program proposal. It will need to form an essential aspect of the "clinical skills" and "communications skills" programs in the PA program. The Inter-professional Education component of a PA education program was deemed to be an important part of the curricula of the US schools visited in the summer of 2005.

Standardized Patient Resource:
The use of standardized patients (SPs) in educational programs brings significant value to training of health care professionals and their use is widespread at the

University of Manitoba and across Canada, as well as internationally. At the U of M programs that utilize SPs include Medicine (UGME, CME and PGME), PA, NPs, Medical Rehabilitation, etc.

Presuming that the SP program for PA education would be coordinated and integrated within the current Faculty SP Program, there will likely be a need for an incremental increase to the EFT positions supporting the SP program.

Use of the SP program also incurs direct cost for salary, and makes the Clinical Learning and Simulation Facility (CLSF)even more essential for PAEP..

Clinical methods, as currently taught in the Faculty of Medicine, emphasizes a patient-centred approach to clinical care. Clinical reasoning and differential diagnosis formulation is a core component of this part of the program.

Program Delivery -- Year 2:

Clinical rotations (47 weeks, total): (recorded as 45 weeks for a "typical program" in the USA) including 360 hr clinical sciences (assume class is dispersed in various clinical rotations, 1-2 at each core rotation (5 weeks each in length), and that preceptors will be clinicians (including MDs/specialists and PAs), adapted from a "typical program" described in the 2002-2003 Guide for International Program Development in the US.

Given that a preceptor in a clinical rotation is unlikely to assume such a role (dedicated to PA program) for the entire year, there should be 3-4 total preceptors available and trained *per rotation.* The ratio of 2-4 students per rotation is anticipated, dependent on the rotation length and scope of practice in that area, calculated below at a ratio of 2:1 (student to preceptor). There also would be the *proviso* that these preceptors have adequate office space and clinical duties while *not* teaching PA students. Since the same requirements exist whether or not PA students are combined with medical students, there will be a requirement for attending-level staffing to accommodate the number of students in a given rotation. It is anticipated that this will hold for the following rotations: Internal Medicine, Pediatrics, Surgery, and Obstetrics & Gynaecology. This discussion is provided as a sample of a program in weeks per rotation, and should not be considered a particular recommendation from the working group.

Family Medicine (8 weeks in length), Psychiatry, Emergency Medicine, Orthopedics (4 weeks each in length) and rural experiences (4 weeks in length) may require a 1:1 preceptor-student ratio and, again, there should be sufficient numbers of preceptors such that individuals are not teaching for the entire year. Electives will likely be on a 1:1 ratio but given the number of faculty hired to meet the preceding requirements, electives should not necessitate specific hiring.

Other clinical experiences (2 weeks each in length) in, Ophthalmology, Dermatology, and ENT are more difficult to predict given the unclear balance between optimal learning potential in out and in-patient settings as well as operating theatres.

A) Core rotations (six) for (estimated) 65% of these clinical teaching hours: 4 weeks each in length: Internal Medicine, Paediatrics, Surgery, Obstetrics & Gynaecology, and Psychiatry, Family Medicine is 8 weeks at 2 students per rotation = 6 X 234 hr preceptor time, plus preparation time = 1404 total hr (distributed? evenly across each of the rotations. Assumed direct supervision for 4 out of estimated 8-10 hours per day, this equivalent to (12/2) X 4 hr/day X 5 days/week X 30 weeks (65% of 45 weeks) = 6 X 20 X 30 = 3600 hours of preceptor contact hours (assumed at 22 students per year). This requires evaluations by ITERS/FITERS, and record keeping/tracking of student progress.

C) Elective time (proposed at 5 weeks in length), possibly for training in Anaesthesia, and Surgical (sub) specialties. This requires evaluations by ITERS/FITERS, and record keeping/tracking of student progress

D) Academic half-days to include focus on 'scope of practice' issues, specifically on the crucial interactions between MDs and PAs in the workplace. Estimated at 2hr/week, likely in small-group format or conference calls, 90 hours X 4 preceptors = 360 hours of clinician time
Interprofessional education: This may be a second format/period for PA trainees to experience and engage in Interprofessional education with medical students, residents, nurse practitioners and others.

E) Scheduling and support staff for clinical year: a dedicated support staff person at each clinical site/rotation throughout the year = 6 staff, 1 for each core rotation = salary + benefits + pay levy

F) Training and preparation of preceptors specific to PA program delivery and PA student supervision. It may be advisable to use either a) previous cohorts of military PAs who are currently in practice in Manitoba (and/or recruited back here), or b) the first cohort of the program to develop the number of preceptors required to deliver the program in specific placement and rotations.

G) Rotations outside Winnipeg
When a clinical exposure is to occur away from the student's residence, furnished accommodation will have to be provided.

H) On-Call Issues
Other inpatient issues include one pager per student, a suitable call-room and lounge space whenever call rotations are not being shared with medical students. Also regarding call, there should be an availability of other provisions similar to those specified in the PARIM contract or provided to medical students on remote clerkship rotations. Such costs are very difficult to predict, as they are contingent on many factors.

I) Other Educational Costs
a) Costing for Clinical Examinations includes space and use of human and other resources for clinical examinations such as OSCEs or CCEs (Comprehensive Clinical Examinations).
b) Other Administrative Costs
Clinical services baseline for associated administrative and operational costs
Local academic administrative costs
Upgrade to or addition of teaching spaces in practice sites

APPENDIX #2 – PHYSICIAN ASSISTANT COMPETENCIES

1. MEDICAL KNOWLEDGE

Description: Physician Assistants possess a defined body of knowledge, clinical skills, procedural skills and professional attitudes, which are directed to effective patient-centered care. They apply these competencies to collect and interpret information, make appropriate clinical decisions, and carry out diagnostic and therapeutic interventions. They do so within the boundaries of their discipline, personal expertise, the healthcare setting and the patient's preferences and context. Their care is characterized by up-to-date, ethical, and resource-efficient clinical practice as well as with effective communication in partnership with patients, other health care providers and the community. Medical knowledge is central to the function of physician assistants and draws on the other core competencies of Communication, Collaboration, Management, Health Advocacy, Scholar and Professionalism.

Competencies: *Physician Assistants are able to...*

1. Function effectively as primary care providers, integrating all of the core competencies to provide optimal, ethical and patient-centered medical care;
2. Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice (Specifics outlined in the Systems-Based Educational Objectives Document);
3. Perform a complete and appropriate assessment of a patient;
4. Use preventive and therapeutic interventions effectively;
5. Demonstrate proficient and appropriate use of diagnostic and therapeutic procedural skills;
6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise.

2. COMMUNICATOR

Description: Physician Assistants enable patient-centered therapeutic communication through shared decision-making and effective dynamic interactions with patients, families, caregivers, other professionals, and important other individuals. These competencies are important for establishing rapport and trust, formulating a diagnosis, delivering information, striving for mutual understanding, and developing a shared plan of care. Effective communication is critical for optimal patient outcomes.

Competencies: *Physician Assistants are able to...*

1. Develop rapport, trust and ethical therapeutic relationships with patients and families;
2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals;
3. Accurately convey relevant information and explanations to patients and families, colleagues and other professionals;

4. Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care;
5. Convey effective oral and written information about a medical encounter.

3. HEALTH CARE ADVOCATE

Description: Physician Assistants recognize the importance of improving the overall health of their patients and the society they serve. Advocacy activities are important for the individual patient, for populations of patients and for communities. Individual patients need physician assistants along with their physicians to assist them in navigating the healthcare system and accessing the appropriate health resources in a timely manner. Communities and societies need to collaborate with physicians and physician assistants' to identify and collaboratively address broad health issues and the determinants of health. This translates to efforts to change specific practices or policies on behalf of those served. Health advocacy is an essential and fundamental component of health promotion and is appropriately expressed both by individual and collective actions of physicians assistants along with their supervising physicians in influencing public health and policy.

Competencies: *Physician Assistants are able to...*

1. Respond to individual patient health needs and issues as part of patient care;
2. Respond to the health needs of the communities that they serve;
3. Identify the determinants of health of the populations that they serve;
4. Promote the health of individual patients, communities and populations.
5. Understand the complexities of disease at the extremes of age, and the social and medical issues affecting the elderly, the destitute and the disenfranchised.
6. Contrast and compare models of global health care delivery, with particular insight to North America and Canada.

4. COLLABORATOR

Description: Physician assistants partner with others in the care of patients. They need to be able to collaborate effectively with patients, families and a team of expert health professionals in providing optimal care, education and scholarship.

Competencies: *Physician Assistants are able to...*

1. Participate effectively in a healthcare team.
2. Work effectively with other professionals to prevent, negotiate and resolve Interprofessional conflict.

5. MANAGER

Description: Physician Assistants interact with their work environment as individuals, as members of teams or groups, and as participants in the health system locally, regionally or nationally. The balance in the emphasis among these three levels **will *vary*** depending on the nature of the ***practice***, but all ***practices will have some degree of*** management ***responsibility***. Physician Assistants function as Managers in their everyday practice activities involving co-workers, resources and organizational tasks, such as care processes, and policies as well as balancing their personal lives. Thus, Physician Assistants require the ability to prioritize, effectively execute tasks collaboratively with colleagues, and make systematic choices when allocating scarce healthcare resources. The Manager Role describes the active engagement of all Physician Assistants as integral participants in decision-making in the operation of the healthcare system.

Competencies: *Physician Assistants are able to...*

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems;
2. Manage their practice and career effectively;
3. Allocate finite healthcare resources appropriately;
4. Serve in administration and leadership roles, as appropriate.

6. SCHOLAR

Description: Physician assistants pursue lifelong learning in their area of practice. They also help educate their patients and colleagues.

Competencies: *Physician Assistants are able to...*

1. Maintain and enhance professional activities through ongoing learning;
2. Critically evaluate information and apply it to practice decisions;
3. Facilitate the learning of patients, colleagues and students;
4. Contribute to the creation and application of new medical knowledge and practices.

7. PROFESSIONAL

Description: Physician Assistants have a unique societal role as professionals who are dedicated to the health and caring of others. Their work requires the mastery of a complex body of knowledge and skills. As such, the Professional Role is guided by codes of ethics and a commitment to clinical competence, the embracing of appropriate attitudes and behaviours, integrity, altruism, personal well being, and to the promotion of the public good within their domain. These commitments form the basis of a social contract between a Physician Assistant and society. Society, in return, grants Physician Assistants the privilege of profession-led regulation with the understanding that they are accountable to those served.

Competencies: *Physician Assistants are able to...*

1. Demonstrate a commitment to their patients, profession, and society through ethical practice;
2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation;
3. Demonstrate a commitment to Physician Assistant health and sustainable practice.

APPENDIX #3 - Model PA Curriculum - First Year

	Sep	Oct	Nov	Dec	Jan	Feb	Mar & Apr	May	Jun	Jul	
Orientation Week - August	Anatomy Physiology				Adult Medicine Block 1		Adult Medicine Block 2				Aug Holiday and clinical orientation
	Pt. Assessment				Principals of Psychiatry		Principals of Surgery				
	Pharmacology				Diagnostic Medicine		Emerg / Critcal Care				
	Basic Science				Paediatric (MCH Block 1)		Ob/Gyn (MCH Block 2)				
	Professionalism for PA				Pathophysiology		Diagnostic med Block 2				
				Break 3 wks		2					4wk
	Exact dates to be determined. Anticipate 12 weeks class + 2 weeks for exams per each term (14x3)+1 week orientation + 5 weeks break = 48 weeks + summer										

PAEP Core Didactic Courses
54 credits

Fall Term – 18 credits

- Pharmacology for Physician Assistants..... 3 credit
- Professional Studies of Physician Assistants ..... 3 credit
- Physiology for Physician Assistants ..... 3 credit
- Human Anatomy for Physician Assistants Block 1..... 3 credit
- Basic Medical Sciences for Physician Assistants ..... 3 credit
- Patient Assessment For Physician Assistants ..... 3 credit

Winter Term – 18 credits

- Clinical Adult Medicine for Physician Assistants Block 1 ..... 6 credit
- Maternal and Child Health for Physician Assistants Block 1 ..... 3 credit
- Principals of Psychiatry for Physician Assistants Block 1..... 3 credit
- Diagnostic Medicine for Physician Assistants Block 1..... 3 credit
- Pathophysiology for Physician Assistants ..... 3 credit

Spring Term – 18 credits

- Maternal and Child Health for Physician Assistants Block 2 ..... 3 credit
- Clinical Adult Medicine for Physician Assistants Block 2 ..... 6 credit
- Principals of Surgery for Physician Assistants ..... 3 credit
- Diagnostic Medicine for Physician Assistants Block 2 ..... 3 credit
- Emergency and Critical Care for Physician Assistants..... 3 credit

APPENDIX #4 - Model PA Curriculum - Second Year

PAEP Core Clinical Curriculum Courses

31.5 credits

- Family Medicine for Physician Assistants – 8 weeks **6 credits**
- Community Health for Physician Assistants –4 weeks **3 credits**
- Clinical Internal Medicine for Physician Assistants – 4 weeks **3 credits**
- Clinical Surgery for Physician Assistants – 4 weeks **3 credits**
- Emergency and Critical Care Medicine for PA - 4 weeks **3 credits**
- Clinical Obstetrics and Gynecology for PA – 4 weeks **3 credits**
- Clinical Pediatrics for PA – 4 weeks **3 credits**
- Orthopedic and Sports Medicine for the PA – 4 weeks **3 credits**
- Clinical Anesthesia for PA- 2 weeks **1.5 credits**
- Surgery Specialties for PA I – 2 weeks **1.5 credits**
- Surgery Specialties for PA II – 2 weeks **1.5 credits**
- Clinical Orientation, Campus time, and Examination Preparation – 4 weeks

Yr 2	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
1week Orien, Aug.	family		C.H.	S. I & holi.	surg	ped	Ob/gyn	Inter	ortho	emerg	Anasth & S II	Holi.	exam
Rotation Location and Service Area vary between students													

Year 2 Final - National Certification Examination - 2 weeks of review and preparation.

APPENDIX #5 - LECTURE HOUR REQUIREMENTS AND TIME ALLOCATION PROPOSAL

Lecture hour requirements and time allocation for material:

Graduate Studies Orientation Time to Program and Campus	4 Days
Phase I – 14 weeks x 3 terms	+/-210 Days
4 Days for Phase II orientation	4 Days
Phase II clinical rotations	230 Days
Phase III Examination 14 days Review (ORAL, OSCE)	14 Days
	460 days

Didactic	Hours per week	Lab per week	Hours	**Instructor**
Human Anatomy	6	3.5		MD/science
Physiology	3.5	3.5		
Basic Medical Sciences	3.5			Other
Professionalism for the PA.	3.5			PA
Pharmacology and Pharmacodynamics**	3.5			PharmD
Patient Assessment	3.5	3.5		PA/MD
Indep. Study / research				
Total Lecture/lab hours per week			**34**	X12=408
Lecture hours per 12 weeks of class			**408 hr**	
				PA/MD
Clinical Adult Medicine	10			
Diagnostic Medicine Block I	3.5	3.5		PA/MLT
Clinical Psychiatry	7			MD
MCH – paediatrics	3.5			
Pathophysiology	3.5	3.5		
Indep. Study / research				
Total Lecture/lab Hours per week			**34.5**	X12=414
Lecture hours per 12 weeks of class			**414 hr**	
				PA/MD
Clinical Adult Medicine	10			
Technical Skills (Principals of Surgery)	3.5	3.5		MD/PA
MCH – OB/Gyn	3.5			MD
Emergency and Critical Care Medicine	3.5	3.5		PA/MD
Diagnostic Medicine Block II	3.5			
Indep. Study / research	3.5			
Total Lecture/lab hours per week			**34.5**	X12=414
Lecture hours per 12 weeks of class			**414 hr**	

**General Pharm Class addressed in P&P. Specifics of Therapeutics addressed in Subject/system during block System Subject instructors at MD level
All courses to have an assigned principal instructor to coordinate.

Appendix #6 PAEP Course Description

PGME7XXX 0 credit Final Evaluation
National Certification Examination

The certification entrance to practice exam is administered independently of any training facility to ensure that the PA meets the standard set out in the Occupational Competency Profile (OCP) for the Physician Assistant profession. The Physician Assistant Certification Council (PACC) is an independent Council of the Canadian Association of Physician Assistant's (CAPA) that administers and maintains the PA certification process. This includes an entry to practice examination, written upon the successful completion of a Canadian Medical Association (CMA) accredited PA program. In addition to the National Certification Examination the Graduate Physician Assistant must complete the Manitoba College of Physician and Surgeons qualification requirements for registration as Certified Clinical Assistants in order to practice. This includes the Objective Structured Clinical Examination or OSCE - The American National Commission on Certification of Physician Assistants (NCCPA) has assigned the following percentiles to their exam process:

By Subject Task Area	By Organ Systems
• History Taking & Performing Physical Examinations 16% • Using Laboratory & Diagnostic Studies 14% • Formulating Most Likely Diagnosis 18% • Health Maintenance 10% • Clinical Intervention 14% • Pharmaceutical Therapeutics 18% • Applying Basic Science Concepts 10%	• Cardiovascular 16% • Pulmonary 12% • Endocrine 6% • EENT (Eyes, Ears, Nose and Throat) 9% • Gastrointestinal /Nutritional 10% • Genitourinary 6% • Musculoskeletal 10% • Reproductive 8% • Neurologic System 6% • Psychiatry/ Behavioral 6% • Dermatologic 5% • Haematology 3% • Infectious Diseases 3%

PGME7XXX – D 3 Credits 3.5 hours /week
Patient Assessment For Physician Assistants

The Physician Assistant is required to have a high degree of proficiency in patient assessment. Indeed the essence of a Physician Assistant is their ability to obtain a detailed Patient History and Physical Examination. Components of this course include the Interview and the Health History, General Physical Assessments and Specialty Body System Examination and Assessments. Patient Assessment encompasses two areas that are important for the education of Physician Assistants: Interviewing/Communication Skills and Physical Examination.

Evaluation will be by successful completion of the Objective Structured Clinical Examination or OSCE; and. demonstration to faculty of proficiency in the physical examination processes.

PGME7XXX – D 3 Credits **3.5 hours/week**

Principals of Surgery for Physician Assistants

A brief, comprehensive introduction designed to impart an understanding of surgical diseases to the PA. Upon completion the PA Student will within their scope of practice be able to diagnosis, refer, treat, the medical, surgical and infections disease conditions related to the field of surgery.

Evaluation will be by successful completion of a practical and written evaluation demonstrating to faculty proficiency in the principals of surgery and application of surgical skills.

PGME7XXX – D 3 Credits **3.5 hours/week**

Principals of Psychiatry for Physician Assistants

A brief, comprehensive introduction designed to impart an understanding of mental and behavioral health to the PA. Based on special needs of a patient population, the patient's presentation and unique contributing factors the PA will be able to evaluate and analyze the patient's needs, providing the required specialty assessment for the psychiatric patient.

Evaluation will be by successful completion of a practical and written evaluation demonstrating to faculty proficiency in the principals of psychiatry and behavioral medicine.

PGME7XXX – D 3 Credits 3.5 hours/week

Emergency and Critical Care for Physician Assistants

A brief, system based comprehensive introduction designed to impart an understanding of emergency and intensive care medicine to the PA. Upon completion the PA will within their scope of practice be able to diagnosis, refer, treat, the medical, surgical and infections disease emergencies and life threatening conditions.

ACLS

The Advanced Cardiac Life Support Course is a mandatory component of Emergency and Critical Care Course. It is organized by the Department of Emergency Medicine and is designed to provide you with advanced knowledge and experience on how to handle a cardiac arrest. Most PA students find the course invaluable regardless of what specialty they enter.

Evaluation will be by successful completion of a practical evaluation, problem solving exercises, displaying proficiency in clinical skills, and written examination demonstrating to faculty proficiency in the principals of emergency and critical care

PGME7XXX D 6 Credits **3.5 hours/ week**

Diagnostic Medicine for Physician Assistants

A brief system based comprehensive introduction, designed to impart an understanding of radiology and laboratory investigations, so as to allow the PA, within their scope of practice, to be able to diagnose and treat medical, surgical, and infectious disease. This course is provided over two consecutive block/terms. The PA will utilizing their knowledge of anatomy, physiology, and the disease processes to formulate preliminary and differential diagnoses as appropriate to determine if further clinical investigations are required.

Evaluation will be by the students' successful displaying proficiency in clinical skills and written evaluations demonstrating to faculty proficiency in the principals of diagnostic medicine.

PGME7XXX – D 3 Credits **3.5 hours/week**
Pharmacology for Physician Assistants
A brief, system based comprehensive introduction designed to impart an understanding of pharmacology and pharmacodynamics, so as to allow the PA within their scope of practice be able to treat medical, surgical and infections disease.

Evaluation will be by successful completion of a practical evaluation, problem solving exercises, and written examination demonstrating to faculty proficiency in the principals of Pharmacology.

PGME7XXX – D 3 Credits **3.5 hours/week**
Professional Studies of Physician Assistants
This course is designed to provide the student an understanding of the role of the Physician Assistant, the structure of the Canadian Health Care System an introduction designed to impart an understanding of the interaction between the various stakeholders. This course will address ethical considerations in health care and the legal aspects of the PA role in Canada.

Evaluation will be by successful completion of a presentation (Evaluated by Classmates), participation in ethical problem solving exercises, and written examination demonstrating to faculty proficiency in the principals presented during the Professional Studies Class. Students are expected to submit a research paper on an ethics topic of choice and write a short-answer examination at the end of the course.

PGME7XXX – D 3 Credits **3.5hours/week**
Basic Medical Sciences for Physician Assistants
This brief introductory course of study is designed to provide the student an understanding of the medical terminology, biostatics, epidemiology, and public health. At the end of this course, the physician assistant student will be able to be a critical consumer of medical being able to assess, evaluate and improve their patient care practices.

Evaluation will be by successful completion of a problem solving exercises, research proposal, class participation, and written examination demonstrating to faculty proficiency in the principals presented during Basic Medical Sciences. A research methodology exercise, in the form of a research proposal will also be completed with the student. Under the guidance of a mentor, the student will develop a brief research proposal, utilizing the knowledge gained in the didactic lectures, which will count 25% of the Basic Sciences Course grade.

PGME7XXX – D 3 Credits **3.5hours/week**
Physiology and Pathophysiology for Physician Assistants
This brief introduction, designed to impart an understanding of normal physiological functioning of the human body. A basic science course which builds upon the entry knowledge of the Physician Assistant Student by presenting the pathophysiology of disease by organ systems. The emphasis is on the homeostatic mechanisms for all the major organ systems. This course is run in tandem with Human Anatomy for Physician Assistants, with pathophysiology running in the second term.

Evaluation will be by successful completion of exercises, class participation, and written examination demonstrating to faculty proficiency in the principals presented during Physiology and Pathophysiology for Physician Assistants.

PGME7XXX – D 3 Credits **3.5hours/week**

Human Anatomy for Physician Assistants

This brief comprehensive introduction, designed to impart an understanding of gross functional anatomy of the human body suited to the PA. A basic science course which builds upon the entry knowledge of the Student by presenting clinical human anatomy correlated to clinical applications, assessment, and pathology of disease. This course is run in tandem with Physiology and Pathophysiology for Physician Assistants. This course is provided over two consecutive block/terms with abnormal pathophysiology and anatomy being presented in the second term.

Evaluation will be by successful completion of exercises, class participation, and written examination demonstrating to faculty proficiency in the principals presented during Human Anatomy for Physician Assistants.

PGME7XXX – D 6 Credits **3.5hours/week**

Clinical Adult Medicine for Physician Assistants

A systems based comprehensive introduction, designed to impart an understanding of medical diseases so as to allow the PA, within their scope of practice, be able to diagnose and treat medical, surgical, and infectious conditions.

Evaluation will be by successful completion of a problem solving exercises, clinical research presentations, displaying proficiency in clinical skills, class participation, and written examination demonstrating to faculty proficiency in the principals presented during Clinical Adult Medicine.

PGME7XXX – D 3 Credits **2 hours/week**

Maternal and Child Health for Physician Assistants

A brief comprehensive introduction, designed to impart an understanding of diseases related to reproduction and pediatrics, so as to allow the PA, within their scope of practice, to be able to diagnose and treat medical, surgical, and infectious conditions as related to the fields of obstetrics, gynaecology and paediatrics. This course is provided over two consecutive block/terms.

Evaluation will be by successful completion of problem solving exercises, clinical research presentations, class participation, displaying proficiency in clinical skills, and written evaluations demonstrating to faculty proficiency in the principals presented during Maternal and Child Health for Physician Assistants.

PAEP Core Clinical Curriculum Courses

- **Family Medicine for Physician Assistant**
- **Clinical Internal Medicine for Physician Assistants**
- **Clinical Surgery for Physician Assistants**
- **Surgery Specialties for Physician Assistants (Elective)**
- **Emergency and Critical Care Medicine for Physician Assistants**
- **Clinical Obstetrics and Gynecology for Physician Assistants**
- **Clinical Pediatrics for Physician Assistants**
- **Community Health for Physician Assistants**
- **Clinical Psychiatry for Physician Assistants**
- **Clinical Anesthesia for Physician Assistants**
- **Orthopedic and Sports Medicine for the Physician Assistant**

Completion and evaluation of the Clinical Rotations phase will be accomplished with the assessment of the Physician Assistant Student, the clinical site preceptor, and clinical coordinator evaluation. Successful completion of the Clinical rotation goals is required. The student will keep a procedure and clinical contact record to document the witnessed and demonstrated psychomotor skills.

Under appropriate supervision and relative to care provided by the physician assistant, the PA will become competent in assessing, identifying differential diagnosis, ordering appropriate diagnostic investigations, giving basic interpretation of the results, and provide initial treatment including pharmacological intervention, and/or early physician or specialist referral as necessary for common primary care disorders, conditions, and injuries related to the area of their clinical medicine rotation.

The detailed clinical rotation objectives can be referenced for each rotation in the Masters of Physician Assistant Studies Objective proposal material and found in the Clinical Rotation Handbook.

PGME7XXX-C 3 Credits **8 weeks**

Family Medicine for Physician Assistants

A brief, clinical rotation designed to impart a practical understanding of family medicine to the Physician Assistant. Upon completion the Physician Assistant Student will within their scope of practice be able to diagnosis, refer, treat, the medical, surgical and infections disease conditions related to the field of family medicine.

PGME7XXX-C 3 Credits **4 weeks**

Internal Medicine for Physician Assistants

A brief, clinical rotation in internal medicine designed to impart a practical understanding to the Physician Assistant. There will be an internal medicine specialty focus in this rotation versus the general exposure seen in Family Medicine. Upon completion the Physician Assistant Student will within their scope of practice be able to diagnosis, refer, treat, the medical, surgical and infections disease conditions related to the field of internal medicine.

PGME7XXX – C 3 Credits **4 weeks**

Clinical Surgery for Physician Assistants

A brief, clinical rotation, designed to impart an practical understanding of surgical diseases and surgical procedures to the Physician Assistant. Upon completion the Physician Assistant

Student will within their scope of practice be able to diagnosis, refer, treat, the medical, surgical and infections disease conditions related to the field of surgery.

PGME7XXX – C 3 Credits **2 weeks**
Surgery Specialties for Physician Assistants I and II
Two brief, clinical rotations, designed to impart a practical understanding of surgical diseases and surgical procedures to the Physician Assistant as practiced within a surgical specialty. Upon completion the Physician Assistant Student will within their scope of practice be able to diagnosis, refer, treat, the medical, surgical and infections disease conditions related to the field of surgery, will become familiar with and perform General Operating Room

PGME7XXX – C 3 Credits **4 weeks**
Clinical Orthopedics and Sports Medicine for Physician Assistants
A brief, clinical rotation, designed to impart a practical understanding of orthopedics and sports medicine to the PA as practiced within that specialty. Upon completion the PA will within their scope of practice be able to diagnosis, refer, treat, the medical, surgical and infections disease conditions related to the field of orthopedics and sports medicine., The PA will become familiar with and perform commonly practiced procedures such as Casting and Splinting Extremities, Closed Reduction, Cast Removal, Joint Injection, Joint Aspiration and Surgical Assisting

PGME7XXX-C 3 Credits **4 weeks**
Clinical Pediatrics for Physician Assistants
A brief, clinical rotation designed to impart a practical understanding health and diseases of pediatric medicine to the Physician Assistant. Upon completion the Physician Assistant Student will within their scope of practice be able to diagnosis, refer, treat, the medical, surgical and infections disease conditions related to the field of pediactric medicine.

PGME7XXX-C 3 Credits **4 weeks**
Clinical Psychiatry for Physician Assistants
A brief, clinical rotation designed to impart a practical understanding of mental health and psychiatric disease to the Physician Assistant. Upon completion the Physician Assistant Student will within their scope of practice be able to diagnosis, refer, treat, conditions related to psychiatric medicine.

PGME7XXX-C 3 Credits **4 Weeks**
Community Health for Physician Assistants
A brief, clinical rotation designed to impart a practical understanding of community and public health to the Physician Assistant. The objective is for the Physician Assistant Student to develop an improved understanding of their role in promoting preventative health care inside the scope of primary care practice. This rotation will develop further insight into the scope of health issues of rural populations in collaboration with the JA Hildes Northern Medical Unit and applying understanding of material developed in the Basic Science and the PA Professionalism courses.

PGME7XXX-C 3 Credits **4 Weeks**
Clinical Emergency Medicine for Physician Assistants
A brief, clinical rotation designed to impart a practical understanding emergency medicine and intensive care to the Physician Assistant. Upon completion the Physician Assistant Student will within their scope of practice be able to diagnosis, refer, treat, the medical, surgical and infections emergencies and life threatening conditions related to the field of emergency

medicine and critical intensive care medicine. Students with extensive emergency medical service backgrounds will be allowed to focus on a critical care rotation.

PGME7XXX-C 3 Credits **4 Weeks**

Obstetrics and Gynecology for Physician Assistants

A brief, clinical rotation in obstetrics and gynecology designed to impart a practical understanding of reproductive health to the Physician Assistant. Upon completion the Physician Assistant Student will within their scope of practice be able to diagnosis, refer, treat the medical, surgical and infections disease conditions related to the field of reproductive, obstetrical, and gynecologic health.

PGME7XXX-C 3 Credits **2 Weeks**

Clinical Anesthesia for Physician Assistants

A brief, clinical rotation designed to impart a practical understanding of anesthesia to the Physician Assistant. Upon completion the Physician Assistant Student will within their scope of practice be able to undertake airway management, ventilation, and understand the principals of regional and general anesthesia. Students with extensive respiratory backgrounds are require to complete this rotation and display understanding and application of the Physician Assistant role in Anesthesia.

APPENDIX #7 - IMPACT ON RESOURCES

Line items for a full costing exercise are provided under the following headings:

1. Admissions
2. Student needs
3. Educational resources -- needs & impact
4. Physical plant
5. Program needs
6. Program delivery
   - Year 1 (Basic sciences)
   - Clinical skills
     - Interprofessional Education
     - Standardized Patient Resource
   - Year 2 (Clinical rotations)
     - A. Core rotations & evaluations
     - B. Sub-specialty clinical experiences & evaluations
     - C. Elective time & evaluations
     - D. Academic half-days
       - Interprofessional education
     - E. Scheduling and support staff for clinical year
     - F. Training and preparation of preceptors specific to PA program delivery
     - G. Rotations outside Winnipeg:
     - H. On-Call Issues:
     - I. Other Educational Costs:
       - Costing for Clinical Examinations
       - Other Administrative Costs
7. Impact on resources for establishing faculty
   - A) Recruitment costs
     - Dean's office administrative support
     - Salary/remuneration
     - Startup costs
     - Space & services
   - B) Appointment processes
   - C) Governance issues
   - D) General faculty requirements
   - E) Communications costs
   - F) General requirements for faculty as professionals
   - G) General support staff requirements on site
   - H) Programmatic costing for professionals (may be a recruitment tool)

Impact on Resources:

1. ADMISSIONS

- Admissions and recruitment administration
- Support staff (administration, classrooms, clinical areas) and financial manager

- Program director (typically a PA or MD)
- Medical Director (typically an MD)
- Recruitment to the program - recruitment strategies will need to be developed.
- Cost of advertising the program broadly enough to get a good pool of applicants
- Admissions administration/support staff (harmonized with UGME)
- Possible coordination of applications, linking with 'sponsoring' MD's
- Materials (publicity materials, egg video, recruitment brochures, website development)
- Costs of administering admissions/interviews/interviewers/work of the admissions committee, need to focus on potential for trainees to "connect" to practicing physicians
- Orientation costs
- Possible entrance examination (writing/purchasing and administering)
- Obtaining and standardizing student records (CAPSA)
- Legal counsel
- Appeals processes for admissions
- Student records costs, prerequisite screening, transcripts
- Tracking admissions and effectiveness (research)
- Tracking students during training and after graduation as PAs through practice

2. STUDENT NEEDS:

- Mailboxes, reception functions, equivalent of reception/"S204" functions
- Student affairs/mentorship (PA)
- Study spaces
- Library and computer access including PA specific library materials
- Library tutors
- Student organization' space
- Website for the program with secure area for PA students
- Support for the website
- Personal digital assistants (PDAs) for logging learning experiences, schedules, clinical experiences with patients
- Interprofessional training costs (minimum PA & Med students + Nursing + others)
- Lab coats
- Security clearance (security system extension to students in PA program)
- Immunizations, FITT mask testing (re: SARS preparedness)

3. EDUCATIONAL RESOURCES/NEEDS AND IMPACT:

Coordination functions:

- Project manager ('Plan, Do, Study, Act' Approach) will be required for the design phase of the PA program. That person would ideally transition to become Project Manager for the implementation phase. The same individual may wish (or not) to continue in this position, but a position will be required for evaluation of the first run of the program, for iterative changes, and for eventual coordination of the accreditation of the program

- Course and program coordinators from members of faculty (one for each of the courses in basic sciences, for the overall core curriculum, including for tutorials, rotations/fieldwork placements in the clinical year, clinical skills course director, electives coordinator)
- Student affairs decanal/faculty position re career planning, counselling, etc.
- Simulation and Standardized Patient program coordinator
- Curriculum systems manager and scheduler
- Curriculum Information System, ideally integrated with UGME and other programs
- Telecommunications and/or Tele-Health, distance medicine coordinator (given need for PAs to communicate with supervising physicians in practice, this is an essential part of the program of education/training)
- Faculty development coordinator, particularly in sites remote & urban (in & outside Winnipeg)
- CME coordinator
- Library coordinator for PA program, augmentation of reference collection, circulating collection, journals
- Examination and student evaluation coordinator
- Faculty evaluation coordinator
- Committee for oversight of basic science year (typical program with 400.5 hr instruction)
- Committee for oversight of clinical science year (typical program with 358.9 hr instruction)
- Committee for oversight of clinical skills training (typical program with 71.4 hr instruction)
- Coordinator for preceptor/admin assistant oversight and management related to clinical instruction (47 weeks of required and elective rotations, 29 weeks in primary care, 18 in non-primary care areas), requiring communications and database management skills to track student proficiencies, rotation completion, travel needs, academic difficulties, remediation, and faculty schedules.
- Training sessions in implementing the various courses, as distinct from UGME or other programs offered in the Faculty of Medicine
- Student advisor (at least for design and implementation phase) to scrutinize fees, accessibility to students of web materials, computer needs, PDA need/purchase/contracts, pagers, residences, availability of scholarships, library access, site design, liaise with federal and provincial programs to assist in "retraining" or "return-to work" programs, aboriginal student access and recruitment, ACESS program liaison, return-of-service agreements with province (Manitoba Health, re loans or fee-offset

4. PHYSICAL PLANT:

- Classroom for whole class for each of 2 years in program
  - Assumes full-cohort teaching (e.g., lectures) in some cases
- Computer lab with 24 individual computers for web-based examinations, scheduled evaluations by students of rotations, experiences at learning, and faculty teaching evaluations

- 1 examination room
- 1 simulation lab for Mega codes and Trauma
- 1 casualty simulation room
- Tutorial rooms for clinical skills teaching, tutorials, problem solving tutorials,
    - Room for tutor + clinical exam plinth + 6-8 students. Assuming 6-8 students per small group interaction and approx 24 students enrolled in full program (12/year), this means the equivalent of 4 tutorial rooms are required.
- Rooms for OSCEs, standardized patient settings, for examinations and training sessions
    - One-way glass for observations, recording capabilities, viewing rooms
    - Standardized patient trainer
    - Standardized patient recruitment support staff
- **Clinical learning centre** with tutorial rooms and **simulation equipment** for practicing and evaluating core competencies of a PA (may differ from UGME/other trainees), also including procedures laboratory and surgery laboratory for learning and practice simulations
- Consideration of **TeleHealth** unit in PA program facility or CLC (link to section on impact of clinical rotation)
- Administration office space
    - 3 or more support staff to handle admissions, recruitment, finances, faculty appointments, standardized patient needs, curriculum scheduling, evaluation coordinator, mailboxes and reception, communications with students, etc.
    - 3 education coordinators (e.g., basic science, clinical skills training, clinical rotations)
    - Program director
    - Medical director
    - Student affairs officer (located in a different area, nearby)
- Maintenance staff
- Washrooms
- Mail services
- Telephone and computer supervision
- PARKING for faculty, staff
- 24 individual desks/chairs for students (lecture theatres, seminar/tutorial rooms, practice sites, etc)
- White or blackboards in each teaching site and practice site
- Podium in each lecture theatre (linked to projector, internet?)
- Computers with remote projector capabilities for instructors
- DVD and VHS players
- Printers
- Audio-Visual Equipment
    - 1 ELMO and screen
    - 1 VCR, DVD and Television (large screen)
    - Projector(s) for slide, 35 mm
    - Projector(s), overhead

- Flip boards
- Video cassette recorders
- LCD panels for Overhead projector

- Anatomy laboratory, learning space, and preparatory area/morgue, including mortician and support of a cadaver donation program and plastination of prosected specimens, prosector support (annual need for refreshing specimens)
- Imaging laboratory "theatre D-like" space, for learning microscopy/pathology, projection capacity, computer workstations, for neuroscience laboratory, hematology, lab medicine, urinalysis, cytology lab space (~mini-hospital in current UGME),
- Lockers for students (general for coats, and also near laboratory areas for storing lab equipment and lab coats)
- Security system near laboratories and general locker areas

Costs of Physical Plant Support for 24 students (12 per year for a 2-year program) will required detailed analysis and will depend to a certain extent on whether or not existing physical plant structure will be renovated/expanded, a "greenfield" (currently undeveloped real estate) site is developed, or an existing but "off site" facility (outside current University of Manitoba properties) might be used.

However, assuming that the proposed PA program is housed within the existing physical plant, based upon the most recent capital costing submitted for the upcoming expansion of medical school (by 15 students over 2 years) which estimates capital cost of $2,490,000 over three years, or $166,000 per student, the capital cost for adding 12 PA students would amount to almost $2,000,000.

This is a very crude estimate based upon very limited information available and will require very detailed analysis, although independent physical plant (UofM) analysis estimates renovation costs at $200-$220/square foot in Basic Medical Sciences Building, not including asbestos-associated issues (which are substantial).

The external review recommended that the PAEP secure dedicated permanent office space for faculty and administrative staff, conference room facilities, as well as pursue strategic grant and funding opportunities. The expansion of the Medical School has allowed for a unique opportunity to incorporate appropriate facilities for PA students. Mr Keith McConnell, director of operations for the Faculty of Medicine at the Bannatyne Campus is currently developing office and space allocation plans for the program, pending programmatic and fiscal approvals.

5. PROGRAM NEEDS:

- Accreditation processes, implementation/start up costs of becoming accredited by ARC, (including legal counsel for changing ARC and APAP governing bylaws to allow for non-US accreditations and certifications), site visit costs (ongoing and implementation), coordination costs, travel

costs for direct consultations about implementation including representation by the Dean and the University with the Province/Manitoba Health.

- Membership costs for CAPA (Canadian) and APAP (US) associations, plus meeting attendance (travel costs)
- Communications costs from practice sites in different rotations (fieldwork placements, core and elective rotations), including cell phone, webcam, distance medicine, Tele-Health,
- Videoconferencing and TeleHealth (may be difficulties with site-use priorities)
- Professional development support for faculty, as academic appointees
- Expectations of scholarship, start-up and recruitment costs.

A) Recruitment costs

- **Dean's office administrative support** re: searches, appointments, advertisement, legal counsel, letters of offer (? requirement of new affiliation agreement), communications with CPSM re licensure
- **Salary/remuneration** (scale?)? Under UMFA collective agreement (sustainability vs. individual contracts as academics), possibly phased in during 'pilot years' of program, with contingent appointments for 2 year term, renewable with completion of year 1 students in first phase).
- **Startup costs** for basic science recruits and also for clinical recruits if anticipating need for duties defined under "scholarly activity" (estimated at ~50K per faculty member),
- **Space & services**
  - Cost of a functional/needs assessment and professional space design
  - Architectural design costs, contract management costs
  - Offices ± laboratories (estimated at ~800-1000 sq ft per wet laboratory, with 100-140 sq feet of office space), laboratories particularly for basic science faculty
  - Internet access: cabling (2 drops in a laboratory/office setting)
  - Telephone
  - Information Systems technical support
  - Mail services
  - Maintenance services (cleaning staff) = 0.8 EFT per year on extended hours to clean lecture theatres
  - Conference/meeting rooms (likely 2-3 for the program, open access from other programs, faculty, departments/schools)
  - Washrooms

B) Appointment processes

- Support staff
- Financial officer (add one for dean's office support)

- Assignment to a variety of different departments (e.g., dispersed throughout basic and clinical departments) or to a "program" (? a new department)

C) **Governance issues** related to program impact on dean's office and unit office

- Reporting to a unit head for academic purposes (promotion, tenure)
- Oversight re academic affairs: related to expectations of an academic appointment
- Accountabilities within and outside PA program
- Appeals processes and committee
- Legal consultation
- Reporting to associate deans (academic) and (education), possibly parallel to UGME
- Consideration of contractual agreements, promotion and/or tenure and/or GFT agreements, personnel and human resources management.
- Budgetary reporting lines
- Financial manager in unit office (for budgets, grants, unit fiscal management)

D) **General faculty requirements**

- Safety training (e.g., Workplace Health Management Information Systems) at orientation on recruitment
- Library access/use for all faculty
- Security (cameras, monitoring systems, emergency preparedness training, fire training)
- Parking for faculty and support staff
- Telephone support
- Information Services Tech support for faculty and for the program and administration
- Mail services for the additional faculty and support staff
- Secretarial and administrative support staff for faculty members in program, different if dispersed throughout the various departments within the Faculty of Medicine

E) **Communications costs** from practice sites from fieldwork placements in core and elective rotations, for faculty and support staff within and outside Winnipeg

- Cell phones & Telephone support
- Webcam
- IST/IT support and design
- Distance medicine
- Distance education for Faculty Development?
- TeleHealth

F) **General requirements for faculty as professionals**

- Professional development monies (? From university)

- ? Licensure fees, as an expectation of professional competencies for PA faculty
- Continuing Professional Development since professional PAs need to maintain competencies (continuing professional development responsibilities, and accountabilities to delivery of CPD)
  - Includes expertise in PA professional development
  - Support staff and administrative/financial officer roles in support for PA-CPD
- Time in schedule to attend (as representatives and as individuals) CPD sessions (e.g., at PA professional meetings in USA and Canada)
- Promotion and tenure considerations, expectations of performance, evaluation of performance, and administration/consideration thereof.

G) General support staff requirements on site

- Library access/use for all faculty
- Parking for faculty and support staff
- Telephone support
- IST support for faculty and for the program and administration
- Mail services for the additional faculty and support staff

H) Programmatic costing for professionals (may be a recruitment tool):

- Accreditation processes including costs of organization, support, site visits, coordination
- Membership in Canadian (CAPA) and American (APAP) professional associations

APPENDIX #8 - ESTIMATED FINANCIAL RESOURCES
(Based on 2008 costing)

Comment [IWJ1]: will require review by Finance – although I changed dates

1. Delivery Costs

The physician assistant program costing is based on Faculty of Medicine direct and indirect cost. The costing sheets do not account for the central administration expenses associated with delivering the program. Our Faculty has three main funding components. A. Operational cost baseline funded, B. Capital cost budget only funded, C. Tuition revenue will be determined and thus reduce the operational expense proportionally.

Faculty Of Medicine - *University of Manitoba*
Physician Assistant Program Request - Financial Summary

	2008/09	2009/10
PA Operational Cash Flow Request	$ 1,024,869	$ 902,473
Total One-Time Capital Request	$ 2,471,788	$ -
TOTAL REQUESTED FUNDING BY MEDICINE	$ 3,496,657	$ 902,473
Subtract TUITION revenue (50/50 split)		
TOTAL COPSE REQUEST		

Summary of Planning Assumptions

All positions would be hired a year in advance to work on concrete documentation and curriculum.
Capital Planning would be addressed prior to first class of students
Majority of the curriculum delivery will be by clinical faculty and based on clinical rates
Activity Based Costing was used to formulate FTE.
Simultaneous application for Academic and COPSE approvals will occur.
All costing is based on 2008 dollar values
The proposal will be completely funded and can not proceed incrementally.
Tuition yet to Be Determined but we assume a 50/50 revenue split (faculty/central administration)

2. Student Support

We anticipate that students will have access to existing student loan programs locally and nationally.

3. Identification of new financial resources.

This program will require completely new funding in order to proceed.

4.

Faculty of Medicine, University of Manitoba - Operational and Capital Budget Request
Physician Assistant Education Program

		2008/09	2009/10	Steady State Cumulative
Incremental Students		12	12	24
Incremental Contact Hours Required	*(1)*	2010	3304	5314
Total FTE's Required (Contact Hours/513)	*(2)*	2.61	4.29	6.90
Total Cost, Academic Salaries	*(3)*	$ 242,820	$ 399,183	$ 642,004
Academic Staff Benefits & pay levy		$ 43,101	$ 70,855	$ 113,956
Sub total Academic Salary and Benefits		***$ 285,921***	***$ 470,038***	***$ 755,959***
Secretarial Admission/Standard Patient Coordination	*(4)*	$ 90,000	$ 90,000	$ 180,000
Key Educational Support Positions	*(5)*	$ 90,000	$ 67,500	$ 157,500
IT Support Position	*(6)*	$ 60,000		$ 60,000
Medical Director		$ 90,000		$ 90,000
Program Director		$ 85,000		$ 85,000
Support Staff Benefits		$ 73,248	$ 27,799	$ 101,046
Sub total Support Staff and Benefits		***$ 488,248***	***$ 185,299***	***$ 673,546***
Total All Salaries and Benefits		$ 774,168	$ 655,337	$ 1,429,506
Other Operational Costs				
Library Support	*(7)*	$ 41,200	$ 41,200	$ 82,400
Supplies, services and IT license support, rural travel		$ 79,650	$ 79,650	$ 159,300
Curriculum Information System	*(8)*	$ 50,000	$ 50,000	$ 100,000
Sub Total Other Operational Costs		$ 170,850	$ 170,850	$ 341,700
Subtotal Operational Costs		$ 945,018	$ 826,187	$ 1,771,206
Total Operational Costs with project 3% inflation		***$ 973,369***	***$ 850,973***	***$ 76,014***
Tuition				
50/50 spilt				
				Cost/student/yr
Annualized Budget Required Cumulative		$ 945,018	$ 826,187	$ 73,800
Total Operational Cash Flow Request		**$ 1,918,388**	**$ 1,677,160**	**$ 3,595,547**
One Time Needs:				
Start Up Research	*(9)*	$ 345,052		
Physical Space Requirements	(10)	$ 2,126,736	$ -	$ 2,126,736
				$ -
Total One Time Request		**$ 2,471,788**	**$ -**	**$ 2,126,736**
TOTAL FUNDING TRANSFER REQUEST		**$ 4,390,176**	**$ 1,677,160**	**$ 6,067,335**

Appendix # 9 Physician Assistant Educational Program Director - Job Description

PHYSICIAN ASSISTANT EDUCATION PROGRAM

PROGRAM DIRECTOR POSITION

The Faculty of Medicine at the University of Manitoba invites applications for the new position of **Program Director** of the **Physician Assistant Education Program (PAEP).** In collaboration with the Offices of the Dean and Medical Education, the Director will be expected to develop, promote and maintain a comprehensive Educational program which will lead its graduates to complete a **Masters in Physician Assistant Studies** degree. This program will continue to advance existing Faculty initiatives to develop and sustain its efforts in Physician Assistant education.

The director of the program will be a Physician Assistant and have significant academic and professional experience as a successful clinician educator and education leader. Physician Assistants with a Masters level of education and training or equivalent are encouraged to apply. Skill in examining and developing operations and procedures, formulating policy, and developing and implementing new curricular strategies and procedures at Faculty, University and National levels are expected for this position. Applications from other discipline backgrounds with similar educational expertise will be considered as well.This position is anticipated to be a full- time position, with 0. 8 EFT of the position to be dedicated to the academic and administrative duties..

The successful candidate will be expected to work directly with the Office of Medical Education. Significant collaboration with the Faculty of Graduate Studies will be required. Academic appointment will be within the Department of Medical Education.

The University of Manitoba encourages applications from qualified women and men including members of visible minorities, aboriginal peoples and persons with disabilities. All qualified applicants are encouraged to apply; however Canadian and permanent residents will be given priority. Priority will also be given to current faculty with the above appropriate attributes and skills.

We request that applicants submit a letter of intent indicating 1. why you are interested in this position; 2; how you think your skills have prepared you for such a position; and 3: applicant's vision regarding the position and the development of such a program. All applications are to also include a current curriculum vitae, and three (3) letters of reference.

Applications are to be received no later than **January 10, 2008.** The selection process may include interviews with members of a small selection committee advisory to the Dean.

DUTIES:

GENERAL:

i. Develops and maintains the PAEP, leading to the Masters Degree in Physician Assistant Studies.
ii. coordinates the acceptance of qualified candidates into the various formal academic and teaching positions.
iii. Directs the Masters Degree in Physician Assistant Studies to ensure that students graduate with the appropriate academic rigor and skills to become outstanding clinicians, and to foster leaders who will serve their communities and advance the PA profession.

This program will be designed, organized and implemented with the direct collaboration of the Office of Medical Education and the Faculty of Graduate Studies.

This position will help promote the PAEP to fulfill the growing critical need for health care delivery in Manitoba and Canada.

SPECIFIC DUTIES AND RESPONSIBILITIES:

WITH DIRECTION FROM THE DEAN AND THE ASSOCIATE DEAN, MEDICAL EDUCATION, AND COLLABORATION WITH THE PAEP MEDICAL DIRECTOR, THE PROGRAM DIRECTOR WILL:

1) Co- Chair the Physician Assistant Education Program Committee
2) Call meetings of the Program Committee on a monthly basis
3) Provide leadership in the implementation, maintenance and ongoing development of the PAEP curriculum
4) With the support of the Program Committee, establish and implement short- and long-range program goals, objectives, strategic plans, policies, and operating procedures; monitor and evaluate programmatic and operational effectiveness, and effects changes required for improvement.
5) With the support of the Program Committee, determine specific admission criteria and application procedures for candidates to the various program options
6) With the support of the Program Committee, establish an admissions process to review applications and select potential students
7) Meet at regular intervals (no less than quarterly) with each student enrolled in the program (both core and elective components) to review their academic progress, provide support/ mentorship, as well as assist in addressing students' challenges.
8) Assist (in collaboration with Departmental/ Faculty/ External representatives as appropriate) in securing financial resources to support the program
9) Establish formal representation and liaison with the Associate/ Assistant Deans in the Faculty of Medicine responsible for UGME, PGME, Research and Graduate Studies as well as with the Faculty of Graduate Studies, and ensure regular representation for the Program at their various executive committees

10) Along with the PAEP Medical Director, report regularly to the Associate Dean, Medical Education, and as needed to the Dean and other Faculty groups as directed
11) Establish formal linkages with appropriate national bodies (e.g., CAPA, NCCPA, etc) to enhance and promote the Program.

Knowledge, Skills and Abilities Required

- Professional experience as a successful clinician
- Academic prowess as an educator, scientist and scholar.
- Masters Degree in PA Studies or equivalent required
- Demonstrated ability to supervise, mentor and motivate learners
- Skill in examining and developing operations and procedures, formulating policy, and developing and implementing new strategies and procedures.
- Ability and proven experience to successfully make administrative and procedural decisions and judgments on sensitive, confidential issues.
- Ability to foster a cooperative learning environment
- Demonstrated capacity to work with physicians, nurses, PA's and educators to develop innovative, collaborative and Interprofessional program opportunities

REPORTING

- be appointed for a 4-year term. The program director reports directly to the Dean of Medicine as well as the Office of Medical Education(Associate Dean, Medical Education)..

February 25, 2008

Report of the Senate Planning and Priorities Committee on the proposal to introduce a Master of Physician Assistant Studies Degree Program

Preamble

1. The terms of reference of the Senate Planning and Priorities Committee (SPPC) are found on the website at: http://www.umanitoba.ca/admin/governance/governing_documents/governance/sen_committees/508.htm, wherein SPPC is charged with making recommendations to Senate regarding proposed academic programs.

2. The Programs and Planning Committee of the Faculty of Graduate Studies (FGS) has the responsibility of reviewing new graduate programs and making recommendations to FGS Council.

3. The FGS recommends that Senate approve a new Master of Physician Assistant Studies Degree Program in the Faculty of Medicine.

Observations

1. The proposed program has been developed as part of an overall strategy for improved and timely access to quality health care for all patients and their families in Manitoba. It has been developed to address issues relating to the reduced physician pool, reduced hours that interns can work and the increased demand for health care services. The second part of the strategy proposes increasing the number of undergraduate medical students admitted to the Faculty of Medicine from 100 to 110 students annually. The central goal of the PA Studies program is to develop and deliver a program of study which is aimed at educating and training competent "physician extenders" to meet provincial and national primary care and specialty health care needs in all types of health care settings.

2. The Committee noted that physician assistants does not duplicate the work of paramedical or nurse practitioner personnel. The physician assistants are health care professionals who work under the supervision of a physician. They are not physician replacements but serve to extend the work of physicians.

3. The Committee noted that the Program will require a significant amount of new funds to fully implement the proposed program. This would include 6.9 FTE Program staff and 1 FTE administrative staff as well as additional library, IT and other program teaching resources. In short, the Physician Assistant Program requires baseline funding (for academic and support staff and other operating costs) of $892,251 in year 1 and an additional $882,688 in year 2. That is, baseline funding of $1,774,939 annually once the program has achieved a steady state.

Comments of the Senate Executive Committee:
The Senate Executive Committee endorses the report to Senate.

4. The Committee observed that the program would require a significant amount of additional space for dedicated classrooms and staff office space. Further, the Committee was given assurances by the Dean of Medicine's Office that the physical space renovations required by the Physician Assistant Program (and also by the increased number of undergraduate medical students) could be met by the one-time capital funds grant expected from the provincial government. The one-time costs for renovations and the like for the PA program amount to $889,793 in year 1 and $572,000 in year 2, for a total over two years of $1,471,793.

5. The Committee was informed that the proposed program was strongly supported by Manitoba Health and that Treasury Board of the Provincial Government had approved the allocation of the funds for the Master of Physician Assistant Studies Program.

Recommendations

The SPPC recommends that:

> Senate approve and recommend to the Board of Governors that it approve the Master of Physician Assistant Studies Degree Program in the Faculty of Medicine. The Senate Committee on Planning and Priorities recommends that the Vice-President (Academic) not implement the program until he is satisfied that there would be sufficient space and new funding to support the ongoing operation of the program.

Respectfully submitted,

Norman Hunter, Chair
Senate Planning and Priorities Committee

HIVCH. A. 1(a)

Submission to the Faculty of Graduate Studies

by

The School of Art

Master of Fine Art (M.F.A.) Program Proposal

Prepared by:
The School of Art
University of Manitoba

Revised Oct. 9, 2007

Approved by School of Art Curriculum Committee: September 1, 2005
Approved by School of Art Faculty Council: September 16, 2005
Approved by Faculty of Graduate Studies: ~~Pending~~ November 15, 2007
Approved by Senate: Pending

Comments of the Senate Executive Committee:
The Senate Executive Committee endorses the report to Senate.

M.F.A. Proposal
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Executive Summary

The School of Art is one of the oldest degree-granting art schools in Canada, recognized nationally and internationally for its high standards in professional education and for producing innovative artists. This proposal for a Master of Fine Arts Program (M.F.A.) addresses a long standing need for graduate education in fine art at the University of Manitoba and in the province of Manitoba.

The School of Art's reputation for creativity and excellence is well founded. The School of Art focuses on creating artists solidly grounded both in the intellectual approach of the university and in the skills of the art academy. The proposed M.F.A. program balances between intellectual analysis and the creative process, providing aspiring artists with a balance between a time-honored apprenticeship model, and the history and ideas of the humanities and sciences.

While other programs in Canada have emphasized the conceptual traditions of the university, the School of Art M.F.A. program is designed to focus on the understanding of how art uses matter to express knowledge. Such a balanced focus addresses a gap in the graduate training of artists in Canada. The M.F.A. program emphasizes contemporary art creation with a strong foundation in history and theory, explored both within the School and through involvement with other Faculties at the University of Manitoba. Additionally, as Winnipeg has become known nationally and internationally as an urban center that produces some of the most imaginative creative artists on the international scene, the M.F.A. program extends its reach to selectively utilize the artistic and human resources of this area.

The M.F.A. builds on the strong undergraduate reputation of the School of Art, developing its strengths by encouraging multidisciplinary thinking as the basis for original contributions to knowledge in art. The program's integration of studio practice with scholarship is essential for professional, for positions in university teaching, and for creative work in the public and private sectors. M.F.A. graduates will make an original contribution to art and contemporary Canadian culture.

A: PROGRAM DESCRIPTION

1. Rationale, objectives and features

1. Rationale

The University of Manitoba School of Art, one of the oldest degree granting art schools in Canada, is recognized for the success of its graduates, many of whom have gone on acclaimed art careers. With a 55-year history of programming at the undergraduate level (B.F.A. (Hons.), B.F.A. General, B.F.A. (Hons.) Art History, B.F.A. Art History and Diploma in Art), the School is well-positioned to deliver a two-year Master of Fine Arts (M.F.A.) degree.

In the M.F.A. Program, the School of Art will build on its significant ethos of creativity of the School of Art and the center of Winnipeg that has produced internationally recognized artists. This program is important, not only to the School of Art but to the city and to the University as a whole. The School of Art's M.F.A. program is characterized by the investigation and creativity of all high level comprehensive research universities. The addition of a visual arts program with its concomitant creative and research energies enhances the University of Manitoba's strategic priority to serve all Manitoban's by providing access to excellence in research and education. Additionally, as the areas of visual literacy, creativity in design and visual culture are moving to the fore of academic scholarship in the humanities, engineering and architecture, the M.F.A. can provide a research center for explorations of connections between materiality, art, design and visual culture.

Demand is high for such a program. Many talented School of Art alumni wish to pursue graduate study, but for financial, family and employment reasons, are unable to leave Manitoba to achieve their goals. School of Art alumni often leave Manitoba to pursue graduate study, and as a result often do not return to Manitoba, thus limiting the potential to contribute to the province's cultural industry. From a period of 2000-2005, approximately 10% of School of Art alumni have gone on to study at Universities across North America and Europe.

In response to the University of Manitoba strategic priority of "recruiting and retaining the best," an M.F.A. encourages strong research and creative collaborations between School of Art faculty and graduate students.

In the curriculum designed for the proposed M.F.A. program, the School of Art recognizes the University of Manitoba's priority of "promoting interdisciplinary studies". The School excels in the traditional areas of fine art, giving it a thorough grounding for interdisciplinary investigation. In the School of Art, there is increasing interest in interdisciplinary work both by faculty members and in the thesis projects of undergraduate students. The M.F.A. program requires mastery of a studio-focused core curriculum, and enables each student to explore individual creative research through multidisciplinary elective courses, with opportunities to select electives from other Faculties at the University of Manitoba.

The School of Art undergraduate studio curriculum follows the thesis model, involving tutorials, scheduled critiques, and committee supervision. In the history of the School, such teaching methods underscore the undergraduate thesis requirement for art studio. The transition to graduate

level mentorship and committee roles logically extends from this form of independent undergraduate study.

The School of Art maintains steady growth in enrolment. These increases, shown below, support the need for advanced education in the fine arts. In the defined period, enrolment in regular session has grown 31.9%, and summer session by 65%.

School of Art Enrolment-Regular Session:

Year	Enrolment	% growth from previous year
2006/07	442	1.6
2005/06	435	2.8
2004/05	423	6.8
2003/04	396	3.39
2002/03	383	8.8
2001/02	352	5.07
2000/01	335	-
Growth in period		31.9%

School of Art Enrolment-Summer Session:

Year	Enrolment	% growth from previous year
2006	182	13
2005	161	11
2004	145	-7.6
2003	157	19.8
2002	131	19
2001	110	-
Growth in period		65%

In the same time frame, the growth in number of credit hours taught in the School of Art in Regular Session peaked at 30.1% (in 2004-05).

School of Art-Credit Hours Taught:

Year	Credit Hours Taught	% growth from previous year
2005/06	10818**	-1.1
2004/05	10942	7.2
2003/04	10211	10
2002/03	9284	5
2001/02	8845	5.1
2000/01	8408	-
Average growth for 5 year period		6.825

**Reflects a strategic decision to reduce sessional costs in a tight budget year

Note: 2006/07 rates not available at time this proposal was prepared.

Manitoba is known for having a rich arts and cultural community. The University of Manitoba needs to provide graduate training to retain qualified professionals in the cultural industries in Manitoba. As outlined in the letters of support from the Manitoba arts community that accompany this proposal, this long awaited program has community support.

II. Objectives of the program

The objectives of the program are:

- To create a context for learning where graduates can make an original contribution to knowledge in the visual arts.

- To prepare graduates for successful careers in a wide range of professional capacities: university teaching; artistic practice; gallery/museum work; publishing, advertising, design, media and communications; and positions in public, and private sector art venues. According to Richard Florida's book Cities and the Creative Class[1], artists are in demand for public, private, business, industrial, scientific, academic, social, and interdisciplinary ventures in contemporary culture.

- To create an environment where local, regional, national and international students can participate in diverse cultural dialogue.

- To enhance the research component of faculty in the School of Art through judicious employment of graduate students as research/studio assistants.

- To link art with other fields of advanced study to expand eligibility for grants and development funding. SSHRC's new research/creation strategic initiatives that have been in place since 2003. These outline Canada's Strategic Research Agendas for professionals currently working in higher education. The new Research/Creation Grant initiative demonstrates an increasing connection between creative practice, research and scholarship at Canadian universities. This connection provides the potential for supporting basic research in visual or auditory perception, neuro-physiological learning, new media, rapid visualization and new learning strategies appropriate to visual and lateral thinking (refer to article from "Washington Magazine" in Section E of this proposal).

III. How the program fits within the research/academic priorities of the School of Art

The M.F.A. program fits the School of Art's priorities, which include:

- Attracting and retaining highly qualified teaching and creative research faculty.

- Developing a research culture that embraces theory, research, collaboration and creative works that allies digital technologies with conceptual direction and visual knowledge.

- Employing an exhibition and written thesis requiring an original contribution to knowledge in art practice, theory, or concept. The M.F.A. is the terminal degree in visual art. The articulation of research/creation in the M.F.A. is intended to produce graduates capable of creating substantial innovations in scholarship, teaching and art practice.

[1] Florida, Richard L., Cities and the Creative Class. New York: Routledge, 2005.

- Involving School of Art faculty who investigate studio, new media, and interdisciplinary themes in their creative works and teaching. The M.F.A. encourages creative collaboration between faculty and students within the School of Art as well as across the University of Manitoba.

- Attracting ambitious students from local, national, and international arenas.

- Encouraging self-motivated student participation in conferences; local/national/international juried, solo, and group exhibitions; public, private, and artist-run venues; and publish in a wide range of publications.

IV. Innovative features of the program

- A specialized program that fosters strengths within the sub-fields of fine art, as well as encouraging investigations of interdisciplinary connections leading to discovery. This strategy links student research to broad areas of investigation within the university – including how the emerging fields of visual culture, environmental design, new media and visual literacy express ideas and imagination.

- The program requires mastery of a core curriculum in studio art, and allows each student to explore individual creative research through the multidisciplinary studio elective courses. Opportunities also exist to select electives through other Faculties at the University of Manitoba.

- This M.F.A. degree stands out for its potential to collaborate on explorations involving other disciplines' graduate offerings at the University of Manitoba (Faculties of Music, Architecture and Engineering).

- The M.F.A. provides a small number of students with individual time and attention from committee members and faculty. The environment encourages interaction with faculty as graduate student researchers where graduate students take leadership roles with the undergraduate student population.

2. Context

I. Extent to which program addresses current or future needs of Manitoba and/or Canada

Areas of strategic importance to Manitoba:
Art, architecture, film, music, and dance profoundly affect quality of life in Manitoba, creating a cultural magnet for other areas of Canada, particularly the prairies. Winnipeg remains a unique urban centre, with its historical profile and its multi-culturalism, and is particularly known for its visual arts and writing.

By introducing an M.F.A. program, the University of Manitoba commits to the future of culture industries in Manitoba. Not only will this program develop the artists and designers of this region, it will excite the creative entrepreneurial thinking that artists increasingly provide in private and corporate sectors. Areas of strategic importance to Manitoba include growth in

earnings, investment, and population; the latter including international immigration as well as migration from Canadian provinces. An M.F.A. program will attract international students who might otherwise go elsewhere for an advanced degree. Additionally, as graduates from diverse educational and cultural backgrounds contribute to the culture industries in Manitoba, these industries can grow creatively because of the infusion of intellectual capital into the Province. Graduates trained in fine art and new media will contribute to the private sector in Manitoba. Economic benefits to the province include tourism, capital and business expenditures, job creation, new firms, and operating and research costs.

The interdisciplinary and new media components of the M.F.A. program address the provincial government's desire for industry collaborations to expand skills training in emerging technologies. Culture industry collaborators will be attracted to the M.F.A. for its graduates who will address various research problems with the perspective of the creative director as well as direct knowledge of the digital visual technologies.

The research and innovation component, which is the second priority of the province's economic plan, emphasizes culture's contribution to quality of life and to the economy. An M.F.A. program offered by the University of Manitoba builds distinction, maturity, and validity into the education programs and arts organizations of this province.

II. Strengths of the program

In addition to the points in Section A.IV (novel or innovative features of the program):

- The location of Winnipeg not only provides a base of an unusually wide catchment area, but it also provides the human resources of the cultural industries of fine art practice, film, animation, digital sound and special effects.

- School of Art faculty have M.F.A. and/or Ph.D. degrees with expertise in several media or disciplines including art theory, art history, performance and installation; music composition; arts and science; film; and web-based work. Faculty often collaborate with other University colleagues, providing examples and experience for our graduate students.

- The integrative and sequential curriculum is a unique strength of the program. In developing the program we researched various M.F.A. programs throughout North America. A distinctive feature of the sequential structure of the curriculum links historical and contemporary art theory with art practice. A visiting artist program encourages international contacts for critical responses to student work. The option for interdisciplinary research and dialogue between areas and media specializations links art practice to the larger university research community. The M.F.A.'s emphasis on intellectual rigour, excellence within the art disciplines, and art-world practices attracts students and teachers of the highest caliber, capable of working with multiple visual and scholarly languages.

- The School of Art currently offers an outstanding education in traditional fine art disciplines. For example, many art schools have eliminated ceramics or combined it with sculpture, while the School of Art is now one of only two schools in Canada to

offer this specialization with facilities that include large gas and wood-fired kilns. Printmaking instructs in intaglio, lithography, block, and silkscreen printing along with new media technologies such as digital image setters and integration of printing technologies.

Summary of strengths:

- Integrative and sequential curriculum that addresses concept, history, theory and practice in a unique way.
- Strong disciplinary commitment by faculty competitive in the Canadian and international market.
- Interdisciplinary connections with other Faculties and disciplines are encouraged.
- The M.F.A. program aims for an outcome of professional artists/researchers who are engaged in rigorous thinking and artistic practice, intellectual articulation, and have the ability to lead creatively in teaching and ideas.

III. Areas of specialization

The School of Art's history of visual art programming at the undergraduate level offers a range of traditional and contemporary disciplines. It currently provides a strong foundation of intellectual and creative capital, technical resources, and artistic expertise for a successful M.F.A. Program. It should be noted that interchange between the various areas listed below exist informally at the School, but will be encouraged and integrated as a focus of the proposed M.F.A. Program.

Ceramics: teaching includes traditional pot making and firing methods in high fire gas and wood burning kilns in addition to ceramic sculptural techniques, mold making and slip casting, computer assisted glaze and clay analysis, and computer-aided kiln design. Ceramics overlaps substantially with sculpture in its use of hand-building techniques, figurative sculpture and combined media.
Drawing: historically strong traditional and classical drawing instruction, has expanded to include multimedia and interdisciplinary directions.
Graphic Design: uses diverse graphic design professionals to teach digital design techniques, illustration, web design and the graphic novel in state of the art computer labs.
Painting: diverse faculty teach multiple approaches to painting. Facilities include large high-ceilinged loft studios.
Photography: internationally recognized faculty teach colour, black and white, and digital processes, with strong connections to graphic design, painting and printmaking.
Printmaking: directed by multidisciplinary faculty, printmaking offers a large facility that includes digital printmaking, intaglio, litho, block, and serigraphy.
Sculpture: develops knowledge of complex materials and conceptual directions to accommodate large scale works in metal, wood, plastics and other media, and has links to new media video in animated charactering, and a mix of digital projection and 3-D works.
Video: integrates personal vision with real-time, animation, installation, set design for film, and computer engineering with each of the other areas.

IV. Extent to which the program extends or uses existing programs at The University of Manitoba as a foundation

The Faculties of Architecture and Music already offer Master's degrees which may lead to cross-fertilization and collaboration between art, architecture and music in studio practice and

in cultural history topics from the ancient world, medieval cultures, the renaissance, and modernism. Additionally, recent courses and developments in ethnomusicology and in non-western architecture complement the School of Art's proposed art history concentration in Asian Art, leading to discoveries of aesthetic commonalities and principles in non-western as well as western cultures. The potential for multidisciplinary investigations abounds, building on the current course offerings of existing graduate programs in the Faculties of Architecture and Music.

V. Extent to which the program enhances co-operation among Manitoba's universities

No other universities in Manitoba offer graduate-level programming in fine art. Graduates of Manitoba Universities who meet the criteria can apply to the program. Graduates from disciplines outside of the Bachelor of Fine Arts may also apply with comparable professional development and additional course preparation as required by the M.F.A. admissions process.

VI. Extent to which the program is likely to enhance the national/international reputation of The University of Manitoba

- The intellectual rigour of the M.F.A. program creates an important profile for the School of Art and the University of Manitoba in fine arts. The M.F.A. program stands out for integrating academic and studio research at the graduate level. This investigation of theory and practice, integrating research and creation, places the University of Manitoba at the cutting edge of fine art development.

- The interdisciplinary and new media components of this program are centered on contemporary research culture. Convergence of ideas and methods from different disciplines provide new venues for basic research in art, science and the humanities.

- The School of Art graduates have already developed international recognition for their art in major art centres such as Toronto, Montreal, New York and Los Angeles. The addition of an M.F.A. program at the University of Manitoba will amplify the presence of Manitoba artists in the world art scene, bringing recognition to the University of Manitoba and the province for educating artists of distinction.

VII. Similar programs offered in Canada and North America.

The following Canadian universities and colleges offer M.F.A. programs:
Concordia University
Nova Scotia College of Art & Design
Simon Fraser University
University of Alberta
University of British Columbia
University of Calgary
University of Guelph
University of Regina
University of Saskatchewan
University of Victoria
University of Waterloo
University of Western Ontario

In the United States, most major research universities and institutes offer M.F.A. programs, including "Big Ten" universities (Indiana University, University of Michigan, University of Iowa, Purdue University, University of Minnesota, University of Wisconsin – Madison, Michigan State University, Northwestern University, Pennsylvania State University, and Ohio State University). Also, many Ivy League universities (Yale, Harvard, Princeton and Stanford), as well as private art institutes offer three-year M.F.A. degrees (Rhode Island School of Art and Design, California College of Art, Kansas City Art Institute, San Francisco Art Institute Pennsylvania Academy of Art, Maryland Art Institute, Atlanta College of Art and Design).

The M.F.A. degree was offered in the United States far earlier than in Canadian schools. The M.F.A. has been offered in the U.S.A. since post-World Wart II (the 1950's) – hence the preponderance of fine arts faculty members in Canada of either U.S. nationality or holding an M.F.A. earned in the U.S.A. By contrast, in the 1970's only two programs, those offered by York University and Concordia University, were offered in Canada. Canadian Universities were historically much later in offering this degree, (the mid-1970) and hence have not investigated the international market for the M.F.A. program.

The history of the M.F.A. degree in North America has strong implications for support of Canadian cultural identity. For example, at approximately $20,000 U.S. per year, U.S. graduate programs are too costly for most Canadian students.

Through an M.F.A. program, the University of Manitoba provides Canadian students with an option to study in Canada and, therefore, encourages Canadian trained artists to teach in Canada. Additionally, the M.F.A. invites international students to participate in collaborations in fine arts at the graduate level, making Canada a more significant player in the international art environment.

3. Specifics

I.a. Degree to be granted on successful completion of program
Master of Fine Arts (M.F.A.)

I.b. Name of credential elsewhere
This is the standard designation for the degree.

I.c. List of those consulted in arriving at the name
None were consulted, as this is a standard designation for the degree.

I.d. Requirement for external accreditation by an external body
None required.

II.a. Admission requirements
Admission decisions are based on the qualifications of the applicant as well as the ability of the School of Art and The University of Manitoba to serve the applicant's intended program of study and area of specialization.

In addition to the Faculty of Graduate Studies program requirements, applicants to the M.F.A. Program require the following:

- A minimum of a B.F.A. Honours degree (or equivalent) or a B.A. Honours with studio major from a recognized university, with a minimum G.P.A. of 3.0 out of 4.0 in the last 60 credit hours of study.

  Graduates of the University of Manitoba B.F.A. Honours program are encouraged to have at least three years of post-degree professional studio experience. This is intended to provide for a broader experience for these graduates, who have already studied primarily with the Area Chair in their chosen specialization. Exposure to multiple ways of working and points of view will allow recent University of Manitoba graduates to bring a more varied experience to the M.F.A. Program.

- Three letters of reference.

- A statement of purpose in applying to the program.

- Artist's portfolio and statement.

II.b. Course requirements

Students are required to complete a minimum of 36 credit hours of course work plus a thesis/studio exhibition. The minimum includes:

1. 30 credit hours of required graduate-level course work.
2. Six credit hours of elective course work, either in the School of Art, or in another faculty at the University of Manitoba.
3. Thesis statement and visual thesis (studio exhibition)
4. Additional/remedial coursework may be required and specified by the students' committees.

There is no language requirement for this program, unless specified for an elective course. A complete program description is outlined in Section A:4 (Sample Program).

Note: As indicated in the "thesis" preamble, the M.F.A. is the terminal degree in fine art. For this reasons, in the M.F.A. the number of credit hours in the M.F.A. program is higher than in some other masters programs.

Ideally, students will complete the program in two years of full-time study that may include full-time study during Summer Session.

A list of course descriptions is available in Appendix 1.

II.c. Evaluation of student procedures

Principles of Assessment

The student must demonstrate an original contribution to the visual arts discipline. This

involves both creative and intellectual development of the student as an artist. This may include, but is not limited to, knowledge of imagery, media, technique, narrative, theory, method, relationships to the history of art and knowledge of traditional and contemporary art. The latter may or may not include: investigations of the social, political, psychological, public, symbolic, spiritual or anthropological dimensions of art and/or investigation of form, process and technique in art.

Course work
The student will be evaluated in each course on the basis of visual production, as well as written work that amplifies and complements the research/creation, including but not limited to an artist's statement, term papers investigating a certain theme, seminar participation, ability to critique and defend his/her own work and to critique the work of others in a contemporary art context, and knowledge of the significant works within the history of art leading to an original contribution to the discipline.

M.F.A. thesis statement
A 25-30 page (approx. 10,000 word) thesis investigating and complementing the student's visual studies, with explication of the student's art production and the interpretations and approaches chosen to discuss his/her work. The first page constitutes an abstract which is also the artist's statement. A bibliography is required.

M.F.A. visual thesis (studio exhibition)
Each candidate must present a solo exhibition that is deemed to be original, well-executed, and well thought out according to standards of professional art practice as determined by the student's Thesis Advisory/Examining Committee.

II.d. Thesis procedure
The Faculty of Graduate Studies thesis regulations apply to all M.F.A. candidates.

This M.F.A. program requires both a written thesis statement and a visual thesis (studio exhibition). The work must demonstrate that the student has attained a mastery of ideas, content, method, and technique in the chosen field of visual art, complemented by a written thesis showing knowledge of relevant art or literature as it supports and amplifies that studio practice.

The thesis regulations for the M.F.A. Program are outlined in Appendix 2.

II.e. Ability to transfer courses into the program
Courses taken for a previously granted degree cannot be used for credit in the M.F.A. Program. Other graduate-level courses are evaluated for equivalency on an individual basis by the School of Art Graduate Committee and the Faculty of Graduate Studies, and transfer granted to a maximum of six credit hours.

II.f. Supplemental regulations
The supplementary regulations for the M.F.A. are contained Appendix 4.

4. Projections and implementations

Ia. Sample program

Concentration is available in: ceramics, drawing, graphic design, painting, photography, printmaking, sculpture, and video. Opportunities for an interdisciplinary option within these areas, or with another discipline from another faculty at the University of Manitoba, are encouraged.

M.F.A. program requirements

Required courses (30 credit hours):

STDO 6AAA Graduate Seminar 1	3
STDO 7AAA Graduate Seminar 2	3
STDO 6BBB Visiting Artist Program 1	3
STDO 7BBB Visiting Artist Program 2	3
STDO 6CCC Art Theory	3
STDO 7CCC Contemporary Art Theory	3
STDO 6DDD Studio Concentration 1*	6
STDO 7DDD Studio Concentration 2*	6

* The expectation is that the student will spend the largest proportion of time in the major area of studio concentration

Electives:**

6 credit hours of approved graduate level elective courses, which can be taken in the School of Art, or with committee permission, in another faculty at the University of Manitoba. 6

GRAD 7XXX Thesis/studio exhibition: N/C

The M.F.A. thesis consists of both a written thesis (of which the first page comprises the artist statement) and also a solo exhibition. Performance on the written and exhibition components will constitute the performance for the thesis.

Credit hours required to graduate:	36
Second language requirement:	None, unless specified for an elective course
Expected time to graduation:	Two years full-time

****Studio electives available in the School of Art**

STDO 7EEE Cultural Studies in Studio Art	3
STDO 7FFF Interdisciplinary or Intermedia Studio	3
STDO 7GGG Themes in Contemporary Art Studio	3
STDO 7HHH Image and Word	3
STDO 7III Special Topics in Fine Art	3

Ib. M.F.A. Timetable for Program Completion - Sequential Structure of Program

Year/Term	Purpose	Course	Objective/Outcomes
Year 1, Term 1	Investigate contemporary art practice with reference to students studio concentration	Graduate Seminar 1	To increase facility & ability to discuss and critique their own work and that of others
Year 1, Term 1	To learn, understand & examine theories of art from the the Greeks through structuralism (Levi Strauss)	Art Theory	To uncover independent critical thinking in art theory and method; mastery of inter-disciplinary language common to various academic pursuits
Year 1, Term 1	Advanced individual instruction in student's area of specialization	Studio Concentration 1	To develop conceptual, technical and resources for student's studio practice for thesis proposal
Year 1, Term 1	Pursue studio or academic investigations in selected areas of individual interest	Elective -Studio or Academic*	To develop intellectual, symbolic, or technical aspects of student's work
Year 1, Term 2	Visiting artist works present with the Graduate Chair to present their investigations of contemporary art practice & Critiques of student work ensue on day 2 of visit	Visiting Artist Program 1	To use multiple international and cultural frames of reference in studying and creating art; to develop interpretations to critique own work and that of other artists
Year 1, Term 2	Contemporary art theory from post-structuralism, pluralism, feminism, critical theory and post-colonial perspectives	Contemporary Art Theory	To achieve fluency in contemporary art theory and its applications to own work and that of others
Year 1, Term 2	Advanced individual instruction in student's area of specialization	Studio Concentration 1 con't.	To develop conceptual, technical and resources for student's studio practice for thesis proposal
Year 1, Term 2	Pursue studio or academic investigations in selected areas of individual interest	Elective -Studio or Academic*	To develop intellectual, symbolic, or technical aspects of student's work
**Summer	Advanced individual instruction in student's area of specialization	Studio Concentration 1 con't.	To develop conceptual, technical and resources for student's studio practice for thesis proposal
	Pursue studio or academic investigations in selected areas of individual interest	Elective -Studio or Academic*	To develop intellectual, symbolic, or technical aspects of student's work
Year 2, Term 1	Investigate contemporary art practice with reference to students studio concentration	Graduate Seminar 2	To further development of content from Graduate Seminar in Contemporary Issues 1. Critique of work for thesis exhibition
Year 2, Term 1	Further development of student's chosen areas of specialization	Studio Concentration 2	To execute and select works for thesis exhibition

Year 2, Term 1	Pursue studio or academic investigations in selected areas of individual interest	Elective Studio or Academic* (700-level)	To develop intellectual, symbolic, or technical aspects of student's work
Year 2, Term 2	Advanced investigation of topics covered in Visiting Artist Program 1	Visiting Artist Program 2	To use multiple international and cultural frames of reference in studying and creating art; to develop interpretations to critique own work and that of other artists
Year 2, Term 2	Further development of student's chosen areas of specialization	Studio Concentration 2	To execute and select works for thesis exhibition
Year 2, Term 2	Pursue studio or academic investigations in selected areas of individual interest	Elective -Studio or Academic*	To develop intellectual, symbolic, or technical aspects of student's work
Year 2, Term 2	To clarify student's intentions versus actuality in their work	submission of thesis abstract, (artist's statement) and written thesis proposal M.F.A. exhibition	To arrive at a conclusion and express original research, exploration and thinking with regard to thesis exhibition of art

* 2 - three credit hour electives are required, and can be taken anywhere in the program

** Summer session is optional but recommended

Year 1, September 1	Graduate Chair to meet with the student and Advisor to discuss the selection of two additional Thesis Advisory Committee members (Advisor was appointed at admission)
Year 1, October 1	Student's Thesis Advisory Committee to be elected
Year 1, October 15	First major critique with full Thesis Advisory Committee
Year 1, October 15	Schedule of meetings with Thesis Advisory Committee members to be set for year. Committee members are required to meet individually with the student every three weeks (on a rotational basis so the student receives weekly meeting and feedback with committee)
Year 1, April 15-April 30	Year 1 final assessment critique and year end meeting with full Thesis Advisory Committee, with a purpose to complete the required Faculty of Graduate Studies annual report, and to discuss progress to date The Thesis Advisory Committee will make recommendations re: further study or modifications to the student's area of investigation/program of study, with the purpose of developing the thesis topic At this meeting, initial discussion re: thesis proposal will be initiated, based on the interest and performance of the student to date
Year 2, September 30	Student forwards name of three potential Thesis Examining Committee members to Graduate Chair. (These may be the existing Advisory Committee members)
Year 2, October 1	Thesis proposal approved by the Student and the Thesis Advisory Committee is due in Graduate Program Office, School of Art
Year 2, November 30	Thesis Examining Committee to be confirmed, with appropriate documentation submitted to Faculty of Graduate Studies
Year 2, January 31	Final assessment critique of studio work by full Thesis Advisory Committee. The committee may make recommendations regarding modifications to the student's work, statement, or require that improvements of skills and further work is conducted
Year 2, February 15	First date to present thesis exhibition
Year 2, March 10	Final date to present thesis exhibition for May convocation
Year 2, March 12	School of Art Thesis Endorsement Form due in Graduate Program Office, School of Art for May convocation
Year 2, March 15	Report on thesis due in Faculty of Graduate Studies for May convocation
Year 2, August 10	Final date to present thesis exhibition for October convocation
Year 2, August 12	School of Art Thesis Endorsement Form due in Graduate Program Office, School of Art for October convocation
Year 2, August 25	Report on thesis due in Faculty of Graduate Studies for October convocation

II. Estimated enrolment for the first 5 years; basis for projection
Admission to the program, especially in the early years, will be made to reflect the space and academic staffing resources available at the time. As future funds and academic hires materialize, admission will be expanded.

Up to four students will be accepted in each of the first two years of the program. This decision is made to allow for the growing pains of launching and promoting a new program, as well as the academic staffing and space constraints that will likely be with us early in the program. By year three, it is hoped that additional space will allow us to admit 8 students. In subsequent years with academic hires and additional space confirmed, we hope to admit 10-12 students per year, carrying a maximum of 20-24 students at a time.

School of Art planning involves ongoing efforts to secure additional space; if successful, the School hopes to accommodate more M.F.A. candidates in the future.

III. Potential for distance education offering
There are no plans for distance education offering. Some provision may be provided for travel or study involving access to special resources elsewhere. Requests for such exceptions will be considered on an individual basis.

IV. Schedule for implementation
The projected start date is September, 2009 with advertising and recruitment starting as soon as the program is approved, ideally by fall, 2008.

B: HUMAN RESOURCES

1. Faculty associated with the program, including adjuncts
1. Faculty Associated with the Program: Expected association as a) Thesis advisors b) Thesis committee members c) Course teachers.

School of Art faculty are known for their professional work in visual art. Many have exhibited their work in international settings, primarily in the U.S.A. and Europe. The faculty's areas of investigation include original contributions to the fine arts disciplines represented by the School of Art. The faculty is well-prepared to work with graduate students to achieve their potential as professional artists.

The following faculty are qualified to teach and/or to act as thesis advisors and committee members as indicated:

Name	Academic Credentials	Specialization	Thesis Advisor	Thesis Committee	Teach	Undergrad/ grad split
Sharon Alward	M.F.A.	Video, installation, performance art, drawing	x	x	x	80/20
Marilyn Baker	M.A., Ph.D.	Art history		x	x	100/0
Oliver Botar	M.Sc., M.A., Ph.D.	Art history		x	x	100/0
Jim Bugslag	M.A., Ph.D.	Art history		x	x	100/0
Cliff Eyland	B.F.A.	Painting, curating, art criticism		x	x	80/20
Stephen Grimmer	M.F.A.	Ceramics	x	x	x	80/20
Jeff Funnell	M.F.A.	Painting, drawing, film	x	x	x	80/20

Edward Howarth	M.F.A.	Printmaking, digital media, drawing	x	x	x	80/20
Kevin Kelly	M.F.A.	Painting, 3D installation, video	x	x	x	80/20
David McMillan	M.F.A.	Photography, painting, history of photography	x	x	x	80/20
Steven Nunoda	M.F.A.	Sculpture	x	x	x	90/10
Alex Poruchnyk	M.F.A.	Video, animation, installation, sculpture, performance art	x	x	x	80/20
William Pura	M.F.A.	Painting, drawing, printmaking, music	x	x	x	80/20
Celia Rabinovitch	M.F.A., Ph.D.	Painting, drawing, interdisciplinary	x	x	x	80/20
Gordon Reeve	M.F.A.	Sculpture, video, film	x	x	x	80/20
Robert Sakowski	M.F.A.	Painting, multimedia	x	x	x	100/0
Mary Anne Steggles	M.A., Ph.D.	Asian art history, ceramics, interdisciplinary	x	x	x	100/0
Kirk Warren	M.A.	Graphic design, illustration	x	x	x	80/20

Many of the School of Art's sessional studio instructors have M.F.A. degrees, established art practices and long standing teaching records in the School of Art. With adjunct appointment, these individuals can participate as instructors or committee members if there is an appropriate fit with a student's area of interest.

Additional studio faculty positions:
The School of Art proposes the approval for six additional faculty positions to support the M.F.A. program. The positions need to represent the following areas with the understanding that specialization is enhanced by dual expertise and that a multi-disciplinary background can enhance the program in synergistic ways:

Core specialization: (potential sub-specializations)
Ceramics: (sculpture and drawing)
Photography: (sculpture, printmaking and graphic design)
Drawing: (art theory, photography and video)
Sculpture: (drawing and ceramics)
Video: (drawing, sculpture and graphic design)
Graphic Design: (photography, printmaking and drawing)

Graduate study requires the ability to understand and employ multiple intellectual methodological and aesthetic perspectives. It is essential that we offer our graduate students a diversity of approaches to their chosen fine art area. This requirement for diversity of approach, method, and style of research and teaching can only be accommodated if there is more than one full-time faculty member in each disciplinary area. The responsibility of instructing graduate students to obtain mastery of their field cannot be left to the sessional instructors.

These positions are being requested for areas that are currently staffed with only one full-time faculty member. The role of each faculty member encompasses teaching undergraduate students, sitting on all undergraduate thesis committees, serving as area chair (with multiple service duties required) in additional to research and creative practice. It is unrealistic to add graduate management/teaching responsibilities in addition to the aforementioned responsibilities.

As well, the School of Art is already in a situation where a high proportion of our undergraduate courses are taught by sessional staff. The School of Art does not want to further reduce the undergraduate student contact with permanent faculty.

Finally, with specific consideration to the M.F.A. program, it is not desirable to have only one person hold all responsibility for the specific content area. In circumstances where that sole individual is on research leave, should retire or resign from the University or become incapacitated, the graduate students in that specific area would be in a dire situation. For these reasons, the School of Art requests additional full-time studio faculty positions for each of the areas currently staffed by one faculty member.

Sessional Staff: Sessional faculty with graduate degrees and relevant professional experience may, if appropriate, be appointed as adjuncts to teach M.F.A. courses. The demand on faculty to serve as Chairs of the Graduate Committee will require a course load reduction for these individuals, resulting in additional sessional hires for the appropriate undergraduate courses. As well, faculty who serve on graduate committees will be eligible for a course load reduction, after serving on a specified number of committees, resulting in additional sessional hires to accommodate the course load reduction.

As many of the sessional staff at the School of Art are important Winnipeg artists, the School of Art will integrate these human resources of the Winnipeg art community as advisors on its M.F.A. committees.

2. Support staff

A graduate Program Manager will be responsible for the day to day and long term operation of the program, and will provide support to the Graduate Chairperson and the Graduate Program Committee.

Extra technician hours are required to technical support for ceramics, sculpture, printmaking, photography, video, and in the digital media lab, as well as other areas as needed. It is anticipated that approximately one hour per student per week will be required.

3. Other staffing considerations

Practicing Professional artists will be contracted for the "Visiting Artist Program 1 & 2" courses. Generally, these individuals will hold academic credentials in fine art and will hold specialization in a specific art discipline. Additionally, professional artists from the Winnipeg community will be sought as external advisors on M.F.A. thesis committees.

C: PHYSICAL RESOURCES

1. Space

General Note regarding Space:

Specialized space and facilities are required for the education and professional practice of all artists. The School of Art's current undergraduate enrolment is 460 students; even for current undergraduate programming, the School urgently requires additional space. With the additional increases in enrolment of graduate students in the School of Art and their specialized needs for space, the School currently is assessing all of its space needs with a view to accommodating the specialized requirements of the graduate program. Requirements specific to the M.F.A. program include: additional instructional space, individual student studio space, and space appropriate for individual and group exhibition and for graduate studio critiques.

The Associate V.P. Administration has indicated that space in Tache Hall (Project Domino) will be available for the School of Art. However, further space planning is necessary to accommodate the specialized needs of the M.F.A. Program. The School will work closely with the architects and planners for the new space usage of Tache Hall, which is critical to developing an enhanced

professional profile for the School of Art.

It should be noted that if, as our measures of growth indicate, the School of Art enrollments continue to increase (an increase of 25% in graduates from the 2003-04 record of 58 to 76 graduates in 2006-07) then the undergraduate program will utilize all of the space available to the School of Art in Tache Hall.

I. Student Space
Individual student studio space is needed for the M.F.A., and is a necessary recruitment initiative for the program. Current space limitations in the School limit the opportunity of providing individual studio space for graduate students.

When fine arts students weigh the benefits of different M.F.A. graduate programs, the provision of individual studio space for creative work weight strongly in the decision to accept a school, and is also necessary to facilitate the cross-fertilization between areas necessary to the requirements of contemporary art practice. To achieve the University's goal of "attracting the best", the School of Art identifies appropriate student studio space as a high priority in the development of this graduate proposal.

Ideally, all of the graduate student studios will be located in a central area, with access to the more specialized facilities of ceramics, printmaking and sculpture as needed for fabrication and production. This could involve existing individual rooms or subdivided spaces. Appropriate HVAC fume ventilation, balanced lighting and access to sinks are necessary.

II. Administrative Space
Office space is required for the Graduate Chair, Graduate Program Manager, and six new faculty members.

III. Teaching Space
The School of Art has designated a seminar room in the FitzGerald Building for classroom-based courses and for committee meetings.

An additional large smart classroom with movable partitions is especially desirable for lectures, seminars, demonstrations of interactive media, and new media or installations, large-scale works, common work and display space.

A graduate critique room (clean room) is required for the graduate and visiting artist seminars and for small installations of graduate student work. This space could also serve as the installation/video projection room. This multi-purpose instructional/installation space is requested as new space that will be located within the facility created for the graduate student studios. The Art Barn facility for undergraduate painting and thesis work is increasingly overloaded with students is filled to capacity now in 2007. Moreover, as much as the art barn studio space seems adequate for students, this wood frame building is a fire hazard. It is overheated, poorly insulated, badly lit and sorely in need of refurbishment to make it a safer and healthier place in which to work. As much as it is "romantically artistic", it is often ridden with vermin, and has drafts and uneven temperature. As a lab space it requires significant engineering to bring it up to acceptable habitation levels.

2 Equipment

I. Teaching/Research

Media Lab:
The School requires a media lab that can support the digital/new media requirements of video, installation, digital audio, graphic design, printmaking and photography. Combining the technological needs of these areas will provide the necessary cross-fertilization between these areas that will lead to new contributions to knowledge in art and design.

Critique and Seminar Space:
In the new seminar room, the following equipment will be required: data projector, computer, screen, a black out blind for the window, and a console to house the equipment.

IT Upgrades:
Currently, the Art Barn and Sculpture/Ceramics facilities do not have internet access. This limits the opportunities to conduct research and to access image databases, both of which are standing teaching and research methodologies in art.

Sculpture and Ceramics:
The sculpture facilities are well thought out with complex fabrication equipment that is safely employed. However, to accommodate graduate students in sculpture, this area will require accommodations of dedicated fabrication space and additional equipment to be used by all M.F.A. students.

Ceramics does not have space to accommodate M.F.A. students without removing the technician's small office and storage space, or taking six studio spaces from the ground level of the Art Barn adjacent to the ceramics facility. Additionally, while ceramics has excellent technological tools in the way of kilns (constructed by the hand of the new faculty member in this area), it sorely lacks safe shelving and storage for students work during pre- and post-production of which there are several stages. Without refurbishment in this area, the School of Art risks physical accidents as well as the potential for destruction of much student work posed by unstable shelving and storage.

Printmaking:
The quality of the School of Art's faculty in this area (excellent teachers who exhibit internationally) combined with their interest and expertise in digital design tools makes this area an ideal center for image-making in multiples. This facility requires some separate spaces for production by graduate students. Because the printmaking area is underutilized in the summer months, it would provide an excellent venue for summer workshops that extend the School of Art's outreach into the community. Printmaking's digital imaging needs will be joined providing shared platforms for graphic design and photography which will also create synergy between these now-convergent areas.

3. Computer
Students are required to provide their own computers. They will also have access to the Mac Lab in the School of Art. Students involved in video or multimedia will have access to appropriate resources available in the School of Art.

4. Library
Letter attached in Section E: Support documents

D. FINANCIAL RESOURCES

1. Delivery Costs
I. Costs associated with human resources implications under the headings B. 1, 2, 3
Please refer to Appendix 3.

II. Costs associated with physical resources implications under the headings B. 1, 2, 3
Please refer to Appendix 3.

III. Costs associated with research not covered above
Please refer to Appendix 3.

2. Student support
Please refer to Appendix 3.

3. Identification of new financial resources
Alumni contributions
Frantic Film apprenticeships (in kind training)

4. Balance sheet
Please refer to appendix 3.

E. SUPPORT DOCUMENTS

Letters of support for the M.F.A. program proposal are included from the following individuals/organizations:
Mr. Gerry Miller, Executive Director, IST, University of Manitoba

Mr. Neil Marnoch, Registrar, University of Manitoba

Ms Carolynne Presser, Director of Libraries, University of Manitoba

Dr. David Witty, Dean, Faculty of Architecture, University of Manitoba

Dr. Lea Stirling, Professor, Faculty of Arts, University of Manitoba

Professor Steve Grimmer, Professor, School of Art, University of Manitoba

William Pura, Professor, School of Art, University of Manitoba

Mr. Pierre Arpin, Director, Winnipeg Art Gallery

Ms. Sarah Johnson, Alumni, School of Art, University of Manitoba

Ms. Bonnie Tulloch, Alumni, School of Art, University of Manitoba

Warren Carther, Artist

Ms. Alice Mansell, Mansell Design Group

UNIVERSITY OF MANITOBA | Information Services and Technology

Executive Director
Room 603A Engineering Building
Winnipeg, Manitoba
Canada R3T 2N2
Telephone (204) 474-9249
Fax (204) 474-7515

September 27, 2005

Char Okell
School of Art
403 Fitzgerald

Dear Dr. Okell:

Thank you for sending me the proposal for a Master of Fine Art program.

Based on the material therein and expected enrollments, this proposed new program should have no significant effect on IST facilities.

G. E. Miller
Executive Director
Information Services & Technology

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...omputing & Networking
...ineering Building
...peg. MB R3T 2N2
...474-9590
...474-7515 FAX

Administrative Systems
100 Administration Building
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(204) 474-7502 FAX

Bannatyne Campus Services
S206 Medical Services Building
Winnipeg, MB R3E 0W2
(204) 789-3742
(204) 789-3919 FAX

Central Administration Services
(Business, Telecommunications)
603 Engineering Building
Winnipeg, MB R3T 2N2
(204) 474-9580
(204) 474-7515 FAX

Educational Support Services
(Classroom Services)
123 Fletcher Argue Building
Winnipeg, MB R3T 2N2
(204) 474-8163
(204) 474-7598 FAX

Educational Support Services
(Production & Imaging Services)
112 Armes Building
Winnipeg, MB R3T 2N2
(204) 474-8910
(204) 474-7525 FAX

Char Okell

From: Neil Marnoch [Neil_Marnoch@umanitoba.ca]
Sent: Tuesday, November 08, 2005 2:45 PM
To: Char Okell
Subject: Re: School of Art M.F.A. Proposal

Char, having reviewed the the program proposal for the MFA, I see no problems in the Registrar's Office supporting this program with respect to registration, fee assessment and academic evaluation.

>
> Hi Neil
>
> Some time back, I sent over a copy of the School of Art M.F.A. Proposal. I™m wondering if you
> have had a chance to look at it relative to the Letter of Support from Student Records, or should I
> say, the Registrar™s Office!
>
> Thx, Char
>

Neil Marnoch
Registrar, University of Manitoba
400 University Centre
Ph: 474-9425
Fax: 275-2589

UNIVERSITY OF MANITOBA | The Libraries

Director's Office
Rm. 156 Elizabeth Dafoe Library
Winnipeg, Manitoba
Canada R3T 2N2
Telephone (204) 474-9881
Fax (204) 474-7583

DATE: November 1, 2007

TO: Dr. Jay Doering, Dean Faculty of Graduate Studies

FROM: Carolynne Presser, Director of Libraries

RE: Update to the Graduate Programme Review for Master of Fine Art

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Attached find the update prepared by Liv Valmestad, Art Librarian. She has updated her original review of the Libraries support dated November 2005.

Please contact me if you have any questions.

CC: Dr. Celia Rabinovich, Director, School of Art.

THE UNIVERSITY OF MANITOBA

Inter-Departmental Correspondence

October 26, 2007

TO Dr. Celia Rabinovitch, Director, School of Art

FROM: Liv Valmestad, Art Librarian, Bibliographer to the School of Art

SUBJECT: Update to the Graduate Programme Review for Master of Fine Art, November 2005

My 2005 review for the proposed Master of Fine Arts identified a one-time cost of $2000 to purchase necessary retrospective titles. Since then, I have ordered all the books listed on the faculty-supplied bibliographies and have used $2,000.00 in gift funds to address identified weaknesses in the collection. Contemporary art continues to be covered with my approval plan of "Post 1970 international art" with World Wide Books and with ABC ArtBooks for contemporary Canadian art. Both of these funds have enjoyed a budget increase in the past two years.

In my review twelve journal titles were suggested for future purchase, and we have since added six of these: *Applied Arts*, *Ceramic Review*, *Frieze*, *How*, *Journal of Visual Culture* and *Wired*. In addition to these titles, we have also purchased the *British Journal of Photography*, *Arts of Asia*, *Idea: International Advertising Art*, and *Yishu: Journal of Contemporary Chinese Art* . All of this is a result of increases to our acquisition budget, journals being acquired through bundled electronic subscriptions, and the increased buying power of the Canadian dollar.

With these improvements and continued commitment to collect in these areas, the Architecture/Fine Arts Library can easily support the research needs for the M.F.A. Studio degree.

C.c. C. Presser
M. Lochhead
J. Horner

THE UNIVERSITY OF MANITOBA LIBRARIES

LIBRARY SUPPORT STATEMENT FOR PROPOSED COURSE CHANGES

The signatures below endorse the findings of the bibliographer whose comments are attached. They do not necessarily indicate that the library has the resources to support the course change as outlined in the departmental submission.

NAME OF PROGRAM

Faculty: School of Art

Department:

Course no. and name: Master of Fine Arts (Studio) Program

SUPPORT STATEMENT PREPARED BY: Liv Valmestad (Bibliographer)

APPROVED BY: _____
Coordinator, Collections Management

_____
Director of Libraries

DATE: November 18, 2005

UNIVERSITY OF MANITOBA

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The University of Manitoba Libraries

INTER-DEPARTMENTAL CORRESPONDENCE

Date: November 18, 2005
To: Dr. Celia Rabinovitch
From: Liv Valmestad, Bibliographer for Art & Art History, University of Manitoba Libraries
Subject: Library Support Statement for M.F.A. (Studio) Program Proposal

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A review of the course outlines, present library holdings and current collection development activities indicates that the University of Manitoba Libraries can adequately support the proposed Master of Fine Arts Program, provided improvements are made to the serials collection. A one-time infusion of $2,000 (available from gift funds) will bring the monograph collection up to the desired level. The serials budget should be increased by $1,703.16 per year (plus the rate of inflation) for new subscriptions.

Introduction

The Libraries provides access to an adequate undergraduate collection in visual art, fine arts, and art history, and an excellent collection in architecture. Resources in architecture are particularly strong, since they support the requirements of the Faculty of Architecture's Graduate Program. The architecture collection has undergone several rigorous accreditation evaluations and recent assessment as part of the Faculty of Graduate Studies' Review Program.

In the studio program, Graphic Arts underwent a major expansion in 2001, offering 6 new courses. Later that same year, new courses in contemporary art history such as *Art Since 1968* and *New Media* were added. All these new courses have been supported at the undergraduate level, but not at the Master's level.

Overview

The School of Art is proposing a Master of Fine Arts Program that consists of 12 new courses:

Required courses (36 credit hours):

054.6XX	Graduate Seminar in Contemporary Issues 1	3
054.6XX	Graduate Seminar in Contemporary Issues 2	3
054.7XX	Visiting Artist Program and Seminar 1	3
054.6XX	Art Theory 1	3
054.7XX	Contemporary Art Theory	3
054.6XX	Studio Concentration 1	9
054.7XX	Studio Concentration 2	9

Electives:

054.7XX	Cultural Studies in Studio Art	3
054.7XX	Interdisciplinary or Inter-Media Studio	3
054.7XX	Themes in Contemporary Art Studio	3
054.7XX	Image and Word	3
054.7XX	Special Topics in Fine Art	3

The courses *Art Theory, Inter-Media, Contemporary Art* and *Cultural Studies in Studio Art* include a research component and specific reading lists were supplied. The documentation for all other courses stated that required readings are "at the discretion of the faculty member" or "assigned according to the individual student's interest." Bibliographies were supplied for the various focuses taught in the Studio component at the School of Art in the areas of Ceramics, New Media, Inter-Media, Graphic Design, Photography and Painting.

To assess the level of support for the proposed Master's program, the bibliographies provided with the course outlines were checked. Additional checking was undertaken to further assess the Libraries' collection in support of monographs and serials.

FACULTY-SUPPLIED BIBLIOGRAPHIES

In order to analyse the current state of the collection in the areas of the proposed new courses, the faculty-supplied bibliographies (which included both monographs and periodicals) were checked against the Libraries' collection. The results are summarized below:

Course no.	Course title	Citations checked	Citations held	Percent
054.6XXX	**Art Theory 1**	41	32	78%
054.7XXX	**Contemporary Art Theory**	29	20 (+3 ordered)	69% (79%)
054.7XXX	**Cultural Studies in Studio Art**	8	6 (+1 ordered)	75% (88%)
054.7XXX	**Image and Word**	13	9 (+1 ordered)	69% (77%)
054.7XXX	**Advanced Ceramics**	24	13 (+7 ordered)	54% (83%)
054.7XXX	**Graphic Design**	24	16 (+6 ordered)	66% (92%)

054.7XXX	Inter-Media	32	20 (+3 ordered)	63% (72%)
054.7XXX	New Media	35	23 (+7 ordered)	66% (86%)
054.7XXX	Painting	32	12 (+17 ordered)	37% (91%)
054.7XXX	Photography (cited no books after 1993)	26	25	96%
054.7XXX	Printmaking	15	10	66%
	TOTAL	279	186 (231)	67% (82%)

According to the University of Manitoba Libraries' *Collection Assessment Guidelines*, the above checking indicates that the collections in the areas specified are at a Master's level 3c (65%-79%).[1] To further analyse the collection, additional checking was undertaken. The results for the monograph and journal collections are presented below.

MONOGRAPHS

In the *RLG Conspectus Report*, completed March 2000, the Libraries' collections were not rated at the Master's level in any area (except for architecture). Since then, I have focussed my collecting on the undergraduate programs presently offered. The current acquisitions budget is not adequate to bring the collection up to the Master's level.

1. Retrospective Collecting Levels

a) Bibliographies Used

Several key bibliographies in the area of contemporary art, art theory and the various studio areas were checked against the Libraries' holdings.

The proposed courses on art theory include sources on contemporary art theory, historiography, ethics, literary theory, structuralism/post-structuralism, aesthetics and art philosophy. These areas were checked in the following bibliographies:

[1] The Conspectus methodology for collection assessment was developed by the Research Libraries Group in the United States and is used to evaluate university library collections. The UML *Collection Assessment Guidelines* assign Conspectus levels by measuring holdings. The guidelines recommend that in bibliographic checking the Libraries would need to have 65% - 79% for a Master's program and 80% for a Ph.D. program.

Adams, Laurie Schneider. *The Methodologies of Art*, 1996.
Marmor and Ross. *Guide to the Literature of Art History 2*, 2005.
Harrison, Charles and Paul Wood, eds. *Art in Theory 1900-2000: An Anthology of Changing Ideas*, 2003.
Preziosi, Donald. *Art of Art History: A Critical Anthology*, 1998.

For the checking results, see **Appendix, Table 1**. The Libraries has an overall average of 67% of the monographs listed in these sources, adequate to support a Master's program. The holdings are even greater (69%) if foreign language material is excluded.[2] This high level of support is not surprising, since art theory is interdisciplinary and borrows from disciplines such as English and Philosophy, both of which are taught at the Master's level.

The study of contemporary art includes the mediums of painting, printmaking, graphic design and sculpture. For these subjects, the following bibliographies were checked:

Theories and Documents of Contemporary Art: A Sourcebook of Artists' Writings, 1996.
Themes of Contemporary Art: Visual Art After 1980, 2005.
Contemporary Art: From Studio to Situation, 2004.
"From the Modern to the Postmodern and Beyond: Art of the Later 20th Century" *Gardner's Art Through the Ages*, 2005.

Theories and Documents of Contemporary Art: A Sourcebook of Artists' Writings included a comprehensive bibliography of 967 items, covering specific movements and concepts such as language and concepts, performance art, process, theory, gestural abstraction, geometric abstraction, figuration, art and technology, and installation art. (See **Appendix, Table 2.**) The Libraries has an overall average of 44% of the monographs listed in these bibliographies. This is not at a Master's level, but there are mitigating factors for this.

Our holdings were strong in contemporary art theory and installation art, but weak in the other areas and there were as many as 18 artists who were not represented in the collection at all. The publication *Theories and Documents of Contemporary Art* is from 1996, and the Libraries did not have many of the titles published in the 1980s and 1990s. Also, the collection is weak on art information from that era, as previously noted in the 2000 *Conspectus Report*. These weaknesses have since been addressed by our "art post 1970s" approval plan with Worldwide Art Books and ABC Art Books, which I will discuss further on.

Although the Libraries' collection is not at the required 65% level, it can still support an M.F.A. program. The type of research done for a studio degree is not as intensive as it would be in an M.A. art history program. In addition, gift funds are available for the purchase of necessary retrospective titles, at a one-time cost of $2,000.

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[2] The higher percentage is based on checking the English language texts only. Our present collection policy does not include collecting material in foreign languages.

b) Donation of catalogues from Gallery 111, School of Art

This past year we received a large donation of over a thousand catalogues on contemporary Canadian art. These will improve the collection and raise it to the Master's level in the area of Canadian contemporary art once they are catalogued, which we anticipate will take 3-5 years.

c) Catalogue searches at University of Manitoba, University of Regina and University of Saskatchewan

Twelve comparative catalogue searches were done on specific topics in the areas of art theory, contemporary art and various studio media at the University of Manitoba, the University of Regina and the University of Saskatchewan. Both Saskatchewan universities offer an M.F.A. program in studio and are comparable in size to the University of Manitoba. The totals were as follows: 1726 University of Manitoba, 1252 University of Regina and 1695 University of Saskatchewan. (See **Appendix, Table 3.**) The UM Libraries' collection is as strong, if not stronger, than the other two M.F.A. granting institutions. Again, this is primarily due to our strong "post 1945/75" approval plan with Worldwide Art Books.

2. Current Collecting Activities

Current Expenditures:

Art History	$ 6,500.00
Studio	$ 4,120.00
Approval Plan – Worldwide Art Books	$13,000.00
Approval Plan – ABC Art Books	$ 1,500.00
Slides	$ 500.00
TOTAL:	**$25,620.00**

With our current budget, it is only possible to collect in a broad manner for courses presently being offered, and not at the depth required for the Master's level. Retrospectively, we did not have books listed on the faculty-supplied bibliographies published prior to 1996 and others that cover art from the 1980s onward. This has improved since our approval plan with Worldwide Art Books was activated in 1996, as it covers art post 1970. The plan provides a wide array of contemporary art titles priced at US $50-60, from both European and North American museums and galleries. (Note, however, that this is only about 30% of what is available from publishers each month.) The approval plan with ABC Art Books covers Canadian art exhibition catalogues from galleries across Canada, including the Winnipeg Art Gallery.

3. Recommended Acquisitions Funding Level:

Based on retrospective collecting, I estimate that the Libraries would need one-time additional funding of $2,000.00 for monographs to support the proposed studio courses. This could come out of existing gift funds.

JOURNALS AND SERIALS

The serials collection is currently at the "3a Instructional Support Level (basic minimum)," which is below the recommended levels.[3] (See Appendix, Table 4.)

In terms of retrospective collecting, new subscriptions to electronic journals provide sufficient coverage and include several titles that have had to be cancelled in the past. Furthermore, our subscriptions to Project Muse, JSTOR and EBSCOHost include new titles that I would have recommended for purchase in any case. Some examples are *Art Monthly, Postmodern Culture,* and *PAJ : a Journal of Performance and Art.* However, some providers such as EBSCOHost are not stable and will have to be monitored.

Below are several journal titles that frequently appeared in the search result lists, along with faculty suggestions for subscriptions:

Title	CA$	Price
Applied Arts	$49.95	
Art: das Kunstmagazin	$201.19	EUR 142
Art Press	$105.38	EUR 74.40
Beaux Arts Magazine (for both M.A. and M.F.A. programs)	$126.79	
Ceramic Review	$77.35	GBP 37
Crafts (for both M.A. and M.F.A. programs)	$95.25	
Frieze (for both M.A. and M.F.A. programs)	$109.70	
How (graphic design)	$53.12	US 44.96
Novum (advertising, graphic design, English & German)	$212.50	EUR 150
Journal of Visual Culture[4]	$484.47	
Tate the Art Magazine	$102.40 membership	GBP 49
Wired	$47.26	
TOTAL for new subscriptions per annum	**$1,665.36**	

[3]According to the *RLG Conspectus for Art and Architecture*, the Master's level holdings for journals are as follows: *Art Index* (40-50%), *BHA* (20-30%), and *ARTbibliographies Modern* (20-30%) pertinent to the subject.

[4] U of A, U of C, SFU, Mount St.Vincent, Ryerson, U of Windsor, Laval, U of R and McGill all have a subscription to the *Journal of Visual Culture.*

Conclusion

Bibliographic checking and comparing resources at other fine art libraries has shown that the Libraries' collections meet the needs of the undergraduate programs, and some areas of the proposed graduate program. The monograph collection is at a graduate level for theory and contemporary art theory, while contemporary art is somewhere between the undergraduate and Master's level. However, since the M.F.A. degree is not primarily a research degree, the monograph collection is adequate. There *is* a need for some additional monographs, but gift funds are available to cover the anticipated one-time cost of $2,000. The serials budget should be increased by $1,703.16 annually (plus the rate of inflation).

It is clear from the present assessment that the Libraries could support the new graduate program if it increased its subscriptions to studio and contemporary art journals. Given the Libraries' present budget, it does not have the resources to increase baseline funding for fine arts serials. The Libraries would be willing to work with the School of Art to find alternate sources of funding such as grants. Alternatively, the Department may wish to begin some Adopt-a-Journal subscriptions or review its journal lists with a view to substituting new titles for less-needed ones.

APPENDIX

Table 1. Art Theory/Historiography/Contemporary Art Theory

Bibliography	Total checked	Total held in UML	% in UML
Art in Theory 1900-2000 (2003)	779	519	67%
Art of Art History: A Critical Anthology (1998)	33	20	60%
"Historiography, methodology and theory," *Guide to the Literature of Art History 2*	95 *(66)	53	56% (80%)
The Methodologies of Art (1996)	107	87	81%
TOTAL	**1014** *(985)	679	67% (69%)

* Figures in parentheses exclude books in foreign languages

Table 2. Contemporary Art including Painting, Printmaking, Graphic Design and Sculpture

Bibliography	**Total checked**	**Total held in UML**	**% in UML**
Contemporary Art: From Studio to Situation (2004)	34	7	21%
"From the Modern to the Postmodern and Beyond: Art of the Later 20th Century" *Gardner's* (2005)	138	106	77%
Themes of Contemporary Art: Visual Art After 1980 (2005)	86	46	53%
Theories and Documents of Contemporary Art (1996)	967	381	39%
TOTAL	**1225**	**540**	**44%**

Table 3. Catalogue Searches at University of Manitoba, University of Regina, and University of Saskatchewan

SUBJECT Search	U of S	U of M	U of R
aesthetics	751	818	548
aesthetics modern 20th century	87	80	74
art criticism history 20th century	13	9	5
art criticism Canada	3	3	3
art philosophy	316	363	279
art philosophy history	12	10	7
avant garde aesthetics	34	49	43
ceramics	35	35	23
graphic arts	20	68	19
painting	130	173	120
photography	274	88	83
prints technique	20	30	48
TOTAL BOOKS	**1695**	**1726**	**1252**

Table 4. Serial Searches

Based on results of an ARLIS/NA survey regarding indexes subscribed to, we have strong holdings compared to other institutions. We subscribe to *DAAI*, *BHA*, *ABM* and the *Art Index*.

Index Database Title	% in UML
Art Bibliographies Modern	20%
Art Index and Art Index Retrospective	31%

Art Bibliographies Modern **Database Searches**	**% in UML**
Francis Alys	47%
graphic design 21st century 2004-5	58%
Terry Richardson 2000-5	64%
body art	33%
internet art 2002-5	47%
art and semiotics 1995-2005	27%

UNIVERSITY OF MANITOBA | Faculty of Architecture

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Interior Design
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August 18, 2005

Dr. Celia Rabinovitch
Director, School of Art
202 Fitzgerald Building

Dear Dr. Rabinovitch:

I am pleased to support the School of Art's intent to create a Master of Fine Art (M.F.A.).

As you are aware the Faculty of Architecture and School of Art are collaborating on a number of faculty to faculty and Faculty to School initiatives. One of the major collaborations relates to the proposed Centre for Music Art and Design (CMAD). It will be imperative for CMAD's success that the School of Art students are able to participate in interdisciplinary programmes at the graduate level. CMAD will be a creative place where innovative new media and other initiatives will come to fruition through close collaboration between faculty and graduate students. The proposed M.F.A. will greatly assist in realising this intent.

As a terminal degree in visual art, the M.F.A. will allow the School to more easily address the research mandate of the University of Manitoba. Our own experience suggests that higher degrees are critical to the advancement of the disciplines. By developing a M.F.A., the School of Art will be well placed to more readily participate in the advanced research culture of the University.

The Faculty of Architecture also believes that a M.F.A. will provide an opportunity for an increased diversity of electives for our graduate students. Given the close association between our programmes, the M.F.A. will enrich our graduate student education through elective opportunities.

We believe that a M.F.A. will be an important addition to the University of Manitoba and support the creation of a Master of Fine Art.

Sincerely,

David R. Witty, Ph.D., MRAIC, FCIP
Dean, Faculty of Architecture

DRW:lmp
File:rabinovitch.M.F.A.

UNIVERSITY OF MANITOBA | Department of Classics

University College
220 Dysart Road
Winnipeg, Manitoba
Canada R3T 2M8
Telephone (204) 474-9502
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classics@umanitoba.ca

Dr. Celia Rabinovitch
Director
School of Art
203 Fitzgerald Building
Winnipeg MB
R3T 2N2

15 November 2006.

Dear Dr. Rabinovitch,

I am writing to express my support for the Master of Fine Arts (M.F.A.) currently proposed by the School of Art. I have read an abridged draft of the proposal. There is no comparable program in the province, and I too have observed that Manitoba's promising young artists have to look outside the province for higher-level training. An M.F.A. at the University of Manitoba would profit both from the constellation of innovative and well-known faculty in the School of Art and interaction with the very active arts community in Winnipeg. The proposed requirements for the M.F.A are rigorous and well balanced.

I have taught undergraduate students from the School of Art in my Roman Art course. I have also employed some of these students for graphics work related to archaeology, so I do have a sense of their goals and desires. There is a hunger among motivated students to further their training through an M.F.A.

For these reasons, then, I wholeheartedly endorse the proposed M.F.A program. I would be happy to answer further questions.

Yours sincerely,

Lea Stirling

Dr. Lea Stirling
Canada Research Chair in Roman Archaeology
Associate Professor, Classics
Associate Professor, School of Art
Advisor for the B.A. in Art history

Stephen Grimmer
School of Art, University of Manitoba
124 Ceramics/Sculpture Building
Winnipeg, Manitoba
R3T 2N2

Dr. Celia Rabinovitch, Director
School of Art, University of Manitoba
203 FitzGerald Building
Winnipeg, Manitoba
R3T 2N2

September 14, 2005

Dear Celia:

This letter is offered in support of the MFA program proposal being submitted to the Graduate College at University of Manitoba.

When I began my search for a permanent position teaching ceramics this past spring, I made a list of criteria for my ideal job. Among these were a strong and established BFA program, good facilities, and the opportunity to teach graduate students. I applied to several institutions and entered into formal discussion with three of them. In the end, I received competing job offers from the University of Manitoba and from a state university in the U.S.

I based my decision to come to University of Manitoba based on the high quality of the faculty, the excellent facility, and most importantly, the opportunity to help create a new MFA program. I previously taught for five years in a school with an established MFA program. While strong, I felt the program at that institution had some serious organizational and curricular shortcomings. The proposal for the MFA program at University of Manitoba addresses very many of these issues for me, and I feel that an excellent program will come of it. I am excited to be a part of this undertaking, and offer my full support.

Sincerely,

Steve Grimmer, MFA
Area Head, Ceramics

Char Okell

From: Dr. Celia Rabinovitch [rabinovi@ms.umanitoba.ca]
Sent: September 7, 2005 8:15 PM
To: 'Char Okell'
Subject: FW: Congratulations!

Please keep these letters in a special Kudos folder to use for support of MFA

From: William Pura [mailto:pura@cc.umanitoba.ca]
Sent: September 2, 2005 11:06 AM
To: Celia Rabinovitch
Subject: Congratulations!

Hello Celia,
I didn't think of this until it was too late in the afternoon but I would like to congratulate you and to thank you for all the hard work and the success at finally getting this MFA proposal off the ground. After so many years of false starts it's so gratifying to actually see the proposal come together! Whatever else happens to it, you can say that you put in a good proposal and for that the School must be very grateful.
Best wishes,

Bill Pura

Paul William Pura
76 Tuck's Road
PO Box 4268
Stonewall, Manitoba
Canada
R0C 2Z0

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September 19, 2005

Dr. Celia Rabinovitch
Director/Professor
School of Art
University of Manitoba
Winnipeg, MB R3T 2N2

Dear Dr. Rabinovitch:

It is with pleasure that I write today in support of your proposal to develop a Master of Arts Program (M.F.A.) in the School of Art at the University of Manitoba. I wholeheartedly support this proposal and I thought that this would constitute a good opportunity for me to elaborate on this matter.

As the Director of the major art museum in this community, I applaud the leadership demonstrated by the staff of the School of Art in bringing forward this vision. As the proposal makes clear, the School of Art is more than qualified to initiate and manage the proposed program of higher level education in the visual arts. The concept of providing more individuals with the opportunity to hone their vision and their art in the context of an M.F.A. program here in Manitoba is very much a goal that needs to be achieved.

The proposed program, which encourages interdisciplinarity, will mean that students can approach their work from a wide variety of angles and perspectives. The potential for further work and collaborative ventures with the Center for Music, Art and Design would be another positive aspect of founding an M.F.A. program.

Winnipeg is a city that enjoys an enviable reputation for the quality of the visual arts community. It would seem to me that the founding of an M.F.A. program at the University of Manitoba would but strengthen the richness of our community.

Best regards,

Pierre Arpin
Director

Sarah Johnson
2-260 Wellington Cresc.
Winnipeg, MB
R3M 0B4

Sept.1, 2005

Dr. Celia Rabinovitch
202 Fitzgerald building
University of Manitoba
R3T 2N2

Dear Dr. Rabinovitch

I am writing in support of developing a Master of Fine Arts program at the University of Manitoba.

To put my support in context I would like to tell you a bit of my personal history. After finishing my undergraduate degree in Fine Arts at the University of Manitoba in 2002, I was lucky enough to receive a full scholarship to complete my Master of Photography at Yale School of Art, (without that financial aid, I would have not been able to attend). Since finishing my degree, my artwork and career have gone places I had never dreamed. The Guggenheim has just purchased my first solo show and in January I will begin teaching an introductory photography course at the Yale School of Art. A great deal of my success is due to the fact that I went to an Ivy League school, but I never would have gotten through the door if I had not received such a strong foundation from the University of Manitoba.

It is no secret that the Fine Arts Department turns out an unusually large number of artists who go on to have important careers in the art world. The wonderful teachers at the school have no small part in this. As a matter of fact, when I went to my interview at Yale, Ted Papageorge, the Director of the School of Photography asked me how the photo department in "a little city in the middle of nowhere" was turning out such talented artists.

Winnipeg is considered the 'Art Mecca' of Canada, and yet most of our artists move away. There are not a lot of prospects for pursuing a career in the arts, be it visual, teaching, or managing a gallery, with only an undergraduate degree. Unfortunately our artists have had to leave Winnipeg to become successful and find work. I believe this loss hurts our community. A Masters Program at the University of Manitoba would be beneficial in keeping our artists and/or bringing them back to Winnipeg by creating more teaching and technical support positions. As well, it would offer a higher education for those students who cannot afford to go elsewhere or who have unbreakable ties to the city.

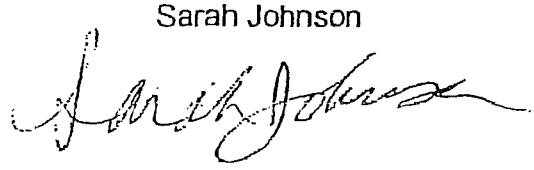
Winnipeg is a unique place, due in part to it isolation from the rest of the art world. This allows the artist freedom to create work that is inspired from within rather than being tempted to follow the latest art world trends. I believe this is one of the reasons why Winnipeg produces such amazing talent. A Master's program here would draw

students from all over Canada, even the world, to experience what our wonderful city has to offer from the arts perspective. And, let's be honest, most young artists would never think to move here otherwise. This influx of artists would only be a benefit for our community and our city.

A Master of Fine Arts program at the University of Manitoba can only be a win, win for both the University and the City of Winnipeg. As more artists attend school here and discover the arts community they will make Winnipeg their home, thus enriching both the school and the city. More importantly it will provide an incentive for our artists to stay in Winnipeg by offering more opportunities to grow as artists and build on their careers.

Sincerely,

Sarah Johnson



August 18, 2005

Char Okell
School of Art
University of Manitoba
Fort Garry Campus

Dear Char ,

Just a note to let you know how pleased I am to hear about the recent developments made by Dr .Rabinovitch and the School of Art staff in the development of the M.F.A. program at the University of Manitoba .

As you may know, for the past year I have been updating my portfolio in printmaking with the intention of applying to a master's program in the not to distant future . Most recently I have been investigating the M.F.A. program at University of Grand Forks , a school those notable alumni include Ted Howorth and Aja Svenne. Their graduate program is unique in allowing students to maintain residency in Manitoba and have their portfolios reviewed monthly under a graduate thesis committee in Grand Forks .This scenario , though it involves considerable travel time and expense , seemed the only viable option if one wished to attend graduate school locally. Unfortunately, I am unable to leave the province at the present time due to family commitments.The initiation of a graduate program at the University of Manitoba is therefore much anticipated event for many recent graduates.

I have watched with interest the development within the past year of both M.F.A .and M.A. in Art History programs at the University of Manitoba School of Art .The development of these graduate studies programs will serve to only cement the reputation of School of Art both nationally and internationally . I await it's inception.

Yours sincerely,
Bonnie Tulloch B.F.A.(Hons)/90
Bonnie Tulloch

45

WARREN CARTHER BFA, RCA

The Faculty of Graduate Studies
University of Manitoba
Winnipeg, MB R3T 2N2

I am writing this letter to acknowledge my support for what I consider to be the most positive and profound change to the School of Art at the University of Manitoba, in memory.

As we are all aware, this School is one of the oldest and most respected Art Schools in Canada. Additionally, it is located in a city known as the cradle of culture in Canada. I believe it is imperative that this school of Art build on that reputation and remain among the most excellent art schools in Canada. It must provide a complete education for the professional artist. This can only be accomplished by offering an M.F.A. program.

In the 1970s as a student attending The California College Of Arts And Crafts (Now The California College of the Arts) a school with a M.F.A. program, I witnessed how beneficial it was for undergraduates to work alongside graduate students. The graduate students often played the role of mentor to the less experienced undergrads. This was a huge advantage compared to what I had experienced at the U of M where none of the students were at that level of professionalism. As good as they were, the professors were just not always available.

Benefits of a M.F.A. program at the U of M School of Art:

- Greater prestige and respect for the School and its degrees
- An incentive for serious and talented art students to stay in or move to Winnipeg
- Higher enrolment
- A more thorough art education for the student
- A higher level of professionalism in the local arts community
- Building on and adding to Winnipeg's reputation as a cultured city

An M.F.A. program at the U of M School of Art would be a tremendous asset for the University of Manitoba and its students as well as a fantastic contribution to Winnipeg's artistic legacy.

Sincerely,
Warren Carther

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November 4, 2005

Dr. Celia Rabinovitch
Director, School of Art
University of Manitoba
Fitzgerald Bldg.
Winnipeg, MB
R3T 2N2

Subject: MFA Proposal

Dear Dr. Rabinovitch,

Thank you for providing me with the current documentation for the proposed MFA at the University of Manitoba.

I am now working as a consultant to universities and colleges with a continued keen interest in the development of critical high quality fine art programs across the country.

During more than two decades as a Professor and academic administrator in four provinces, I developed and implemented MFA programs at University of Calgary and at the University of Western Ontario, and taught in and supervised students and research in similar programs at the Nova Scotia Craft Art and Design University (formerly NSCAD), and reviewed and supported MFA and MFA equivalent programs in Ontario, Alberta, and British Columbia. Therefore, I believe I am in a good position to provide useful comment on this long overdue initiative.

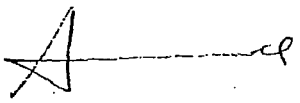
I applaud the careful detail and breadth of this proposal. The proposed form of coursework with an exhibition and supporting thesis, and its stated objectives are definitely consistent with MFA programs across the country. It flows from a strong undergraduate program that capitalizing on independent exploration within a rigorous and demanding project development orientation. U of M graduates populate the ranks of significant Canadian artists in greater numbers than their class sizes should warrant and are recognized for their deep creativity married to career and cultural entrepreneurship.

It is evident that the School has taken care to provide the critical balance between program offerings that engage with current theories, historical and contemporary issues and with essential deep involvement with creative and materials practices. To the scholar more familiar with traditional discipline research and learning practices, the substantive intellectual and critical development that takes place under this set of program demands may not be immediately evident. Most programs deemed appropriate to the university mandate have traditionally focused on the study 'of' products of creative and applied knowledges and practices. That focus has missed the substantive knowledge and intellectual inquiry embedded in other than text-based modes of research and exploration that shape and carry cultural practices and production.

With that in mind, I am convinced that the School of Art faculty available have the experience and professional credentials to guide the kind of projects that an MFA demands - projects that are in turns; intensely independent intellectual and material explorations, then collaborative social and process driven engagements with peers and the critical organizations that support and thwart progress, and then focused on effective management and support skills and practices to ensure the arc from concept to production and dissemination is achieved. Those demanding steps will be supported by the effective program mounted by Gallery 2-2-2 as well as by the visiting artists and scholars the School of Art brings to the campus, and by the extraordinary community of significant artists in the Winnipeg region.

I am looking forward to the expanded influence the already well-recognized School of art will realize with the initiation of the Master of Fine Arts Degree. I will be happy to provide any further commentary.

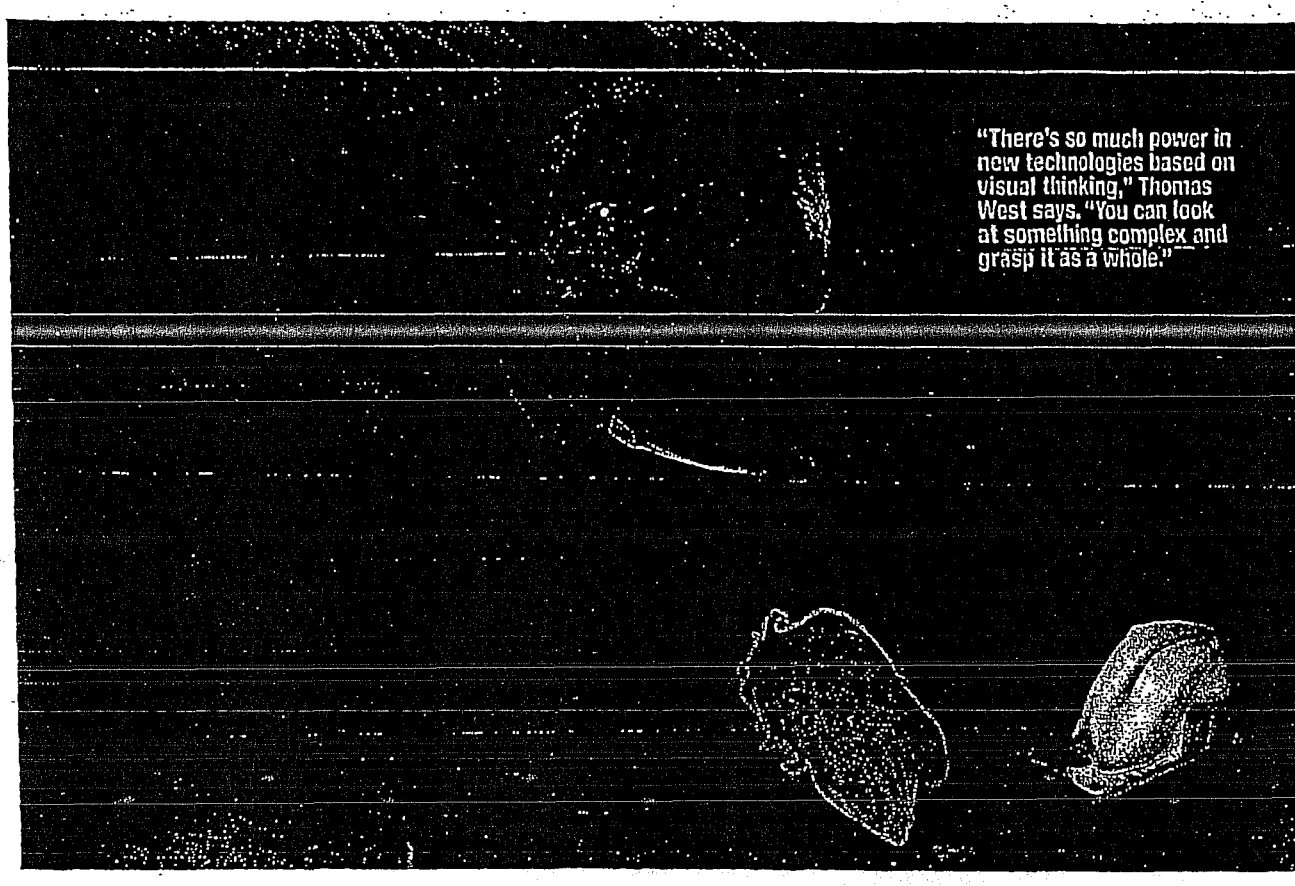
Yours truly,



Alice Mansell
Principal
Mansell Design Group

Thinking Like Einstein

Running movies in your head, seeing what others don't, discovering the gifts of dyslexia, and other secrets of the brain



"There's so much power in new technologies based on visual thinking," Thomas West says. "You can look at something complex and grasp it as a whole."

"Much of our educational system," Thomas West says, "resembles what existed before Leonardo da Vinci—medieval clerks who relied on reading, counting, memorizing texts, and learning foreign languages. We need to be more like Leonardo—integrating many aspects of life in art, science, mathematics, architecture, and technology using visualization."

West, who studies visual thinking and learning differences, came to the field after realizing that his sons' academic difficulties mirrored his own when he was young.

"I had trouble in school," he says, "not reading until way too late. I couldn't spell or memorize, but I later found that visual and conceptual thinking came easily." He began to research ways of learning and presenting data through visualization, particularly in the area of computer graphics.

"Computers can take lots of information and deliver images that integrate all the pieces," he says. "That delivers to the human brain a way of seeing and connecting masses of data."

West was born in Indianapolis in 1943, and his family later moved to Maryland's Eastern Shore. His father was an art teacher; his mother, now 96, painted until recent years.

West majored in English at Gettysburg College and received a master's degree in international relations from the University of Southern California. He spent three semesters in a doctoral program at Georgetown University before working for local energy and high-tech firms in the 1970s and '80s.

In 1991, he published *In the Mind's Eye: Visual Thinkers, Gifted People With Dyslexia and Other Learning Difficulties, Computer Images and the Ironies of Creativity*. The American Library Association called the updated edition one of the "best of the best."

West has consulted for the National Library of Medicine,

National editor Ken Adelman (adelmank@aol.com) has been conducting What I've Learned interviews since 1988.

and he's on the advisory board of the Krasnow Institute for Advanced Study at George Mason University.

For years, he wrote a column on visualization for a computer-graphics journal. These columns were collected in last year's *Thinking Like Einstein: Returning to Our Visual Roots With the Emerging Revolution in Computer Information Visualization.* He's now writing a book on visual thinking and dyslexia in three scientific families.

West lives in DC's Barnaby Woods neighborhood with his wife, Margaret West, a radio producer and editor. They have two sons. Ben, 31, is a freelance journalist; Jonathan, 28, is studying at the Southern California Institute of Architecture.

What is visual thinking?

It's running little movies in your head and then using them to store and manipulate information. Handling dates in history might entail remembering the digits—or envisioning the story of that century and putting a date into it roughly where it belongs. Then you're viewing time in a spatial way.

For hundreds of years, educational systems have been based on reading and writing, rarely on images. People who think in images often have trouble in the world of words, such as memorizing things.

Today there's so much power in new technologies built on visual thinking. You can look at something complex and grasp it as a whole. That's been done forever by artists.

But they were working to create moods or settings, not to deliver data.

Not really. Traditional artists like Leonardo da Vinci and modern computer-graphic artists do both. Doing data visualization in a systematic way began 15 or 20 years ago in supercomputer centers. Images require lots of power, whether brain power or computer bytes. Until maybe five years ago, you could get that much power only at supercomputer centers, like the National Center for Supercomputing Applications at the University of Illinois.

For example, the NCSA took the massive data on a thunderstorm—information on temperatures, pressures, wind direction—and showed it as something moving and pulsing, with colored balls and streamers. You're seeing the storm and wind build in three dimensions. These aren't photographs but models based on, and showing, lots of data.

What's done with thunderstorms can be done with many other things, such as international financial markets.

Think of a symphony. You can hear trombones or violins alone, but hearing all the instruments together is far more satisfying. It's a way to deliver more complex information to more people

Remember that trader in Singapore who ruined Barings Bank? He could hide his wild trading by burying the numbers in the mass of data in ink on paper. A year later, the *Economist* magazine described software that would have saved Barings by showing his trades in a color-coded sea of bar charts.

It's easy to hide something in a stack of papers but not so easy in the new computer-visualization display. Someone can zoom in on things that break a normal pattern.

How is this being applied in science?

One of my favorite examples is a film about a pulsar in astronomy that's sending out regular radio signals. The film lasts three minutes but contains 15 hours of lecture information. It got an award at one of the computer-graphics conferences.

It shows a pulsar with planets going around it. One planet pulls the pulsar and makes it wobble slightly, changing the pulses ever so slightly as well. Adding another planet into the mix changes this pattern, as the wobbles become a bit different. Adding another planet also changes the pattern, with the planets themselves interacting.

It's shown on a computer screen, but some people can see this "movie" of the pulsar and planets in their imagination. They're really good at visualizing. Computer graphics enables people to see loads of information before their eyes even if they're not gifted at thinking visually in their own minds. Their brain can absorb, in a richer way, how the wobble interacts with planets.

This new approach opens information to people who couldn't handle it in the old way. People at the bottom of the class before—restricted to words and numbers—may be at the top of the class in this new world of images and rich information.

We laypeople have been taught that scientists carefully examine all the data and find a pattern emerging from the data itself. That's not always the way it works. Geniuses in many fields of science, like Einstein, have used their visual imagination. They've gone way beyond what the scientific data warrants.

They use images to understand what's happening and then visualize what could happen in the future or in other circumstances. The toughest part of this new scientific process is translating these mental images into words, numbers, or formulas so they can be understood by others.

Einstein described his use of what's popularly called the creative, or right, side of his brain to see whole concepts; he then relied on the logical, or left, part to translate what he grasped into words and numbers.

He later said that when he was young, he would play with images in his mind—move them backward and forward and look at

them from different viewpoints. In time, he understood an image or problem sufficiently to visualize it whenever he wanted. Only then would he begin the work of translating the images into words, numbers, and formulas.

Several scientists have observed that the more Einstein became a sophisticated physicist and mathematician, the less creative he became. He abandoned the visual methods that had delivered his breakthroughs as a young man. He became a better mathematician but had fewer revolutionary ideas.

I'm studying a young banker in Edinburgh who's said to be very innovative in his merchant- and investment-banking ventures. While his colleagues are talking about tax laws and numbers, he draws diagrams to better understand the relationships. He's dyslexic, so his visual approach often helps him to see problems in different ways and to see new business opportunities.

Should we use visualization more?

Yes, particularly if you're good at imagining things or have some degree of dyslexia.

Anyone strong in visuals should embrace these new computer technologies. If you can detect a pattern in a financial market or a scientific experiment that everyone else misses, you're going to succeed. Being creative means seeing what others don't.

Educators need to learn about this, too. Most people who run major educational institutions are adept with words, numbers, and formulas in the old way. They need to turn to these new technologies and the techniques they open up to all students.

If a CEO or head of a laboratory buys into this approach, what should he do?

Find people in his group who are really good at visualization and have them go to it.

For example, there's a guy, Dan Sandin, in a computer-visualization center in Chicago. He consults for scientists, bankers, and others by setting up the problem and detecting patterns. One time, he set out to find patterns for credit-card companies—whether somebody would pay their credit-card bills. Looking at months of nonpayment is one way of proceeding, but it turns out to be not a very good one. Sandin looked at more variables and found patterns others had missed.

So your CEO or laboratory head should bring a consultant in, buy the necessary software to process the information, and have his employees begin playing with this stuff. Many are already doing this.

Some employees may not be good at first because they're used to the old way. But others will prove to be superlative, even though they may lack advanced degrees. But look at performance—see who gets the results, and start building.

A scientist at the California Institute of Technology, Bill Dreyer, read my first book and called to say, "This is my life story." In his field of molecular biology, he had to visualize relationships, the immune system, and other systems. He generated more information by designing instruments to show him what was happening. In the process, he designed the machines that eventually led to those used in the Human Genome Project.

Another fellow who contacted me installed computer systems for corporations. He said that once he understands a system, when something goes wrong he instantly knows what's wrong and where to go to fix it. Others he works with have to go to A and test everything there and then to B and test that. In contrast, he has a model of the whole system in his mind and consults that model with all its intricacies and relationships.

Even those in English literature or history can use this approach. They're accustomed to words, but if they're good writers—whether in prose or poetry—they're evoking an image in the reader's mind. Most academics resort to dry statements that are hard to follow, because they're not referring to any image in their own minds or evoking it in the reader's mind.

> "Several scientists have observed that the more Einstein became a sophisticated physicist and mathematician, the less creative he became."

Some of this is really "back to the future." Leonardo da Vinci was not only an artist but a first-class scientist who visualized all kinds of amazing discoveries.

Nikola Tesla, who developed the alternating electrical power system, used his visual imagination to design machines in his mind. Now we can do this with simulation in a modern graphic computer.

Boeing designed its 777 airplane by using high-visual computers. They didn't have to build prototypes to see which parts fit together and how they'd work with one another. Those engineers and designers couldn't do what Tesla did—build a prototype in his mind, run it there, and then improve it—but they could use modern computer technology.

Which fields are leading the way?

Design and film animation. Pixar makes animated movies, but unlike *Snow White*, animators don't draw one frame after another. Rather, they make models—essentially, marionettes without strings. Then, like the model of the little cowboy for *Toy Story*, they move it around within the computer's memory. They're using concretized imagination, as Leonardo da Vinci did.

In virtually any field, opportunities open up for a mini film clip as a way of making information visual or graphic. Using these modern technologies resembles the earliest human experiences, with one-to-one instruction using pictures and verbal explanations. It's very interactive.

What lessons have you learned about thinking?

That things aren't necessarily what they seem. Some people who appear not very proficient in the conventional school system fly to the top of the class when put in a more visual system. This is what happened to the young Albert Einstein.

I believe the powerful changes in computer-visualization technology will change our culture as much as the printing press did in the past. New visualization technologies will show us a side of our brains that has mostly atrophied.

This isn't frivolous, like entertainment television, which you watch passively. This technology is interactive and very powerful in delivering lots of information. It will allow us to educate a wider band of individuals and keep people engaged far more than any lecture could. This technology will tap into human brain power in virtually every field.

What have you learned about life?

That what looks like a problem, when you deal with it, can be seen as a gift. Someone who has dyslexia, for example, or who has trouble in school, may have real gifts of visualization.

I've learned how many people around the world are interested in this topic. My first book has been translated into Japanese and Chinese. The Japanese entitled it *Geniuses Who Hated School*. This shows that some people who lack verbal or mathematical skills have other skills, such as in visualization, which now prove so critical.

I've learned about real diversity as well. It's not just that we want to be nice and fair to people, but we may really need them. Go to places where these new technologies are being developed and used, like the computer-graphic society called SIGgraph, and you find deep, mutual respect. The mathematician knows he needs the artist, or even the dancer, to help him communicate an idea. There's no hierarchy of subspecialties.

I've learned to believe in the future. These new capabilities will work in a very exciting way. We have big problems and need people who can see the big picture. We'll have lots more Leonardos in the future.

REQUIRED COURSES:

STDO 6AAA Graduate Seminar 1 (3)

Purpose

This graduate seminar investigates contemporary art and culture concepts in the context of the student's studio program of work. This course includes critiques and presentations by faculty and graduate students, including invited curators and/or critics. Students present on their work (with a brief written statement and/or providing bibliography for discussion) for feedback from their colleagues in seminar sessions facilitated by the Graduate Chair and one other faculty member.

Objectives

By the conclusion of this course students will have achieved a greater facility in discussing the conceptual aspects of their work, further developing the technical aspects of their art, and will be able to participate in group critiques by shifting the frame of reference from their own artistic investigations to that of their colleagues. Ideas related to the students' thesis work and artist's statement will be identified and developed further.

STDO 7AAA Graduate Seminar 2 (3)

A continuation of Graduate Seminar 1.

STDO 6BBB Visiting Artist Program 1 (3)

Purpose

Visiting artists are invited to the School of Art to present on their work and to discuss and critique the students' work in a seminar following a similar format as the Graduate Seminar. The visiting artist also makes individual tutorial studio visits for one-on-one critiques of the students' work (equivalent to the master class format in music). This is a pass/fail course with required attendance.

Objectives

At the conclusion of this course students will have achieved the ability to use multiple theories or concepts with which to critique their work. This enlarged frame of reference is provided by the visiting artist critiques and tutorials that provide a broad base for discussion of contemporary art.

STDO 7BBB Visiting Artist Program 2 (3)

A continuation of Visiting Artist Program 1.

STDO 6CCC Art Theory (3)

Purpose

Art theory and methodology are introduced and examined in this course, which investigates the philosophical and theoretical ideas that provide a basis for approaches to art making as well as art historical research and methods. This seminar/lecture course examines the theory of art from the Greeks, through the Renaissance, Romanticism, neo-classicism, the use of the social sciences (Marx, Darwin, Ferdinand de Saussure, Freud, and Jung) or studies of symbolism and comparative mythology (Irwin Panovsky, Sir James Fraser, Robert Graves). The course also covers Asian (Chinese and Japanese) art theory of the scholar-literati class. The course covers selected psychological, anthropological, literary, phenomenological, and cultural approaches up to structuralism (Levi Strauss). Students develop an overview of art theory in its historical or cultural context as a basis for independent research. The written project demonstrates independent critical thinking, and understanding of art theory and method as it applies to their own art or understanding

considered in the context of the history of theory as well as the direction of the students' work.

Objectives
By the conclusion of this course students will have written a position paper showing independent thinking by describing their use of theory and method, its historical or contemporary sources, and showing how their approach can be used in their own art or in art historical research.

STDO 7CCC Contemporary Art Theory (3)
Purpose
This course covers art theory from structuralism, post-structuralism, semiotic, sociological, and psychoanalytic methods. Marxist, existentialist, deconstructive and post-structural variations in method are covered, including the pluralistic philosophies of feminism, identity politics, and cultural/ethnic studies. Works by contemporary writers and artists are considered in the context of the history of theory as well as the direction of the students' work.

Objectives
By the conclusion of this course students should have a thorough understanding of contemporary art theory, its premises, vocabularies, potential and limitations, and applicability to their own research, writing, and art.

STDO 6DDD Studio Concentration 1 (6)
Purpose
Advanced individual instruction in the students' chosen studio area.

Objectives
By the conclusion of this course students will have achieved further development of the technical aspects of their art, and will be able to self-critique and find further resources for their art. They will have set on a program of work with direction by the major professor. Ideas related to the students' thesis work and artist's statement will be identified and developed further.

STDO 7DDD Studio Concentration 2 (6)
A continuation of Studio Concentration 1.

SCHOOL OF ART ELECTIVES:
STDO 7EEE Cultural Studies in Studio Art (3)
Purpose
Art research and explorations of a social, anthropological, cultural, or religious interest.
Themes explored in the students' studio work are based on related research in history of religions, art history, anthropology or ethnography, women's studies, native studies, or other thematic issues in the history of culture.

Objectives
At the conclusion of the course students will have achieved a conceptual grounding in the cultural studies area of investigation, equivalent to a graduate course in one of these sub-disciplines (which may also be taken concurrently with this studio course). They will have achieved a greater facility in discussing the cultural ideas of their work, further developing the technical aspects of their art from cultural or traditional methods, and will be able to participate in group critiques by shifting the frame of reference from their own artistic investigations to that of diverse cultural ideas. Ideas related to the students' thesis work and artist's statement will be identified and developed further.

STDO 7FFF Interdisciplinary or Intermedia Studio (3)

Purpose

This course explores studio issues among the major disciplines and traditions of art making, including all the studio areas of art covered by the School of Art. Intermedia encourages cross-pollination between traditional disciplines and new forms of artistic expression using technology and integrated media. Projects may combine disciplinary interests between two studio areas or may connect visual art to disciplines offered by other faculties at University of Manitoba. In relation to the media of interest to the students, and with a committee of two or more instructors, students will be able to show a multidisciplinary use of media and ideas.

Objectives

By the conclusion of this course students will have achieved a greater facility in discussing the intermedia themes under consideration, further developing the technical aspects of their art, and will be able to participate in group critiques by shifting the frame of reference between various methods and media.

Ideas related to the students' thesis work and artist's statement will be identified and developed further. Intermedia Studio is intended to engage students in the investigation of a range of interdisciplinary multimedia projects, including but not limited to networked or live performance, installation and video.

The Intermedia course encourages research, creation and presentation of interdisciplinary works and provides a structure for the development of advanced projects exploring facets of production in the electronic, digital and media arts.

STDO 7GGG Themes in Contemporary Art Studio (3)

Purpose

This course allows students to pursue studio investigations under a specific theme chosen by the faculty member and/or student. Themes in Contemporary art Studio is driven by faculty interest and expertise and follows the special research interests of faculty and students. At the conclusion of this course the area of specialization has become a research focus for students, who are expected to achieve knowledge of the literature and art presented in this thematic course. Other themes may include time based, process or environmental art, form and expression, or matter and metaphor in art.

Objectives

In relation to the theme under consideration, by the conclusion of this course students will have achieved a greater facility in discussing the conceptual aspects of their work., further developing the technical aspects of their art, and will be able to participate in group critiques by shifting the frame of reference from their own artistic investigations to that of their colleagues. Ideas related to the students' thesis work and artist's statement will be identified and developed further.

STDO 7HHH Image and Word (3)

Purpose

This course explores the use of word and text in art studio, including but not limited to book arts, graphic design, film and video, new media, sculpture, drawing and printmaking. Research is performed as a practicum, with selected literature on word/text/art relationships covered.

Objectives

At the conclusion of this course students will have achieved an understanding of the potential and actual ways that word and image can create meaning, and will be able to employ this frame of

STDO 7III Special Topics in Fine Art (3)

Purpose

Advanced study in a fine art related topic. Topic considered will depend on the individual interest and need of the student/s.

Objectives

At the conclusion of this course, students will have achieved an advanced understanding of the selected topic.

GRAD 7XXX M.F.A. Thesis (3)

Purpose

Culmination of the M.F.A. Program, including the written statement, visual thesis and oral examination.

Objectives

To produce a written statement and visual thesis that shows that the student has developed an original contribution to knowledge in visual art.

M.F.A. Thesis Procedures

Thesis Advisory Committee:

Election of the Thesis Advisory Committee

At the onset of the program, the Graduate Chair will provide each student with a list of faculty members qualified to serve as members of the Thesis Advisory Committee.

Composition of the Thesis Advisory Committee

The Thesis Advisory Committee consists of three members:

- The Thesis Advisor who is appointed at the time of admission;
- One member, selected by the student in consultation with the Thesis Advisor, from faculty in the School of Art;
- One member, selected by the student in consultation with the Thesis Advisor, from another Faculty at The University of Manitoba or external to the University of Manitoba.

Faculty members eligible to serve on the Thesis Advisory Committee must be qualified under all of:

- A member of the Faculty of Graduate Studies;
- Active in research;
- Have expertise in an area related to the student's program of study;
- The member from the School of Art must hold a minimum of an M.F.A. or an M.A. in Fine Art;
- The member from another Faculty at The University of Manitoba must hold a minimum of a Masters degree and have expertise in an area related to the student's area of study.

Role of the Thesis Advisory Committee

The role of the Thesis Advisory Committee is to advise the student on a program of study, conduct regular critiques and annual reviews, and supervise the development of the thesis.

Thesis Examining Committee:

Election of the Thesis Examining Committee

Under normal circumstances, the Thesis Advisory Committee will transition to serve as the Thesis Examining Committee. If deemed advantageous to the student, the Advisory Committee will terminate upon election of a different Examining Committee. In this circumstance, the student will forward the names of three recommended Thesis Examining Committee members to the Graduate Chair by September 30 of the second year in the program. By November 30, the committee must be confirmed and reported to the Faculty of Graduate Studies Office on the 'Thesis Title and Examiners' form.

Composition of the Thesis Examining Committee

In the event that a new Thesis Examining Committee is appointed, the composition of the committee and eligibility of faculty members to serve as committee members will follow the guidelines outlined for that of the Theses Advisory Committee.

Role of the Thesis Examining Committee

The M.F.A. Thesis

Preamble:

The M.F.A. is the terminal degree in fine art and the M.F.A. thesis constitutes an original contribution to knowledge in visual art.

Definition:

The M.F.A. thesis is a body of work in visual art that comprises a cohesive and original investigation of concepts, visual ideas and/or media. The M.F.A. thesis has two components:

1. Visual thesis – a solo exhibition of selected work that is deemed to be original, well thought out and executed according to standards of professional art practice as determined by the student's Thesis Advisory/Examining Committee.

2. Thesis statement – an artist's statement (Abstract) prefacing a longer written document that clarifies and amplifies the intention, sources and research for the M.F.A. exhibition (maximum 25-30 pages or approx. 10,000 words). A bibliography is required.

Thesis Proposal

With guidance from the Thesis Advisory Committee, the student will prepare a thesis proposal which shall include:

- Proposed title;
- A brief statement on the nature, scope and objective of the project (maximum 500 words);
- A preliminary review of the research dealing with the project (maximum 1,500 words).

The thesis proposal is submitted to the Graduate Chair for approval and submission to the Faculty of Graduate Studies. Upon approval of the proposal, the student will work on the thesis with regular input from the Thesis Advisory Committee.

During scheduled critiques, the Thesis Advisory Committee will make recommendations as to further investigation or modifications to the student's body of work and written thesis. The thesis exhibition is presented for examination only with endorsement by each member of the thesis committee and reported to the Graduate Chair on the "School of Art Thesis Endorsement Form". At this time, the duties of the Thesis Advisory Committee are concluded.

The Thesis Examination

Upon endorsement of the thesis by the Thesis Advisory Committee, the Thesis Examining Committee will assume responsibility to conduct the final examination of the M.F.A. Thesis.

The Graduate Chair will arrange for the distribution of the thesis statement to the members of the Thesis Examining Committee and will notify the Faculty of Graduate Studies at the time that the thesis statement has been distributed for examination.

Concurrently, the student will install the visual thesis exhibition for evaluation within one month from the date of distribution of the written thesis. The Graduate Chair will notify the Thesis Examining Committee about the date, time and place of the thesis exhibition evaluation ten working days in advance. The examination is open to all members of the School of Art, the University and invited guests.

During the thesis exhibition evaluation, the student will make an oral presentation on the nature and significance of the exhibition before being asked direct questions by members of the Thesis Examining Committee.

Final Approval/Rejection
At the conclusion of the examination, the Thesis Examining Committee will meet to approve the thesis, and to determine any revisions required prior to submission to the Faculty of Graduate Studies.

The Thesis Examination Committee will consider the following components in its evaluation:
- Visual thesis exhibition (valued at 80%)
- Oral presentation (value factored into visual thesis exhibition)
- Thesis statement (valued at 20%)

The final thesis grade will be reported on a pass/fail basis.

The Thesis Advisor will submit a report confirming the results of the examination, indicating that the thesis is:
- Acceptable without modification or with minor revision(s)
- Acceptable subject to modification and/or revision(s)
- Not acceptable

If revisions are required, the Thesis Advisor will outline these in writing, and will include the timeline by which the revisions must be complete.

The acceptability of the thesis as satisfying in part the requirements of the M.F.A. Program is reported to the office of the Faculty of Graduate Studies on a form to be signed by all examiners.

Conformity to Faculty of Graduate Studies
In addition to the regulations outlined in this document, all thesis regulations of the Faculty of Graduate Studies must be observed.

		Year 1	Year 2	Year 3	Year 4	Year 5	Total
		2009/2010	2010-2011	2011-2012	2012-2013	2013-2014	
Staffing	**Number of Positions Requested (see note 1):**						
	Hire Assistant Professor-Ceramics (1)	1.00	0.00	0.00	0.00	0.00	1.0
	Hire Assistant Professor-Photography (2)	1.00	0.00	0.00	0.00	0.00	1.0
	Hire Assistant Professor-Drawing (3)	0.00	1.00	0.00	0.00	0.00	1.0
	Hire Assistant Professor-Sculpture (4)	0.00	1.00	0.00	0.00	0.00	1.0
	Hire Assistant Professor-Video (5)	0.00	1.00	0.00	0.00	0.00	1.0
	Hire Assistant Professor-Graphic Design (6)	0.00	1.00	0.00	0.00	0.00	1.0
	Total Academic Positions	**2.00**	**4.00**	**0.00**	**0.00**	**0.00**	**6.0**
	Salaries (based on 06/07 published rates incremented at 3%)						
	Note: Rate shown is full salary. Actual year 1 payout will be prorated to						
	75% if hire is for July 1).						
	****Faculty:**						
	Assistant Professor hire (1) ($61,859 base & 15% pension/benefit)	35,568.93	73,271.99	75,470.15	77,734.25	80,066.28	342,111.58
	Assistant Professor hire (2) ($61,859 base & 15% pension/benefit)	35,568.93	73,271.99	75,470.15	77,734.25	80,066.28	342,111.58
	Assistant Professor hire (3) ($63,715 base & 15% pension/benefit)		36,636.13	75,470.42	77,734.53	80,066.57	269,907.64
	Assistant Professor hire (4) ($63,715 base & 15% pension/benefit)		36,636.13	75,470.42	77,734.53	80,066.57	269,907.64
	Assistant Professor hire (5) ($63,715 base & 15% pension/benefit)		36,636.13	75,470.42	77,734.53	80,066.57	269,907.64
	Assistant Professor hire (6) ($63,715 base & 15% pension/benefit)		36,636.13	75,470.42	77,734.53	80,066.57	269,907.64
	Buy out Graduate Chair (equivalent to 1 x 3 cr hr course per year)	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	30,000.00
	Fees to external advisors	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	7,500.00
	****Support Staff:**						
	Graduate Manager 25% FTE (AA2) ($45,000 base &	12,937.50	13,325.63	13,725.39	14,137.16	14,561.27	68,686.94
	15% pension/benefits)						
	Full-time technician for Media Lab (depending on classificaiton,		46,000.00	46,000.00	46,000.00	46,000.00	184,000.00
	approx. $40,000 per year plus benefits)						
	****Other:**						
	Technicians (7 hours per week x 35 weeks x 5 disciplines)	18,375.00	18,375.00	18,375.00	18,375.00	18,375.00	91,875.00
	Visiting Artist 1 & Visiting Artist 2 Lecture Fees	12,000.00	12,000.00	12,000.00	12,000.00	12,000.00	60,000.00
Start Up	**Staffing (See Note 1):**						
	Academic Recruitment	10,000.00	20,000.00				30,000.00
	Start Up funds for new academic hires	10,000.00	20,000.00				30,000.00
	EQUIPMENT: Teaching/Research						
	Upgrades to ceramics facility	10,000.00					10,000.00
	Data projector for seminar room	1,800.00					1,800.00
	Laptop computer for seminar room/other research needs	3,000.00					3,000.00
	Black out blind for seminar room	200.00					200.00

	Projection screen for seminar room	500.00					500.0
	Annual cost to replace specialized light bulbs et al	500.00	500.00	500.00	500.00	500.00	2,500.0
	(assuming that lighting appropriate for professional art practice is						
	incorporated into the design in Tache renovation)						
	Digital Media Lab						
	Digital Media Lab & annual technology maintenance and upgrades		30,000.00	5,000.00	5,000.00	5,000.00	45,000.0
	Sound system for seminar room/installation & video projection room	250.00					250.0
	Computers for Video Editing Suites	4,000.00					4,000.0
	Software for Video Editing Suite Computers	1,200.00					1,200.0
	Digital Dark Room (laser printer)	1,000.00					1,000.0
	Digital Dark Room (wide format printer)	6,400.00					6,400.0
	Digital Dark Room (photo printer)	1,100.00					1,100.0
	Digital Dark Room furniture (Tables and chairs)	1,000.00					1,000.0
	Painting Equipment (large scale easels, tables, taborets, supply cabinets	3,000.00					3,000.0
	Marketing/Promotion						
	Recruitment travel and Information Sessions	7,000.00	5,000.00	5,000.00			17,000.0
	Brochure/Ad Design/Print/Mailing	5,000.00					5,000.0
	Advertisement in professional publications/web sites	5,000.00	5,000.00				10,000.0
Capital	**SPACE:**						
	Tache building renovations. (See note 2):	TBA					0.0
	Digital Dark Room (wiring & network ports)	3,000.00					3,000.0
	Internet hook-up for ceramics/sculpture facility & art barn (See note 3)	60,000.00					60,000.0
	Installation/video projection room - wiring/plugs/secure equipment	5,000.00					5,000.0
	EQUIPMENT: Administrative						
	Furniture for new academic hires - 6 x desks, filing cabinets, chairs	9,000.00					9,000.0
	Printer for joint use in art barn/sculpture and ceramics facilities	500.00					500.0
	Furniture for thesis studios (Tables, chairs, filing cabinets)	4,000.00					4,000.0
Operational Costs	Library (year-one infusion of $2,000, plus annual serial subscriptions)	3,700.00	1,750.00	1,800.00	1,850.00	1,900.00	11,000.0
TOTAL		**278,100.35**	**472,539.10**	**562,722.35**	571,768.77	586,235.09	2,471,365.6
Program Revenue	Enrollment (Intake estimates yr1=4, yr2=4, yr3=8, yr4=8, yr5=10)	4.00	8.00	12.00	16.00	18.00	58.0
	Tuition fees (Based on $4,177 program fee over 2 years)	**8,354.00**	**16,708.00**	**25,062.00**	33,416.00	37,593.00	121,133.0
Net Program Cost		**269,746.35**	**455,831.10**	**537,660.35**	538,352.77	548,642.09	2,350,232.6

February 25, 2008

Report of the Senate Planning and Priorities Committee on the proposal to introduce a Master of Fine Arts Degree Program

Preamble

1. The terms of reference of the Senate Planning and Priorities Committee (SPPC) are found on the website at: http://www.umanitoba.ca/admin/governance/governing_documents/governance/sen_committees/508.htm, wherein SPPC is charged with making recommendations to Senate regarding proposed academic programs.

2. The Programs and Planning Committee of the Faculty of Graduate Studies (FGS) has the responsibility of reviewing new graduate programs and making recommendations to FGS Council.

3. The FGS recommends that Senate approve a new Master of Fine Art Degree Program in the School of Art.

Observations

1. The committee noted that this proposed program addresses a long standing need for graduate education in fine art at the University of Manitoba and in the Province of Manitoba. There is evidence of a high demand for the proposed program amongst School of Art alumni and from other undergraduate programs in Canada. In addition, there has been a steady rate of growth in the demand for the undergraduate programs of the School of Art over the past seven years which also supports the need for advanced education in fine arts.

2. The School has provided letters of support from a wide range of key stakeholders in the area of visual arts and the education of artists, including the Faculty of Architecture, the Faculty of Arts Department of Classics, the Director of the Winnipeg Art Gallery, several design groups and the Manitoba Arts Council.

3. The Committee noted that the proposal provided documentation which indicated that the University of Manitoba Libraries has reviewed the library resource needs for the proposed program. The Director of Libraries Report indicates that the Architecture/Fine Arts Library has recently received a resource gift to update their collection to support the proposed program and has indicated that they can now easily support the research needs of the Master of Fine Arts Program.

4. Further, the committee noted that, while there is currently sufficient teaching space within the Fitzgerald Building, the program would require additional studio space for students and additional space for teaching and administrative staff. The committee also noted that the space required for a program of this kind is of a different character and nature as it needs to accommodate studio requirements. In addition, the committee stressed that the support of special academics should be addressed.

Comments of the Senate Executive Committee:
The Senate Executive Committee endorses the report to Senate.

5. In addition, the Committee noted that the proposed program would require an additional 6 FTE Faculty Resources (2 in year 1 and 4 in year 2 of implementation) to deliver the program as proposed.

Recommendations

The SPPC recommends that:

> Senate approve and recommend to the Board of Governors that it approve the introduction of a Master of Fine Arts program in the School of Art. The Senate Committee on Planning and Priorities recommends that the Vice-President (Academic) not implement the program until he is satisfied that there would be sufficient space and new funding to support the ongoing operation of the program.

Respectfully submitted,

Norman Hunter, Chair
Senate Planning and Priorities Committee

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February 28, 2008

Mr. Jeff Leclerc
University Secretary
312 Administration Building
University of Manitoba
Fort Garry Campus

Dear Mr. Leclerc:

RE: Senate approval for registration and licensure of Dr. Alan Garland under Section 64 of the Medical Act of Manitoba

On behalf of the Senate Committee on Medical Qualifications (SCMQ), I present the application of Dr. Alan Garland for consideration of academic certification by the Senate of the University of Manitoba as required under Section 64 of the Medical Act of Manitoba. His academic appointment will be in the Department of Internal Medicine, Faculty of Medicine. The SCMQ met on Oct 2, 2008 to consider this request. The committee members included Dr. H. Dean (Chair), Dr. S. Barakat (Faculty of Medicine), Dr. A. Chochinov (Faculty of Medicine), Dr. K. Grant (Vice-Provost), Dr. W. Pope (College of Physicians and Surgeons of Manitoba). Drs. M. Moffatt and A. Zomiak, invited guests, gave informed opinions but were nonvoting. The committee voted unanimously to approve the recommendation based on his exceptional qualifications as a clinician scientist in the field of quality improvement in Critical Care.

Dr. Garland has been in Manitoba since August 2007 working as clinician scientist in Quality Improvement in Critical Care. He was appointed as Associate Professor in the Department of Internal Medicine, division of Critical Care. The Faculty supported his full registration with the College of Physicians and Surgeons of Manitoba under Section 10 of the Medical Act which gives him full registration for 1 year ending in August 2008.

We have reviewed various options for registration with the College of Physicians and Surgeons of Manitoba after August 2008. There are 3 possible options: 1) conditional registration using Section 64 as recommended by the SCMQ, with the condition that he maintain his practice as a GFT at the University, 2) conditional registration with his American Board qualifications necessitating a practice advisor and chart audits for 5 years as a GFT at the University, or 3) full registration using academic certification by the Royal College of Physicians and Surgeons of Canada. Dr. Garland and the Department of Internal Medicine have requested option #1 and the Faculty supports this decision.

... 2

Comments of the Senate Executive Committee:
The Senate Executive Committee endorses the report to Senate.

Applicant: **Dr. Alan Garland**

Area of Expertise: **Quality Improvement in Critical Care Medicine**

Department: **Internal Medicine**

Department Head: **Dr. D. Roberts**

Academic rank at the University of Manitoba: **Associate Professor**

Summary of Training.

Master of Science in Physics, Harvard
MD, University of Chicago
American Board certifications in Internal Medicine, Critical Care, Respiratory Medicine

Letters of reference:

Dr. A.F. Connors, Professor, Case Western
Dr. A.T. Scardella, Assoc. Prof., Robert Wood Johnson
Dr. E. Warren, Division Chief, Critical Care, Case Western

Local letters of support:

Dr. D. Roberts
Dr. B. Wright

Exceptional Merit: **Critical Care Medicine**
Quality Improvement Research

Plans for further qualification in Canada: None

On behalf of the Faculty of Medicine and Senate Committee on Medical Qualifications, I request that you consider this application of **Dr. Alan Garland** for academic licence under Section 64 of the Manitoba Medical Act. He will then apply for conditional registration by the College of Physicians and Surgeons of Manitoba, the condition being that he will hold an academic position in the Faculty of Medicine a the University of Manitoba.

Yours sincerely,

Heather Dean
Chair, Senate Committee on Medical Qualifications
Associate Dean (Academic)
Faculty of Medicine

Enclosures:
Letters of Reference
Advertisement
Curriculum Vitae

Report of the Senate Committee on Admissions concerning a proposal to change selection categories for the Bachelor of Social Work program (Fort Garry campus) and to require successful applicants to all BSW programs to submit a Child Abuse Registry check (2008.02.14)

Preamble

The current admissions policy (approved by Senate) for the Fort Garry-located Bachelor of Social Work Program is that 75 persons are admitted each year from approximately 220 applicants. There are three categories of 25 applicants who are admitted:

1. those admitted on the grounds of academic achievement as reflected in their adjusted grade point averages (AGPAs);
2. an Educational Equity group who meet the minimum requirement of a 2.0 AGPA comprising Aboriginal people, visible minorities, immigrants and refugees, and persons with a disability; and
3. a randomized selection group of persons who meet the minimum requirement to get into the program.

The latter group has been controversial and has been criticized in recent years by a number of individuals and groups including some members of Senate, some groups of students, the Accreditation Board of the Canadian Association of Social Work Education (CASWE). In September 2003 the Dean of the Faculty of Social Work was asked by the administration to examine the use of random selection as one part of the Fort Garry Undergraduate Admissions process. Later that year, the Dean requested the BSW Program Committee to review the entire Fort Gary admissions criteria and make recommendations. A sub-committee was struck to carry out this task and in 2007 made the following recommendations, which were subsequently endorsed by Faculty Council.

The Faculty of Social Work was one of the first faculties to require applicants to complete a criminal record check as part of the admission process. The Faculty believes it is appropriate to also require applicants to submit a child abuse registry check to determine whether or not the applicant has been registered as an offender on the registry. This is a requirement in several other University of Manitoba degree programs where students may complete field work with children and are likely to come into contact with children in their work.

Observations

The Faculty of Social Work proposes changes to the selection process for the Bachelor of Social program (Fort Garry campus), effective for the September 2009 intake, as follows:

1. The Faculty proposes that the number of spaces allocated to the Academic Achievement category be raised from one-third to 60% of all spaces available. With the current yearly intake of 75 students, this would mean an increase from 25 to 45 spaces. The Faculty has a goal of achieving "excellence in education",

Comments of the Senate Executive Committee:
The Senate Executive Committee endorses the report to Senate.

which is impeded by the allocation of one-third of the total intake to a randomized method of selection. The AGPA is a strong predictor of academic success, and the current policy is biased against those who have high AGPAs. The undergraduate program has two access sites for non-traditional groups and a Distance Education program where most of the cohort students are Aboriginal people.

2. The Faculty would continue to award spaces in the Academic Achievement spaces on the basis of the highest AGPA.

3. The Faculty has currently identified four Educational Equity priority groups: Aboriginal peoples, visible minorities, immigrants and refugees, and persons with disabilities.

   The purposes of the Faculty's Educational Equity provision are:

   a. To recognize the existence and effects of current social inequities and past disentitlements and to redress these through specific and measurable strategies.
   b. To ensure that the Faculty is in every instance meeting or exceeding the standards and guidelines set out in the CASSW Accreditation Standards and Educational Policy Statements, particularly with reference to diversity. As described in CASSW Standards of Accreditation SB 1.4.2.

      The school's objectives shall take into account ethnic, cultural and racial diversity in the Canadian population, and reflect the same in curriculum content, faculty composition, and student admission procedures. (Note: Diversity throughout this document refers to ethnic or linguistic origin, culture, race, colour, national origin, religion, age, physical status, gender, sexual orientation, socioeconomic status, and political orientation.)

   c. To ensure that the Faculty offers an educational program that enables graduates to engage in professional action to remove obstacles to social functioning and to eliminate all unjust forms of inequality.
   d. To ensure that the rights and freedoms of all individuals as guaranteed under the Manitoba Human Rights Code and the Canadian Charter of Rights and Freedoms are protected and promoted in all aspects of the program.

4. The Faculty proposes that gender and sexual minorities (GLBTTQQI: Gay, Lesbian, Bi-Sexual, Trans-Gendered, Two-Spirited, Queer, Questioning, Intersex) be added as an additional Educational Equity group. This additional group would be consistent with the Faculty's policy regarding Educational Equity priority group categories.

   a. Youth in this group have higher suicide rates and higher rates of dropping out of high school.
   b. Both provincial and federal human rights legislation identify sexual

orientation as one of the prohibited grounds of discrimination; both the Manitoba Human Rights Code (9.2.h) and the Canadian Human Rights Act (3.1) recognize these sexual minority groups.

c. Children/youth in this group are at greater risk of being in care, living on the streets, desexualized, and experiencing family conflict.
d. The Supreme Court of Canada has ruled that the "equality rights section" protects people against unintentional or systemic discrimination, and that sexual orientation must be included with other characteristics listed in Section 15. The category of gender minorities (people who might identify as transgender) is currently being reviewed and there are cases before the Courts in this area. Universities and other institutions are acknowledging the barriers and discrimination faced by trans-gendered people and making accommodations accordingly including gender-neutral washroom facilities and treating perceived or actual transgender identity as a prohibited ground for discrimination (NAWL, 2003).
e. Inclusion of gender and sexual minorities in student admission procedures is congruent with CASWE Standards of Accreditation.
f. The recognition of gender and sexual minorities as a priority group will contribute to the effective education of students generally on the needs of this group and the forms of discrimination individuals in this group may encounter.
g. Inclusion of this Educational Equity category will make the Faculty of Social Work's application and entrance process visibly congruent with the social justice and anti-oppression considerations of its mission.

People in the gender and sexual minorities group have reported that fitting in at school was one of the most difficult experiences of their lives (Wright & Andrews, 2002). Sixty-four percent of gender and sexual minority students feel unsafe in school due to sexual orientation, and within this group, 28.6 % missed one school day per month due to feeling unsafe (Kosciw, 2004). Queer youth are further disadvantaged by oppression on the basis of sexual and gender orientation by age – younger people are more vulnerable to the effects of homophobia due to their dependence on and participation in informal and formal institutions of family, education, and health and social services (Dobinson, 2004). Some of the most severe forms of homophobic violence and bullying occur in schools and families. These contribute to queer youth being at greater risk of homelessness and child welfare involvement, as well as substance use and abuse, dropping out of school, anxiety, depression and mental health involvement, among other social consequences of stigmatization (Banks, 2003; Dobinson, 2004; Janoff, 2005; Smith & Seymour, 2001; Trans Programming at the 519, 2006). The cumulative impact of not fitting in, feeling unsafe and missing classes clearly interferes with one's ability to learn, and thus compromises one's academic standing with respect to university admissions. Although there is evidence to suggest that high school grades are significant predictors of academic achievement at the university level, these studies do not include contextual variables such as discrimination based on social group membership.

Given that the Educational Equity initiative is designed to address disparities in educational outcomes that result from discrimination based on social group membership, it is recognized that sexual orientation may pose a barrier to potential applicants within the Academic Admission category to the Faculty of Social Work. Sexual and gender identity may intersect with other forms of oppression already identified as Educational Equity priority groups to create further challenges or barriers for applicants (e.g., a First Nations lesbian growing up in a reserve community applying to study social work; a refugee from Africa seeking asylum because of transgender identity; or a poor person growing up in the child welfare system, identifying as a gay male).

5. The Faculty also proposes to add an additional Educational Equity group for non-Aboriginal students enrolled in the University of Manitoba ACCESS program. While this group has been included in the admissions process in the past, they have not been formally recognized in policy.

6. Educational Equity groups are traditionally marginalized in society and are traditionally under-represented in universities and over-represented as users of social services. The Faculty proposes that the number of spaces allocated to the Educational Equity priority group category be raised from one-third to 40% of all spaces available (with the current yearly intake of 75 students, this would mean an increase from 25 to 30 spaces).

7 The minimum AGPA requirement for Educational Equity priority group applicants is currently 2.0 (C) while the minimum AGPA requirement in the Academic Achievement category is 2.5 (C+). The Faculty proposes that the minimum AGPA for all candidates be set at 2.5 (C+). The AGPA can be as high as 4.5 (A+) so 2.5 is a reasonable minimum standard and applies to all other applicants.

8. The Faculty currently assigns a specific number of spaces to each of the Educational Equity groups. The Faculty proposes that the 40% of the overall quota assigned to the Educational Equity priority group category be proportionately allocated based on the number of eligible applicants in each Educational Equity priority group (e.g., if there are ten applications out of 50 from Aboriginal students, the Aboriginal group will be allocated $1/5^{th}$ of the Educational Equity spaces). There will be a minimum of one space allocated to each Educational Equity priority group as long as there is a least one eligible applicant in that specific group. This method of allocation provides an alternative to the current method of random distribution of unused Educational Equity applicant spaces and ensures unused applicant spaces are distributed to equity group members. This method also responds to fluctuations in number of applications from different equity groups from year to year and provides a sense of equity among the groups.

9. The Faculty proposes that spaces for applicants in each Educational Equity priority group be awarded based on the highest AGPA (which replaces the present random selection process).

10. To ensure that all available spaces are filled, the Faculty recommends that any unfilled Educational Equity positions be awarded based on the highest AGPA from the remaining pool of all eligible applicants to the program.

11. All applicants are required to sign a declaration regarding criminal convictions and that they have never been placed upon a child abuse registry as a perpetrator. The Faculty has required applicants to the Bachelor of Social Work program to provide a completed Criminal (CR) check prior to finalization of the admission. The Faculty is proposing that applicants also be required to submit a Child Abuse Registry (CAR) check. A positive response on the CR check, the CAR check or the declaration regarding previous criminal convictions does not necessarily eliminate applicants; however, it shall require that the applicant participate in a personal interview.

Recommendation

The Senate Committee on Admissions recommends to Senate that, effective for the September 2009 (i.e., 200970) intake, the Faculty of Social Work be permitted to modify its selection process for the BSW program located on the Fort Garry campus by:

1. Increasing the number of spaces allocated to the Academic Achievement category from one-third to 60% of all spaces available.
2. Assigning spaces in the Academic Achievement category on the basis of the highest AGPA.
3. Including gender and sexual minorities as an additional Educational Equity priority group.
4. Including non-Aboriginal applicants who are enrolled in the University of Manitoba ACCESS program as an additional Educational Equity group.
5. Increasing the number of spaces allocated to the Educational Equity priority group category from one-third to 40% of all spaces available.
6. Increasing the minimum AGPA requirement for Educational Equity priority group applicants from 2.0 (C) to 2.5 (C+).
7. Proportionately allocating that the number of spaces in each Educational Equity group category on the basis of the number of eligible applicants in that Equity group.
8. Awarding spaces for applicants in each Educational Equity priority group category based on the highest AGPA.
9. Filling unfilled Educational Equity spaces based on the highest AGPA from all remaining eligible applicants.

The Senate Committee on Admissions also recommends to Senate, that effective for the 2009-2010 intake, the Faculty of Social Work make the following requirement of all BSW applicants in any of the program sites:

10. That applicants be required to complete a Child Abuse Registry check in addition to the Criminal Records check and a personal declaration prior to finalization of their admission to the BSW program.

Respectfully submitted,
Dr. D.R. Morphy, Chair, Senate Committee on Admission

Terms of reference: Senate Handbook (revised 1992), pp. 10-6-10.8

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RAINBOW RESOURCE CENTRE
SERVING MANITOBA'S GAY, LESBIAN, BISEXUAL, TRANSGENDER AND TWO-SPIRIT COMMUNITIES

January 24th, 2008

Dean Bob Mullaly
Faculty of Social Work
University of Manitoba
418B Tier Building
Winnipeg, Manitoba, R3T 2N2

Dean Mullaly,

On behalf of the Rainbow Resource Centre (RRC), Manitoba's central service agency for the Lesbian, Gay, Bisexual, Transgender and Two-Spirit (LGBTT) communities, I would like to lend our full support to the proposed inclusion of **Sexual and Gender Minorities** as an essential classification under the Educational Equity Category in the Faculty of Social Work's Admissions policy.

According to your current Admissions policy, the purpose of the Educational Equity Provision is:

1. *To recognize the existence and effects of current social inequities and past disentitlements and to redress these through specific and measurable strategies.*
2. *To ensure that the Faculty is in every instance meeting or exceeding the standards and guidelines set out in the CASSW Accreditation Standards and Educational Policy Statements, particularly with reference to diversity.*
3. *To ensure that the Faculty offers an educational program that enables graduates to engage in professional action to remove obstacles to social functioning and to eliminate all unjust forms of inequality.*
4. *To ensure that the rights and freedoms of all individuals as guaranteed under the Manitoba Human Rights Code and the Canadian Charter of Rights and Freedoms are protected and promoted in all aspects of the program*

The Faculty of Social Work has a tradition of granting equal access to education for disadvantaged populations including Aboriginal and First Nations, Persons with Disabilities, as well as Immigrant and Refugee's. These groups all have similar population sizes, 14%[1], 14%[2] and 12%[3] respectively, to that of the LGBTT communities, which is estimated to be 10-12%[4]. By including Sexual and Gender Minorities, the Faculty would also be acknowledging the disadvantages that have been created by homophobia, transphobia and hetersosexism in our society.

For more than 35 years the RRC has been actively working to reduce discrimination in our society and improve the overall social climate for all. Although we've come a long way, the unfortunate reality is that homophobia, transphobia and heterosexism are still very much a problem in today's society and, subsequently, do disadvantage a sizable population. In fact, our work within the province and specifically within schools clearly and consistently demonstrates the need for much more to be done.

In fact, studies (see Appendix I) consistently show that many LGBTT individuals internalize the

[1] Census 2001
[2] Statistics on Persons with Disabilities 2002
[3] Statistics Canada 2005
[4] The Cost of Homophobia: Literature Review on the Human Impact of Homophobia in Canada (2003)

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negative messages created by homophobia, transphobia and heterosexism, which greatly impacts on their mental, emotional and physical well-being. More specifically, LGBTT people are often at an increased risk for: low self-esteem; self-hatred and loathing; major depression; social and family isolation; fear for personal safety; suicide ideation and completion (3-4 x higher for lgbtt youth); and higher rates of alcoholism, tobacco and drug use - a result of coping. To be clear, being LGBTT is not genetically hazardous, but rather these are consequences of homophobia and discrimination, and which can often lead to LGBTT individuals under-achieving academically, subsequently, limiting their post-secondary interest or options.

The results of the GLSEN's (Gay, Lesbian, Straight, Educators Network) 4th bi-annual **National Student Climate Survey,** which looks at the experiences of LGBTT students across the USA, also lend support the fact that homophobia greatly affects academic achievement. In fact, the 2005 National School Climate found that:

- "89% of youth report frequently hearing homophobic remarks at school."
- "LGBT students were five times more likely to report having skipped school in the last month because of safety concerns than the general population of students."
- "28% of youth who identify as LGBTT drop out of school because they cannot cope with bullying related to homophobia."
- "LGBT students who experience more frequent physical harassment were more likely to report they did not plan to go to college."
- "Overall, LGBT students were twice as likely as the general population of students to report they were not planning to pursue any post-secondary education."
- "The average GPA for LGBT students who were frequently physically harassed was half a grade lower than that of LGBT students experiencing less harassment (2.6 versus 3.1)."

In addition, GLSEN has found that, in spite of some gains made in LGBTT rights over the past decade, the overall school climate has not changed for the better since the inception of the National School Climate Survey in 1999. And even though these statistics are based on American schools, they clearly indicate the harmful effects that homophobia has on access to proper education. Equally telling is the fact that there are few if any Canadian comparisons. Only recently has Canada begun to look at issues faced by Canadian LGBTT youth through the **National Climate Survey on Homophobia in Canadian Schools** launched by EGALE (Equality for Gays and Lesbians Everywhere) in December 2007. This speaks directly to the issue of how systemic homophobia impacts on Canadian research.

In summary, despite progress in LGBTT rights, the deep-rooted homophobia, transphobia and heterosexism found in society today still makes it difficult, if not impossible, for many LGBTT people to publically acknowledge their identity. This often results in the LGBTT population being under-estimated, under-acknowledged and under-supported. It also places many people at an increased risk for mental, physical and emotional health issues that can also affect academic achievement in early, middle and secondary school. Therefore, it's imperative that, as a disadvantaged population, Sexual and Gender Minorities must also be given equal opportunity to access post-secondary education.

Respectfully,

Shelly Smith
Executive Director

Cc- Alex Wright – Associate Professor

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UNIVERSITY OF MANITOBA | Faculty of Medicine

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March 6, 2008

President E. Szathmáry
Chair of Senate
202 Administration Building
Fort Garry Campus

Dear Dr. Szathmáry,

RE: Creation of Department of Emergency Medicine

I am pleased to inform you that the Faculty of Medicine Council, at its meeting on March 5, 2008, passed the following motion:

That Emergency Medicine, currently a Section within the Department of Family Medicine, be afforded full departmental status, creating a new Department of Emergency Medicine effective June 1, 2008.

The motion was made by the Head of the Department of Family Medicine, Dr. Jamie Boyd and seconded by the Head of the Department of Medicine, Dr. Dan Roberts. The matter had been considered and approved by the affected units prior to the Faculty Council meeting and has widespread support throughout the Faculty.

I anticipate that the new department will contribute significantly to the objectives of both the Faculty and the University.

Sincerely,

Dr. J. Dean Sandham
Dean

Cc: Jeff M. Leclerc
University Secretary

Comments of the Senate Executive Committee:
The Senate Executive Committee endorses the report to Senate.

UNIVERSITY OF MANITOBA | Faculty of Medicine

EMERGENCY MEDICINE

RATIONALE FOR DEPARTMENTAL STATUS

INTRODUCTION

It is proposed that a Department of Emergency Medicine (DEM) be established within the Faculty of Medicine, University of Manitoba. Emergency Medicine is currently a Section within the Department of Family Medicine, but in many ways has been functioning as a distinct entity for several years.

The current activities of Emergency Medicine (EM) are significant and reflect those that would be expected of a full department. EM contributes greatly to the education of undergraduate medical students in a number of ways, from the teaching of clinical examination skills in first year through mandatory rotations in later years. EM offers two residency programs: one through the College of Family Physicians of Canada (an additional year of education following completion of a family medicine residency program) and one through the Royal College of Physicians and Surgeons of Canada (a five-year residency program). In addition, EM contributes to the education of postgraduate students in other specialties.

Departmental status for EM is the next logical step in the commitment by the University of Manitoba, the Winnipeg Regional Health Authority (WRHA), and Manitoba Health in furthering the specialty and improving the environment for the practice of EM in this province.

The creation of an academic DEM at the University of Manitoba – one fully integrated with the clinical Emergency Medicine Program of the WRHA – will enhance our ability to:

- attract academic and research-oriented Emergency Physicians,
- increase the capacity of the DEM educational programs at both the undergraduate and postgraduate levels,
- increase the research portfolio,
- provide education and training for related professionals (e.g., emergency nurse practitioners),
- increase continuing medical education opportunities to enhance the provision of emergency care throughout the province, and
- interact on an equal footing with other major specialties.

RATIONALE

Since 1980, Emergency Medicine has been recognized as a distinct specialty by the two organizations that credential emergency physicians (the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada). EM has a unique body of knowledge, as articulated in the Colleges' core documents, as well as a unique model of clinical practice. Affording EM departmental status would be consistent with the organized medical specialty structure.

The commitment of EM faculty has been significant with respect to fulfilling the role of academic physicians, and has allowed the section's academic output to grow over the years:

- Residency programs have expanded.
- The number of undergraduate elective rotations and early exposures is among the highest for major specialties.
- Teaching sites have been extended from the tertiary hospitals to the community hospitals.

- More continuing medical education services are being provided (e.g., Advanced Cardiac Life Support courses).
- International Medical Graduate courses and clinical supervision are being offered.
- Inter-professional training programs for Emergency Nurse Practitioners and Clinical Assistants are commencing.
- Medical simulation has been introduced to enhance student learning.

Recruitment of leading academic EM faculty at a national level is highly competitive. Recruiting abilities of academic units organized as departments is much greater than those units still organized as sections or divisions under "parent" departments. The most competitive faculty seem to prefer to be associated with independent academic departments. Hence, the quality and retention of faculty both are expected to improve with the granting of departmental status.

Over the past five years, research productivity has been growing, which in part reflects the attainment of a critical mass of faculty and an increasing stability of the academic EM workforce. Attainment of departmental status will further enhance research efforts.

Administratively, EM has operated fairly separately from Family Medicine for a number of years. Despite the small size of the previous budget, EM had maintained significant academic output. Manitoba Health's recent funding enhancement for EM will increase considerably the administrative load, and will necessitate the establishment of a strong and dedicated organizational structure for not only planning and growth but also for fiscal control and accountability. The formation of an independent academic department will allow such a structure.

There is a critical shortage of emergency physicians in Winnipeg and throughout the province of Manitoba. This comes at a time when similar emergency physician shortages are occurring across Canada and the United States. The provincial government has made a commitment to improve this situation. One element in the solution is to increase the number of residency positions within EM. Residency programs compete for the best candidates, and departmental status may influence the choices of the most desirable residents. With rare exceptions, other residency programs in Canada which are the size of the University of Manitoba EM program are housed in fully independent departments.

MISSION STATEMENT

Emergency Medicine is committed to:

- creating an academic environment that enables physicians and other healthcare providers in Manitoba to deliver excellent emergency medical care;
- advancing the knowledge base of emergency medicine; and
- providing high quality, leading edge, and safe emergency medical care.

CONCLUSION

There is broad-based support for this next step in the evolution of EM at the University of Manitoba, exemplified by the fact that the Faculty of Medicine Faculty Council has endorsed the granting of departmental status to Emergency Medicine. In addition, Manitoba Health has signaled its support by making a significant funding commitment to support this endeavor.

Emergency Medicine faculty members are positive and enthusiastic about gaining departmental status and a critical mass exists to take on the additional administrative functions of a separate department.

EMERGENCY MEDICINE

Proposal for Departmental Status

February 28, 2008

UNIVERSITY OF MANITOBA | Faculty of Medicine

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1. EXECUTIVE SUMMARY

It is proposed that a Department of Emergency Medicine (DEM) be established within the Faculty of Medicine, University of Manitoba. Emergency Medicine is currently a Section within the Department of Family Medicine, but in many ways has been essentially functioning as a distinct entity for several years.

The current activities of Emergency Medicine (EM) are significant and reflect those that would be expected of a full department. EM contributes greatly to the education of undergraduate medical students in a number of ways, from the teaching of clinical examination skills in first year through mandatory rotations in later years. EM offers two residency programs: one through the College of Family Physicians of Canada (an additional year of education following completion of a family medicine residency program) and one through the Royal College of Physicians and Surgeons of Canada (a five-year residency program). In addition, EM contributes to the education of postgraduate students in other specialties.

Departmental status for EM is the next logical step in the commitment by the University of Manitoba, the Winnipeg Regional Health Authority (WRHA), and Manitoba Health in furthering the specialty and improving the environment for the practice of EM in this province.

The creation of an academic DEM at the University of Manitoba – one fully integrated with the clinical Emergency Medicine Program of the WRHA – will enhance our ability to:

- attract academic and research-oriented Emergency Physicians,
- increase the capacity of the DEM educational programs at both the undergraduate and postgraduate levels,
- increase the research portfolio,
- provide education and training for related professionals (e.g., emergency nurse practitioners),
- increase continuing medical education opportunities to enhance the provision of emergency care throughout the province, and
- interact on an equal footing with other major specialties.

This proposal will show that the establishment of a DEM at the University of Manitoba is academically and administratively advisable, not just feasible.

The objectives and operations of an integrated DEM will further the goals of the Faculty of Medicine, the University of Manitoba, the Winnipeg Regional Health Authority, and Manitoba Health.

There is broad-based support for this next step in the evolution of EM at the University of Manitoba. The Department Heads of Family Medicine, General Surgery, Internal Medicine, Psychiatry, Anaesthesia, Pediatrics and Child Health, and Obstetrics, Gynecology and Reproductive Sciences have already written letters of support. In addition, Manitoba Health has signaled its support by making a funding commitment to support this endeavor.

Emergency Medicine faculty members are positive and enthusiastic about gaining departmental status and a critical mass exists to take on the additional administrative functions of a separate department.

2. INTRODUCTION

Emergency Medicine (EM) at the University of Manitoba is currently organized as a Section within the Department of Family Medicine. Since its beginnings as a Section in 1986 it has provided high quality education and training to medical students and residents, maintained a high standard of clinical care and is increasingly contributing to the body of knowledge in EM through published research.

EM provides numerous teaching hours to undergraduate medical students, organizing the mandatory clerkship rotation in EM and providing the required Basic Life Support and Advanced Cardiac Life Support training, as well as offering opportunities for additional exposure to EM for those students with an interest in pursuing this specialty. The Section's two residency programs—accredited by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada—have been highly successful and continue to grow.

Emergency Physicians within the Section are generally affiliated with one of the hospitals within the Winnipeg Regional Health Authority: approximately half are affiliated with one of the two teaching hospitals (Health Sciences Centre and St. Boniface General Hospital), while the other half have affiliation with one of the community hospitals (Grace Hospital, Seven Oaks General Hospital, Victoria General Hospital, and Concordia Hospital). In addition, some EM faculty members work within the city's Emergency Medical Services.

The practice of EM by nature deals with a broad spectrum of clinical and social presentations, and the education of EM physicians must prepare them for this diversity.

A. Educational Path to Becoming an Emergency Physician

Virtually all schools of medicine at Canadian universities require applicants to possess a bachelors' level degree (typically a bachelor of science) in order to be eligible for consideration. Following acceptance, an individual must complete four years of additional schooling, and is considered during this time to be an undergraduate medical student.

At the conclusion of this time, an MD degree is awarded by the university. Near the end of his or her undergraduate career, the individual must select a specialty and additional education and training in the form of a postgraduate residency must be completed. After selecting the specialty, the student then applies to desired residency programs, which conduct selection processes. A double-matching of residents with residency programs is done by an independent body: the Canadian Residency Matching Service (CaRMS). It is very common for an individual's residency to be completed at a university different from that which awarded the MD degree.

The length of a residency varies based on the specialty selected: from two years (for Family Medicine) to six years (e.g., for Neurosurgery). During the residency period, the resident is educated and mentored by practicing physicians in the desired specialty and evaluations take place on an ongoing basis. Residents may also complete periods of study ("rotations") in areas outside their designated specialty in order to obtain a broader education or to acquire more in-depth knowledge and skill.

Once the residency period is completed, the resident must sit an examination, which is conducted by one of the two colleges which grant physician certification: the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada. If the examination is passed, the resident will be awarded certification. It should be noted that the university at which an individual completes a residency does not confer any degree, certificate or diploma upon that individual. In order to practice in a particular province, the physician must then apply to that province's College of Physicians and Surgeons in order to be granted a license to practice medicine.

Emergency Medicine

Emergency Medicine has two distinct residency paths that lead to national certification. The Royal College of Physicians and Surgeons of Canada (RCPSC) has had a recognized program in emergency medicine since 1983. Certification (FRCP-EM) requires the successful completion of a five-year program. There are specific objectives as decided by the specialty committee of the Royal College of Physicians and Surgeons (see Appendix 1). The College of Family Physicians of Canada (CFPC) has offered a certificate of special competence in Emergency Medicine (CCFP-EM) since 1982. This credential requires an additional year of training in Emergency Medicine beyond the two-year program in Family Medicine. The CFPC's objectives are to increase the availability and improve the standards of emergency care provided by family physicians, to develop EM teachers, and to establish guidelines for the development and administration of family medicine EM programs (Steiner, 2001).

Emergency Medicine at the University of Manitoba provides education and training in both streams. For Canadian trained residents, there have traditionally been two new positions available each year in the FRCP-EM stream and three new positions available each year in the CCFP-EM stream. The program has also accepted into the FRCP-EM program a number of foreign-trained residents, whose countries of origin fund their residency periods. Manitoba Health has recently announced its intention to provide funding to expand the number of resident positions. This year, the capacity in the FRCP-EM program has been doubled to four first-year positions, and there will potentially be a tripling of the capacity in the CCFP-EM program. There are currently 18 residents-in-training: 15 in the FRCP-EM stream and 3 in the CCFP-EM stream.

B. THE HISTORY OF EMERGENCY MEDICINE

Historical Profile	
1968	American College of Emergency Physicians (ACEP) formed
1970	First emergency medicine residency program at the University of Cincinnati
1971	**Royal College of Physicians and Surgeons of Canada (RCPSC) proposed that educational programs be developed in the discipline of emergency medicine**
1976	**Canadian Association of Emergency Physicians (CAEP) formed**
1976	American Board of Emergency Medicine (ABEM) formed
1977	**Residency programs in place at McGill University, The University of Western Ontario, and Queen's University**
1979	Emergency medicine recognized as medical specialty by American Board of Medical Specialties and American Medical Association
1980	**Emergency Medicine approved by the RCPSC as a new Canadian specialty**
1980	**College of Family Physicians of Canada (CFPC) identified the need to upgrade emergency medicine education for family physicians and initiated a 1-year training program**
1980	First certification of emergency physicians by ABEM
1982	**CFPC awards first certification in Emergency Medicine (CCFP-EM)**
1983	**RCPSC awards first certification in Emergency Medicine (FRCP-EM)**
1986	**Section of Emergency Medicine formed at the University of Manitoba**
1988	**CCFP-EM resident training program commences – Section of Emergency Medicine, University of Manitoba**
1989	American Board of Emergency Medicine status change from conjoint (modified) board to a primary board approved by American Board of Medical Specialties
1991	**FRCP-EM resident training program commences – Section of Emergency Medicine, University of Manitoba**
1996	**Emergency Medicine is granted full departmental status at the Queens University, Kingston, Ontario**
1999	**Emergency Medicine is granted full departmental status at the Dalhousie University, Halifax, Nova Scotia**
2002	**Emergency Medicine is granted full departmental status at the University of Ottawa**
2004	**Emergency Medicine is granted full departmental status at the University of Alberta**
2007	**Departmental status is supported for Emergency Medicine, University of British Columbia**
2007	**Application for departmental status for Emergency Medicine, University of Manitoba**

C. EMERGENCY MEDICINE AT THE UNIVERSITY OF MANITOBA

First Trimester: prior to 1986

Emergency Medicine is a relatively new academic medical specialty. The first residency programs began in the U.S. in the 1970's and in Canada a decade later. Prior to this, Emergency Rooms were largely staffed by itinerant physicians and residents from other specialties who had relatively little input into the medical curriculum. Dr. Gerald Bristow, recently retired Associate Dean of the Faculty of Medicine at the University of Manitoba, provided much needed leadership for the nascent specialty in its earliest years.

In the early 1980's a young and enthusiastic group of physicians at the University of Manitoba developed both a clinical and academic commitment to Emergency Medicine as a specialty and began to participate more actively in undergraduate medical education. By the mid-1980's, the EM content of the undergraduate curriculum at the University of Manitoba was well developed and included a four week long clerkship rotation, an extensive lecture series and training in Advanced Cardiac Life Support (ACLS). This curriculum was designed and taught by clinicians with a teaching hospital clinical affiliation and was accomplished with minimal financial support.

For a brief period in the early 1980's, the RCPSC allowed a selected group of emergency physicians from across Canada to challenge the fellowship examination and, if successful, obtain RCPSC specialty certification by a "practice eligible" route. This was to be the cadre of physicians who would be the pioneers of Academic Emergency Medicine across Canada. A number of physicians from the two tertiary hospitals in Manitoba were successful in obtaining their Fellowships in this manner. At approximately the same time, the College of Family Physicians of Canada had developed a Certificate of Special Competence in Emergency Medicine associated with a one year extension to the two year Family Medicine residency program.

Second Trimester: 1986 - 1996

In 1986, recognizing the emergence of Emergency Medicine as a new specialty, Dr. Gary Beazley, then Head of the Department of Family Medicine, established a formal Academic Section of Emergency Medicine within the Department of Family Medicine. The first Academic Section Head of EM was Dr. Alecs Chochinov.

After the appointment of an Academic Head, it was necessary to develop an administrative infrastructure. Drawing from the same group of physicians who had been running the successful undergraduate curriculum, Directors of Undergraduate Education (Dr. Ira Ripstein) and CME (Dr. Urbain Ip) were appointed, although there were few supports (financial or human resources) available for program development. By 1988, a CCFP-EM residency program had been established, and in 1990, an FRCP-EM program followed close on its heels under the direction of Dr. Neil Swirsky. During the early 1990's, most of the faculty's efforts were focused on building a curriculum for the two residency programs, relying entirely on non-GFT clinicians in the emergency departments and hospital-based emergency secretaries as administrative support. The residency programs grew and flourished, producing a number of specialists in Emergency Medicine.

Third Trimester: 1996 - 2007

In 1996, with the advent of the regionalization of health services within the province, Dr. Wes Palatnick was appointed as combined WRHA Emergency Program Medical Director and University of Manitoba Academic Section Head. He continued building on the previous work of Dr. Chochinov and others to expand the FRCP-EM and CCFP-EM residency programs, the undergraduate program and continuing medical education. The latter includes hosting the Canadian Association of Emergency Physicians National Conference in 2003 and a yearly Emergency Medicine Update in conjunction with the Faculty of Medicine's Department of Continuing Medical Education. There was growing recognition of the important role that the Section of Emergency Medicine plays in the education of undergraduate and postgraduate trainees, setting the stage for the next phase: the establishment of an Academic Department of Emergency Medicine at the University of Manitoba.

D. Rationale for Independent Departmental Status

There is ample reason and justification for granting Emergency Medicine full departmental status:

Unique body of knowledge

The specialty of Emergency Medicine is comprised of a recognized body of knowledge unique to the specialty, as articulated by the Royal College of Physicians and Surgeons of Canada. Specialists in emergency medicine undergo a highly intense educational program based on well thought-out core documents developed by the Royal College, which form the national standards. The granting of departmental status would be consistent with the way in which that body of knowledge is applied and delivered.

Research Productivity

Most departments of EM conduct broad-based research, which is competitive with peer departments. In general, EM is known for leadership in research areas of chest pain and emergency cardiology, trauma, international medicine, emergency airway management, toxicology, access to health care, and emergency medical services (EMS) issues.

A select number of the academic EM faculty members at the University of Manitoba are becoming actively involved in research studies. Publications are increasing each year.

The number of academic EM faculty members who are now commencing their EM research careers reflects the increasing stability of our academic EM workforce and of the EM Program having attained the critical mass required to expand non-clinical activities. Departmental status should further enhance research efforts.

Academic Productivity

EM faculty at the University of Manitoba have a track record of accomplishing a significant amount of academic output with little dedicated funding and administrative support. Despite the lack of academic department status and resources, the commitment of EM members has been remarkable as regards an academic physician role. This is evidenced by EM having been successful in growing its services over the years:

- residency programs have expanded,
- the number of undergraduate elective rotations and early exposures are among the highest for the major specialties,
- teaching has expanded from the tertiary sites to some community hospitals in Winnipeg,
- more continuing medical education services are being provided,
- the number of ACLS training courses conducted has increased,
- International Medical Graduate courses and clinical supervision are now being offered,
- inter-professional training programs for Emergency Nurse Practitioner and Clinical Assistants are commencing,
- medical simulation has been introduced to enhance student learning.

National Recognition

The University of Manitoba's EM faculty members have provided leadership in national EM societies and are known for excellence in teaching, contribution to public services, and policy committees that have affected the emergency department (ED) care of millions. Several EM faculty members participate on a national level: Dr. Wes Palatnick currently sits on the CAEP Board of Directors as well as the National FRCP-EM Program Directors Committee; Dr. Paul Doucet sits on the National CCFP-EM Program Directors Committee, Dr. Ron Steigerwald sits on the RCPSC Emergency Medicine Nucleus Committee and Dr. Alecs Chochinov has recently served on the Board of the Canadian Medical Association and the Board of Directors of the Canadian Resident Matching Service.

Interaction with Other Clinical Programs

Emergency Medicine is a central element in healthcare as it acts as a conduit to other departments. Indeed, EM interacts with all major clinical services, including internal medicine, surgery, radiology, pediatrics, psychiatry, obstetrics and gynecology, anesthesia, otolaryngology, ophthalmology, and family medicine. It is essential, therefore, that EM be included in councils and meetings at which issues of importance are discussed. Departmental status will allow that.

> "Emergency Medicine is one of the few areas in medicine where almost all specialties intersect and interact, and the new Department (of EM) will benefit all patients, students, and residents, not just those in EM."
>
> *Dr. Michael Callaham, Chief of the Division of EM, University of California, San Francisco on announcing the formation of a new Department of EM at UCSF (May, 2007)*

Serving the University of Manitoba through the Faculty of Medicine

A strengthened Department of Emergency Medicine will be better able to make a meaningful contribution to the initiatives, objectives and priorities of the Faculty of Medicine:

- EM will be better equipped to provide more resources for both the mandatory EM rotation and ACLS training, resulting from the increase in medical student enrollment.
- EM has already developed and implemented an inter-professional education and training program designed for adult learners for its Emergency Nurse Practitioner program. That experience will allow EM to more easily develop and deliver similar programs for the Faculty's proposed Clinical Assistant program and for the International Medical Graduate program.
- EM is fully supportive of the Faculty's plan to expand the use of web-based tools for tracking faculty development and rewarding faculty success. As such, EM intends to adopt STAR, a staff activity and reporting package made by Acuity Software.

Serving the Province of Manitoba

There is a critical shortage of Emergency Physicians in Winnipeg and in rural Manitoba. This comes at a time when similar Emergency Physician shortages are occurring across Canada and the United States.

An immediate expansion and resourcing of the University of Manitoba's Section of Emergency Medicine's program was recommended by the WRHA EM Program Management Team in 2006 as a means to increase Emergency Physician numbers in Winnipeg and rural Manitoba, as well as to improve the overall safety, efficiency, and quality of ED care. Specific strategies included:

- an increase in the number of funded CCFP-EM and FRCP-EM residency positions;
- the potential creation of a part-time CCFP-EM program for currently practicing rural, northern, and community hospital emergency physicians who wish to obtain certification but cannot afford to leave their practice due to ethical, financial, or family concerns; this would also include Family Physicians who may be interested in pursuing part-time Emergency Medicine careers;
- Continuing Medical Education (CME) programs (e.g. airway management, ACLS, ATLS) for currently practicing EPs and nurses and other allied health practitioners (e.g. paramedics, respiratory therapists, etc.);
- development and implementation of non-physician practitioners (Nurse Practitioners and Physician Assistants) whose roles would be the delivery of non-urgent ED services, complementary to that provided by EPs;
- an increase in EM opportunities for International Medical Graduates (IMGs).

On March 30, 2007 Manitoba Health announced an intention to invest significant funds to help to address EM education. Funding has been committed beginning in the 2007/2008 fiscal year, with additional funding requested for subsequent years. The funding will be used to increase the number of available residency positions in EM, provide the infrastructure to offer CME opportunities for rural and northern physicians, support practicing physicians who want to upgrade and enhance their EM skills, and offer CME in EM for family physicians.

A further initiative that will enhance the ability to deliver emergency care to Manitobans is EM's potential contribution to the integration of International Medical Graduates (IMGs) into the physician workforce. The education with which most IMGs arrive in Canada does not prepare them fully to work in Emergency Departments. With focused CME support provided by EM to IMGs, their knowledge and skills can be augmented to allow them to do work in EDs throughout the province.

Recruitment and Retention

Recruitment of leading academic EM faculty at a national level is highly competitive. The recruiting abilities of academic units organized as departments is much greater than those units still organized as sections or divisions. The most competitive faculty seem to prefer independent academic departments because of the autonomy and ability to actively participate in setting common goals and objectives. The quality and the retention of faculty both improve with departmental status.

Strong leadership is essential for accountability, both in terms of Departments' accountability to the Faculty and the University, and faculty members' accountability to the Department. Recruitment and retention of strong leaders for EM will be enhanced by the granting of full departmental status.

Residency Programs

The residency program in EM at the University of Manitoba is well respected nationally. The total number of residents trained by our program since 1989 is comparable to that of the other Canadian EM programs, but the University of Manitoba EM residency program is now one of the largest in Canada, with 15 FRCP-EM and 3 CCFP-EM residents currently training. In addition, the Province of Manitoba announced on March 30, 2007 that it will provide support for enhanced training in Emergency Medicine, doubling the number of FRCP-EM residency positions and potentially tripling the number of CCFP-EM positions. With rare exceptions, residency programs the size of the University of Manitoba EM program are housed in fully independent departments. Residency programs compete for the best candidates, and departmental status may influence choices of the best candidates.

Undergraduate Education

The academic Emergency Medicine program provides considerable undergraduate and postgraduate medical education. The emergency department is an ideal environment in which to teach the assessment and management of patients presenting with undifferentiated processes. Emergency physicians possess a unique set of clinical and research skills that have made them valuable members of the medical school academic community (Jagoda, 1999). At the undergraduate level, EM has become an accepted part of the medical curriculum. At the postgraduate level, EM rotations are mandatory in most residency programs (Steiner, 2001).

Emergency Medicine rotations at the University of Manitoba are popular for many medical students and usually receive very good reviews from students. Indeed, students have regularly requested increased time in their EM rotations. As is the case in most faculties of medicine, one EM rotation is mandatory for University of Manitoba medical students. The number of medical students from the University of Manitoba and abroad choosing our EM program as an additional elective rotation is on a par with the other major specialties.

A standard Canadian undergraduate EM curriculum is currently being developed, and this parallels work being done in other parts of the world.

Clinical Service

Within the Winnipeg Regional Health Authority, Emergency Medicine provides a very significant clinical service and was responsible for providing care to over a quarter of a million patients last year:

WRHA Emergency Departments	204,178
Children's Emergency Department	43,141
Misericordia Urgent Care Centre	39,008
TOTAL (2006/2007)	**286,327**

As the majority of admissions to the hospital come through the ED, this clearly represents a large part of the clinical service of any hospital. Many full departments in other disciplines provide only a fraction of this clinical service.

Expectation of the Public

No other specialty has more visibility among citizen groups, police, fire, legal systems, and disaster agencies. In recognition of its public safety role, many U.S. state and federal laws specifically regulate the practice of EM. In Canada, EM also comes under considerable public scrutiny. Academic heads of EM should have the autonomy and authority afforded department heads to orchestrate the complexities of ED operational issues, patient care, education, and research while meeting the multitude of legal mandates.

Fiscal Management

The budget available to support the wide range of services being provided by the Section of Emergency Medicine has been small. In 1996, the Section of Emergency Medicine had funding amounting to less than $25,000 and only 0.1 EFT administrative support. By 2007, funding had increased minimally and only 1.2 EFT administrative assistant was available for the myriad of activities to be administered. This resulted in physicians performing administrative tasks when they could be better utilized in providing clinical care or academic services – and led to a significant turnover of medical directors for the EM undergraduate and postgraduate programs.

Regardless, the Section of Emergency Medicine has maintained a significant academic output over the years despite the minimal resources.

Manitoba Health's announced funding for Emergency Medicine will necessitate the establishment of a strong and dedicated organizational structure for not only planning and growth, but also for fiscal control and accountability. The establishment of an independent academic department will provide such a structure. The details of the proposed EM governance structure are provided in the sections that follow.

Most Faculties of Medicine Have an Independent Academic Department of EM

Many faculties of medicine in Canada and the United States now have organized EM as an independent academic department. Academic departmental status has been granted to EM in 4 of the 13 (25%) faculties of medicine in Canada with Royal College residency programs (as of 2007) and 68 of the 124 (55%) faculties of medicine in the United States (as of 2004). Organization of academic sections or divisions of EM into full departments in faculties of medicine has resulted in significant improvement and attributes valued by traditional academic medicine. Over the past two decades, numerous medical faculties have recognized the important contributions of EM to teaching, clinical service, public service, and research missions, and have advanced the specialty to full departmental status (Gallagher, 1998; Derlet, 2000). Those faculties of medicine that recognize EM as a department have acknowledged the growing role of EM in their academic missions. Granting EM status as a separate independent academic department demonstrates a faculty of medicine's commitment to staying in the mainstream of the ever-changing forces of medicine.

Consistency with the Organized Medical Specialty Structure

Emergency Medicine (EM) is one of the 28 specialties recognized by the Royal College of Physicians and Surgeons of Canada and is one of the 24 American Board specialties. Most of these specialties are organized as independent departments within faculties of medicine. In many faculties of medicine, EM staff members are board-certified only in EM. It would therefore be consistent with Canadian and international organized medicine that emergency physicians be organized into an independent department.

3. PROPOSED GOVERNANCE STRUCTURE

A. DRAFT VISION STATEMENT

Our mission is to:

- **create an academic environment that enables physicians and other healthcare providers in Manitoba to deliver excellent emergency medical care;**
- **advance the knowledge base of emergency medicine;**
- **provide high quality, leading edge, and safe emergency medical care;**
- **administer and coordinate emergency medical services in the WRHA.**

Education

The Department of Emergency Medicine provides leadership in fostering a comprehensive, interdisciplinary, learner-centered educational program that is current and adaptable. The Department of Emergency Medicine supports the acquisition of knowledge and skills through mentorship, critical appraisal, self-assessment and the application of principles of life-long learning.

Clinical care

The Department of Emergency Medicine fulfills its clinical care responsibilities by providing the highest quality of emergency care. Acting as consultants within and outside the hospital, it fulfills its social contract by providing an adequate number of high caliber EM physicians. It exemplifies how clinical care can be combined with academic activities and promotes an appropriate clinical environment.

Research

The Department of Emergency Medicine supports the performance of clinically relevant, quality research leading to peer-reviewed publication. We strike a balance between investigator-initiated and contract research projects. The Department fosters and promotes the development of research skills for the faculty, residents, nurses and students.

B. ORGANIZATIONAL STRUCTURE

The Department of Emergency Medicine's (DEM) proposed organizational structure is diagrammed in the pages that follow. The DEM will have an integrated structure, bringing together the functions of Emergency Medicine within the University of Manitoba and the Winnipeg Regional Health Authority (WRHA) by virtue of the fact that the Head, DEM will have a complementary role as Medical Director of the WRHA Emergency Program. The Head, DEM has overall responsibility for all operations of the Department including both undergraduate and postgraduate teaching, research, and clinical services.

An EM Department Council will be formed, consistent with Senate policy #341, which will be comprised of all faculty members in the Department with rank at or above Lecturer, two undergraduate medical student representatives and two resident representatives.

Advisory to the Head will be an Executive Committee, a Promotions Committee and a Student Appeals Committee.

Reporting to the Head will be the following directors, who will be responsible for the teaching programs in the designated streams:

- FRCP-EM Director
- Undergraduate Director
- CME Director
- Research Director
- Off-Service Resident Education Director

The following positions will have dual reporting lines, one within the Department of Emergency Medicine at the University of Manitoba and the other as indicated:

- CCFP-EM Director (Postgraduate Program Director, Department of Family Medicine)
- Pediatric EM Fellowship Director (Head, Department of Pediatrics & Child Health)
- Inter-Professional Training Program Director (WRHA Emergency Medicine Program)
- Standards, Quality & Safety Director (WRHA Emergency Medicine Program)

Within each of the above portfolios, the Director will benefit from the counsel and guidance of an Advisory Committee. In some cases (e.g., FRCP-EM, CME), Assistant Directors will be available to aid and support the Directors in achieving the goals of the respective programs.

In the role of WRHA Emergency Program Medical Director, the Head, DEM will be part of a three-member team, whose other members include a Program Director and an Administrative Director. Together, they are responsible for the overall functioning of six Adult Emergency Departments in the city (Health Sciences Centre, St. Boniface General Hospital, Grace Hospital, Victoria General Hospital, Concordia General Hospital and Seven Oaks General Hospital) and one Urgent Care Centre (Misericordia Health Centre UCC). Linkages with the Children's Hospital Emergency Department and the Pan Am Urgent Care Centre will also be maintained.

Responsibilities on the clinical side will include the linkages with the various Site Medical Managers within the WRHA Emergency Program, leadership of the WRHA Emergency Program Appointments Committee and participation on other WRHA Emergency Program committees, such as the Joint Council and the Informatics Committee. Perhaps the most integrated function, at least initially, will be the portfolio including Research and Standards, Quality & Safety, which will be led by a University Research Director and a WRHA Director of Standards, Quality & Safety.

Detailed position descriptions for all positions indicated on the organization chart can be found in the Binder of Supporting Documents, as can draft Terms of Reference for all committees mentioned.

C. COMMITTEE STRUCTURE

The effective functioning of the Department will be assured by a comprehensive and robust committee structure. As can be seen in the organizational chart, a number of committees will be formed to advise, guide and oversee the many required departmental activities.

Executive Committee

- is advisory to the Head, DEM

Department Council

- is comprised of all members of the department
- is advisory to the Head on all matters submitted to it by the Head
- to recommend to the Head or, through the Head, to any appropriate officer or body in the University, such actions as it may deem to be desirable
- to carry out such duties and responsibilities as may be assigned to it by the faculty or school council

Promotions Review Committee

- is responsible for ensuring that the process of promotion is consistent with University guidelines and to provide advice and guidance to faculty members about the criteria and process for promotion

Student Appeals Committee

- is responsible for ensuring that the concerns of students (both undergraduate and postgraduate) who wish to appeal academic decisions made within the Department are heard and considered in a balanced and unbiased manner. Except under unusual circumstances, appeals regarding decisions of individual departmental members will only be considered after an attempt at resolution has been undertaken with that member.

Undergraduate Advisory Committee

- provides advice and assistance to the Undergraduate Director

FRCP-EM Residency Advisory Committee

- provides advice and assistance to the FRCP-EM Director

CFPC-EM Residency Advisory Committee

- provides advice and assistance to the CFPC(EM) Director

Pediatric EM Fellowship Advisory Committee

- provides advice and assistance to the Pediatric EM Fellowship Director, in partnership with the Postgraduate Office in the Department of Pediatrics & Child Health

Inter-professional Training Programs Advisory Committee

- provides advice and assistance to the Inter-professional Training Programs Director and Assistant Directors

Continuing Medical Education Advisory Committee

- provides advice and assistance to the CME Director and Assistant Directors

Research Committee

- is responsible for promoting and coordinating the conduct of research within the Department
- is advisory to the Research Director

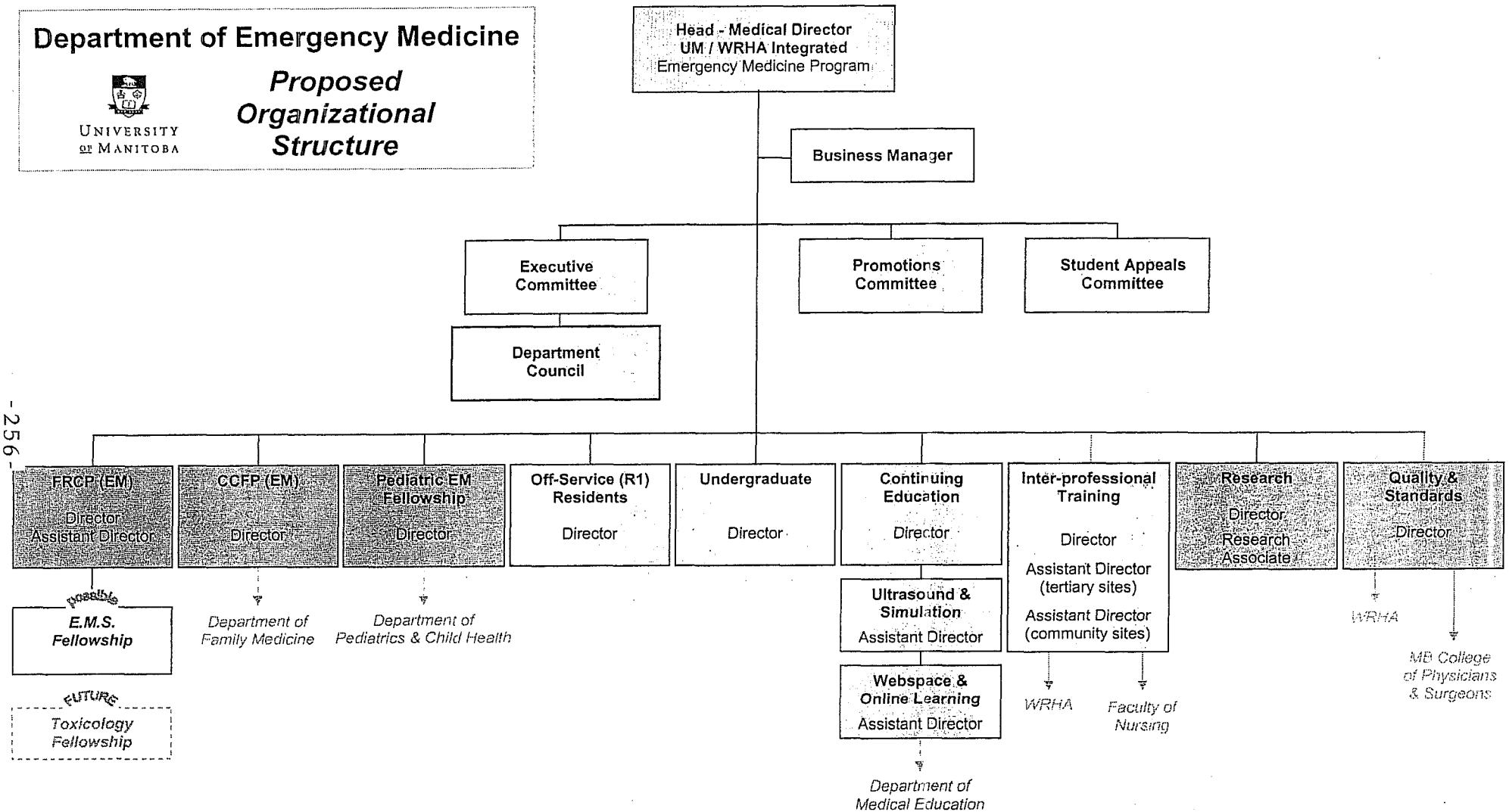
Standards and Quality Committee

- is responsible for instituting, evaluating and reporting on all activities of the program relating to the standards of care and quality of health care practice
- may make recommendations for educational and/or remedial action for professionals where actual or potential deficiencies are seen in competency and/or quality of care, and provide follow-up of recommended actions for improvement

Department of Emergency Medicine

UNIVERSITY OF MANITOBA

Proposed Organizational Structure



E. MAJOR AFFILIATIONS

It will be critical for the Department of Emergency Medicine to maintain affiliations and liaisons with other departments, faculties and external agencies in order to maintain effective service, teaching and research programs. Closest ties are anticipated with the following:

Department of Family Medicine

There is a close and long-standing relationship between Family Medicine and Emergency Medicine, not only because EM has up until now been a section under the Department of Family Medicine, but also because one of the routes into the specialty of emergency medicine is through family medicine. An individual who has completed a two-year residency in family medicine can choose to complete an additional year of residency in emergency medicine, and then become a Certificant of The College of Family Physicians of Canada, attaining a designation of CCFP-EM. Maintaining a close relationship with the Department of Family Medicine will be required to ensure that accreditation requirements of The College of Family Physicians of Canada are met, and to also assist in recruiting FM residents into the specialty of emergency medicine. EM and Family Medicine will need to collaborate on addressing issues related to retention and ongoing education and training for physicians and other caregivers practicing in rural areas, and perhaps on new models of care in the urban environment.

Department of Pediatrics and Child Health

It is desirable to continue to strengthen the relationship between EM and Pediatrics, particularly since the Pediatric EM Fellowship represents a collaborative education and training program. EM will provide support for the administration of the Fellowship program.

Departments of Internal Medicine, Surgery, Radiology, Psychiatry

There are numerous important patient care processes which link EM with Internal Medicine, Surgery, Radiology, Psychiatry, as well as the other departments. A strengthened academic EM program should result in improvements in the quality of EM clinical care and the efficiency of EM clinical processes (see section 5 – Research and Standards, Quality & Safety). As well, a strengthened EM research program will allow increased opportunities for partnerships and collaboration on research, Six Sigma, and LEAN management. Over the past few years, EM and Internal Medicine have collaborated on multiple research studies including sepsis, acute myocardial infarction, cellulitis and gastrointestinal bleeding.

Department of Medical Education

EM will of necessity link with the Department of Medical Education in order to most effectively deliver CME to its own faculty as well as to emergency physicians within the city and throughout the province. EM's obligation to support the development of and assess the skills of International Medical Graduates as they pursue Canadian qualifications will also rely heavily on assistance from the Department of Medical Education.

Faculty of Nursing

It will be important to liaise and maintain a good working relationship with the Faculty of Nursing, particularly with respect to the Extended Care Nursing program, as the EM will be providing post-graduate education and training for Emergency Nurse Practitioners.

Winnipeg Fire Paramedic Service (WFPS)

A strong linkage with the Winnipeg Fire Paramedic Service will be required in order to continue the work that has been ongoing with respect to ambulance issues (e.g. redirection, transfer of care, prehospital thrombolysis for heart attacks), as well as to develop a proposed EMS Fellowship.

4. EDUCATION PROGRAMS

Emergency Medicine contributes significantly to the education of not only physicians-in-training, but also to the education of a much broader constituency. The delivery of EM content begins in medical students' first year and continues throughout their education (which can be up to nine years in the case of a FRCP-EM resident). EM is one of the only medical specialties to administer two separate residency programs and it also collaborates with Pediatrics in the education and training of Fellows in Pediatric EM. EM also contributes to the training of first year residents in most other specialties. Continuing medical education is organized for emergency physicians throughout the city and the province, and there is a request by Manitoba Health for EM to offer skills enhancement opportunities for family physicians and international medical graduates (IMG's) in rural Manitoba to allow them to work in emergency departments in their home communities. Over the past three years, EM has implemented a continuing nursing education program (an "internship") for credentialed nurse practitioners to provide focused patient care in emergency departments. A similar program is being developed for credentialed physician assistants who will assist in providing emergency patient care. EM also participates in the training of paramedics, search-and-rescue (SAR) techs of the armed forces, and emergency nurses.

A. UNDERGRADUATE PROGRAM

The Undergraduate Program in Emergency Medicine operates longitudinally over the four years of medical school and has four main goals. Overall, the program teaches a focused, systematic approach to patients spanning a range of acuities. One primary goal of the program is to teach an approach to the critically ill patient, incorporating skills progressively over the two clinical clerkship years. The desired endpoint is for the graduating student to be comfortable in managing the initial phases of cardiac and trauma resuscitations. A second goal is teaching the evaluation of undifferentiated presentations of major medical and surgical illnesses. Thirdly, the student gains an understanding of minor ambulatory care issues. A final objective is to foster interest in emergency medicine as a career. Dr. Zoe Oliver is the program director.

The teaching strategies are progressive and many of the faculty members have undertaken further training in medical education. The lecture series is case-based, medically current, and interactive. However, the bulk of the teaching is done at the bedside, where students engage one-on-one with an attending physician in a hospital Emergency Department. Students are exposed to a high volume and variety of patients. Daily written feedback is provided to the students, as well as learning goals based on recent clinical cases. At the end of the EM rotation, all students are offered an exit interview with the program director. Quality of instruction is maintained by closely monitoring and compiling the written and verbal feedback from the students. As a new initiative, all clinical faculty will be provided with written teaching reports based on student feedback.

The EM Undergraduate Program offers varying educational experiences throughout medical school. In the first year of medical school, faculty members teach clinical examination skills in interactive sessions. In addition, the program provides more than 800 hours of Early Exposures to EM, where junior students hoping to explore the specialty are paired with a senior EM resident or attending physician for 8 to 12 clinical shifts. Students observe the workings of the ED, and have supervised experiences in history-taking and physical examination. Also, all second year students are also given of Basic Life Support instruction, where they gain certification in CPR and automated external defibrillator (AED) skills. This Basic Life Support teaching is built upon in the ensuing years of training, with scaffolding of ACLS skills throughout the Med 3 and Med 4 years.

Indeed, the educational offerings become more intensive in the third and fourth year of medical school. The underpinning of these years is the EM clinical rotation. The program provides approximately 10,000 hours of individual clinical tutelage to third year students, using the educational stratagem previously outlined. About 40 students also spend a day with a Winnipeg Fire and Paramedic Service ambulance crew, where they gain an appreciation for the challenges of working in the pre-hospital setting. In addition, seven hours of interactive seminars per rotation are delivered on EM topics.

As part of the scaffolded approach to teaching resuscitation, all third year students are given a half-day case-based session which introduces them to advanced cardiac resuscitation skills. Subsequent to this introductory session,

students participate in Resuscitation Day. A highlight of the clinical rotation, the day involves small-group, hands-on sessions. Equal time is devoted to cardiac and trauma resuscitation principles. An attending physician and an EM resident work closely with groups of six students to increase comfort and capabilities in the daunting resuscitation environment.

The critical care skill set introduced in the third year is consolidated in the fourth year, where all students participate in the Advance Cardiac Life Support (ACLS) course. Having been exposed to resuscitation skills in a graduated manner throughout medical school, the students are well placed to appreciate the finer points of resuscitation taught in ACLS. As well, the emphasis on key resuscitation algorithms throughout several teaching sessions ensures that students will perform appropriately when faced with the stress of a real-life resuscitation case.

In addition to ACLS, the program provides clinical elective time to fourth year students interested in deepening their knowledge of Emergency Medicine (~3200 hours in 2007/8). Priority is given to students from the University of Manitoba, but students from other provinces and countries are welcomed. In fact, students from the United Kingdom have performed EM elective rotations at the University of Manitoba after learning of our program from the internet. Moreover, the program lends educational and financial support to the Emergency Medicine Interest Group, which is a student-organized group for those with a particular attraction to Emergency Medicine as a career.

Given the breadth and depth of Emergency Medicine, there are many possibilities for the future expansion of the program. Students frequently comment that they would like more exposure to the specialty, particularly in their clinical years. With adequate support, this could become a realistic possibility. Also contingent upon resources, the curriculum for the teaching of shock states and sepsis could be expanded. Moreover, since the Emergency Department provides fertile ground for the growth of critical thinking skills, the Undergraduate program could develop a series of case-based modules to promote the assimilation of clinical information into reasonable differential diagnoses and evidence-based treatment plans. Using a web-based design, students could explore a series of cardinal presentations in Emergency Medicine, expanding their medical knowledge and honing their decision-making abilities. These modules could be integrated into the Curriculum Management system being developed at the University of Manitoba.

In summary, the Undergraduate Program in Emergency Medicine at the University of Manitoba provides a comprehensive exposure to the specialty. Students are provided with the skills they need to manage a wide range of patient presentations, particularly the critically ill. Program content is actively refined based on student feedback, and there are many options for future development in the curriculum.

Deliverable	Training Year(s)	Description	Hours of Instruction
Clinical skills	1	Small group instruction on physical exam skills	30
Early exposure shifts	1 – 2	Clinical time in ED with EM physicians and residents	800
EM interest group	1 – 4	Topics of interest for Med 1 – 4 students	10
Academic half day	3	Session for entire class on how to call codes and manage the initial care of critically ill patients	5
BLS	3	Basic Life Support for Healthcare Provider Course	60
Orientation & interviews	3 – 4	Orientation by Program Director	60
Clinical rotations	3 – 4	Clinical supervision in the ED	10,000
Resuscitation day	3 – 4	Hands-on resuscitation practice	60
Seminars	3 – 4	Case-based learning sessions	60
Elective rotations	4	Clinical time in the ED with an Emergency Physician	3,200
ACLS	4	Advanced Cardiac Life Support Provider Course	225
		Approximate annual total	14,510

Quality

The Undergraduate Program will continue to maintain its quality of instruction by:

- providing individual, confidential formative and summative feedback for each student
- collecting written program feedback from every student and compiling it into a database
- issuing teaching reports to clinical instructors based on student feedback
- ongoing curriculum development
- ongoing faculty development

Future Directions

The Undergraduate Program will be pursuing:

- creation of a Ten-Minute Lecture Library, to be used for teaching sessions during clinical training shifts
- further development of learning modules based on essential clinical presentations in EM - modules will be case-based, evidence-based, web-based, and focus on teaching EM content and critical thinking skills
- full integration into the curriculum management system being developed at the Faculty of Medicine

B. Residency Leading To Fellow, Royal College Of Physicians And Surgeons – Emergency Medicine (FRCP-EM)

The Royal College Emergency Medicine (FRCP-EM) Residency Program is one of two Emergency Medicine training programs at the University of Manitoba. The program director is Dr. Wesley Palatnick, who holds the rank of Professor in Emergency Medicine and the assistant program director is Dr. Travis Minish.

Emergency Medicine became a Royal College specialty in 1980. The University of Manitoba Royal College Emergency Medicine Residency Program began in 1991 with a single resident. Since then it has graduated 20 well-trained Emergency Medicine consultants. Of these, five are very active in teaching and mentoring the residents that are presently in the program, while others have taken academic positions in other medical schools in Canada, the United States and Saudi Arabia.

The Royal College Emergency Medicine Residency Program is a five year program. The first year is a basic clinical year which is a broad based training experience, similar to a rotating internship, followed by four years of residency training. During years 2 and 3 the residents spend significant time in the Emergency Departments at the three primary clinical sites: Health Sciences Centre Adult Emergency Department, St. Boniface Hospital Emergency Department and the Children's Hospital Emergency Department. They also rotate through a number of clinical areas that provide expertise and training in areas of Medicine that pertain to Emergency Medicine, including Critical Care (Surgical, Medical, Pediatric and Coronary Care), Trauma Surgery, Cardiology, Orthopedics , Plastic Surgery, Anaesthesia, Internal Medicine, Psychiatry, Toxicology, and Emergency Medical Services. There is also an opportunity to do electives in other centres in Canada and the United States, as well as occasionally abroad (Australia, South Africa). Below is a typical schedule with each year divided into 13 four-week blocks:

	1	2	3	4	5	6	7	8	9	10	11	12	13
Year 1	Obstetrics & Gynecology		Surgery/Gen Trauma		Internal Medicine		Pediatrics		Emergency Medicine		Elective	Community ER	VAC
Year 2	HSC Emergency		Anesthesia		Internal Medicine		Pediatric Emergency		CCU	Plastics	SBGH Emergency		VAC
Year 3	Elective	Ortho	MICU		HSC Emergency			CCU	SBGH Emergency			EMS	VAC
Year 4	Pediatric Emergency		Peds ICU	HSC Emergency		Toxicology	Psychi-atry	Surgery		SICU	SBGH Emergency		VAC
Year 5	HSC Emergency			SBGH Emergency			Elective						VAC

At present there are 15 residents in the program (4 in first year, three in second year, 3 in the third year, 2 in the fourth year and 3 in the fifth year of training. There will be another 4 first-year residents beginning in July 2007.

The goal of the Royal College Emergency Medicine Residency Program at the University of Manitoba is to educate physicians who wish to pursue an academic career in Emergency Medicine - including involvement in research, administration and education.

Graduates of the program are thoroughly trained in all aspects of Emergency Medicine, including toxicology, trauma, prehospital care, and critical care medicine. They are able to demonstrate consultant level abilities in the recognition, understanding, and management of patients with any illness or injury presenting to the Emergency Department, and will be well prepared for clinical, academic, and leadership roles within the specialty.

There is also extensive elective time to allow residents the opportunity to pursue areas of special interest within the discipline or further training to support their roles as administrators, clinicians, teachers and researchers. This may include such pursuits as a Masters in Education, Masters of Business Administration, or fellowship training in Critical Care or a rotation devoted to Medical Administration. Of the current residents, two residents are working on their Masters of Education, one will be beginning an MBA program, and another will be undertaking a Critical Care fellowship.

During the fourth and fifth years the residents spend the majority of their time in the teaching hospital Emergency Departments. Emphasis during these rotations is placed on graded responsibility, so that senior residents can concentrate on developing the leadership and consultant skills necessary to function effectively as a specialist Emergency Physician in a busy Emergency Department.

The formal academic program, which is intensive and well organized, is outlined below. [Note: the table excludes time spent in bedside clinical teaching.] Approximately five to eight hours per week are spent in various types of rounds and seminars for the purpose of teaching the curriculum of emergency medicine. This includes an academic half-day every Wednesday from the late morning to the afternoon, and residents are excused from their clinical responsibilities in order to attend. Once per month, there is an academic "full-day" which includes a Pediatric Emergency Medicine training component. We have also introduced Simulator training and Emergency Department Ultrasound as part of the curriculum.

Activity	Description	Annual Hours of Instruction
Academic Half-Day	Resident seminars with faculty presentations and advisors	80
Journal Club	basic life-long learning skills; all residents expected to attend and present	24
Practice Oral Exams	R5 practice oral exams in preparation for RCPSC examination Practice oral exams for R2 – R5	50 36
Toxicology Rotation		25
EMS Rotation	2 residents per year	30
Research Mentoring		10
Trauma Rounds	rounds prepared by EM faculty	2
Pediatric Resuscitation Rounds	simulation held monthly and provided by PEM faculty	16
EM Grand Rounds	presentations by attending physicians and residents	32

Emergency Medicine Grand Rounds are held very two weeks during the academic year and usually two topics are presented by faculty members, EM residents, or invited speakers.

The residents participate in teaching Emergency Medicine to medical students including formal seminars as well as bedside teaching and the Advanced Cardiac Life support course (ACLS). Many are Instructors in ACLS, Advanced Trauma Life Support (ATLS) and Pediatric Advanced Life Support (PALS) courses. They have been nominated or received many teaching awards by medical students as well as their peers.

There is formal training in critical appraisal, epidemiology and evidence-based medicine provided to all residents, and they are expected to complete a scholarly project. There have been a significant number of peer-reviewed articles authored by graduates of the University of Manitoba Royal College Emergency Medicine Residency Program.

The University of Manitoba FRCP-EM Residency Program has full accreditation by the Royal College of Physicians and Surgeon of Canada (2008).

In summary, the University of Manitoba Royal College Emergency Medicine Residency Program is a strong academic program whose graduates are excellent clinicians who are well prepared for clinical, academic, and leadership roles within the specialty of Emergency Medicine.

C. Residency Leading To Certificate of Special Competency in Emergency Medicine, College Of Family Physicians Of Canada (CCFP-EM)

The College of Family Physicians of Canada Emergency Medicine (CCFP-EM) Residency Program is the second of two Emergency Medicine training programs at the University of Manitoba. The program director is Dr. Paul Doucet.

The CCFP-EM residency training program is currently administered in collaboration with the Department of Family Medicine. Prior to commencing the EM program, applicants must have attained Certification in Family Medicine (CCFP) by either completing the two year residency program in Family Medicine or through the practice eligible route. There are currently three guaranteed positions, with the possibility of more funded positions in future years.

The CFPC-EM Program provides a strong clinical experience with ample opportunity to develop and strengthen clinical knowledge, as well as triage and department management skills. The residency is one year in duration and consists of thirteen four-week rotations. The following is an outline of the clinical training undertaken during the CCFP-EM year:

Rotation	Duration	Site
Emergency Medicine	16 weeks	Health Sciences Centre (HSC) and St. Boniface General Hospital (SBGH)
Pediatric EM	8 weeks	HSC-Children's Hospital
Elective rotations	8 weeks	EMS and EM at a community or rural ED
Critical Care (ICU)	8 weeks	HSC or SBGH
Anaesthesia	4 weeks	HSC or SBGH
Trauma	4 weeks	HSC

The CCFP-EM program operates parallel to the FRCP-EM program at the University of Manitoba and therefore offers a rich learning environment, a protected academic half-day each week (combined half day with the FRCP-EM residents), seminars, journal clubs and research or quality projects. The core curriculum is covered in an interactive format under the guidance of academic staff. Pediatric EM faculty provide extra training sessions on Pediatric EM content. Residents also participate in faculty rounds that include Section of Emergency Medicine Grand Rounds, monthly Trauma Rounds, and Journal Club. ACLS, ATLS and PALS are requirements of the program. The resident is also provided with an opportunity to obtain ACLS instructor certification. Pre-hospital and aeromedical "Lifeflight" experiences are encouraged. Evidence Based Medicine skills are integrated within the core curriculum. Residents are required to present a research or quality project at the annual Section of Emergency Medicine Research Day at the end of the academic year.

The clinical experience is shared by three central teaching hospitals which consist of the Health Sciences Centre, which is the major regional trauma centre, HSC Children's Hospital, and St. Boniface General Hospital. Future clinical experience will be available at multiple community and rural ED's with academic faculty members.

The University of Manitoba CCFP-EM Residency Program has full accreditation by the College of Family Physicians of Canada (2008).

D. *Pediatric Emergency Medicine Fellowship*

Pediatric Emergency Medicine (PEM) is considered to be a sub-specialty which builds upon the knowledge bases of the specialties of both Emergency Medicine and Pediatrics. There is not a residency per se in PEM, but rather an additional fellowship period which follows education and training in either of the above specialties.

Applicants may enter the PEM fellowship program from either the Royal College Pediatrics or Emergency Medicine streams, either during their last year of residency or following completion of the residency. Following a two-year program of education, a certificate from the Royal College of Physicians and Surgeons of Canada will be awarded upon successful completion of the fellowship and the passing of a certification examination. There may be anywhere from one to three Fellows at any given time.

Program Design

Each of the two years consist of 13 four-week blocks of 12 rotations and one vacation period There are two streams, one for Pediatric fellows and the other for Emergency Medicine fellows. The following tables outline the usual content and sequence of training for each stream:

Pediatric Stream

	1	2	3	4	5	6	7	8	9	10	11	12	13
Year 1	PEM	ANE	PICU	AEM	PEM	ATR	RES	PEM	PEM	ORT	PEM	PEM	VAC
Year 2	TOX	EL	PEM	PEM	RES	PEM	PEM	EL	EL	PEM	PEM	EL	VAC

Horizontal: ADM and EMS

Emergency Medicine Stream

	1	2	3	4	5	6	7	8	9	10	11	12	13
Year 1	PEM	PEM	ANE	PICU	PEM	PEM	RES	EL	NICU	PEM	PEM	AMB	VAC
Year 2	PEM	EL	PEM	PEM	CPC	TOX	PEM	VAC	EL	EL	RES	PEM	PEM

Horizontal: ADM and EMS

PEM – Pediatric Emergency Medicine
ANE – Anesthesia
PICU – Pediatric Intensive Care
RES - Research
NICU – Neonatology
ORT – Orthopedics/Plastic Surgery
EL - Elective
TOX - Toxicology
EMS – EMS/Disaster Planning
AMB – Ambulatory/Community Pediatrics
AEM – Adult Emergency Medicine
ADM - Administration
ATR – Adult Trauma
CPC – Child Protection Centre
VAC - Vacation

Brief descriptions of the rotations that the streams have in common follow:

Pediatric Emergency Medicine Rotation

All fellows undertake core training in PEM at the Children's Hospital Emergency Department. The department is located in the only tertiary-care pediatric facility in the province, and serves Manitoba, Northwestern Ontario, Nunavut and Eastern Saskatchewan. It has 9 treatment beds, a 2-bed observation unit, 2 isolation rooms, a 3-bed resuscitation room, 2 psychiatric rooms, a casting room, and houses the regional Poison Control Centre. The annual census is approximately 40,000. A Fast Track clinic (annual census 6600) operates daily between the hours of 1800 and 2300 and accepts less urgent (Triage levels 4 & 5) ambulatory patients arriving at the Emergency Department for assessment.

In total, fellows complete a minimum of 12 months of rotation in Pediatric Emergency Medicine. A minimum of 5 months per year ensures graded exposure and responsibility. The suggested program design ensures that the rotations are spread evenly throughout the year to account for seasonal variation of illness and injury. Fellows are expected to have increasing responsibilities in patient management, teaching, and administration over the course of the residency. While on duty, fellows will be given first priority for all technical procedures (to do or teach/supervise) and will be given the opportunity to lead all resuscitations. Fellows will participate in regular departmental Pediatric

Emergency Medicine Rounds and citywide Emergency Medicine Rounds throughout their training, and will attend mandatory weekly PEM Fellow Teaching. As they progress through the program, they will be expected to teach undergraduate and postgraduate residents (formal seminars, informal case reviews, supervision of procedures and patient management) and ultimately to teach PALS and/or APLS to community providers.

Pediatric Anesthesia Rotation

The program is designed such that residents from both streams complete Pediatric Anaesthesia in the first year whenever possible. This exposure is placed early in the program in order to gain expertise in airway management, technical procedures and management of critically ill children. Early exposure will allow residents to lead resuscitations with confidence in the Emergency Department in subsequent PEM rotations. In Pediatric Anaesthesia residents will focus on the development of airway management skills, induction techniques, and use of medications for anaesthesia, sedation, and pain relief. The rotation will be structured to maximize the number and variety of intubations (oral, nasal, rapid-sequence, etc.) and airway techniques (laryngeal mask airway, hand ventilation, etc.).

EMS - Disaster Planning Rotation

The EMS System/Disaster Planning rotation is a horizontal rotation, with the majority of off-site experiences scheduled during the PEM rotations. Residents may ride with Winnipeg First Responder and Paramedic ground units as clinical observers (8 shifts on a voluntary basis). They may also participate in provincial Lifeflight (critical care transport team for all ages) and Neonatal Transport Team transports as the second physician on a voluntary basis. Residents will complete a self-directed module in EMS systems and disaster planning over the course of the residency, through these practical experiences, directed readings, and on-site visits with professionals in the field.

Toxicology Rotation

The Toxicology rotation will expose the resident to clinical toxicology through responding to the Manitoba Poison Control Centre emergency advice line and patient consultations (Adult and Pediatric Emergency Department, Winnipeg area inpatient facilities, and by telephone to rural and remote facilities) and through directed readings, discussions and presentations. In addition, all residents respond to the Poison Control Centre emergency advice line throughout the residency, under the supervision of the Pediatric Emergency attending physician(s) on duty.

Pediatric Intensive Care Unit (PICU) Rotation

The program is designed such that residents from both streams complete PICU in the first year. This exposure is placed early in the program in order to gain expertise in airway management, technical procedures and management of critically ill children. Early exposure will allow residents to lead resuscitations with confidence in the Emergency Department in subsequent PEM rotations.

Administration Rotation

Administration experiences and mentoring will occur in a horizontal fashion throughout the program, under the direction of the Program Director and Section Head. Residents will be expected to participate in two PEM-related committees. In Year 1 residents will observe either the City-wide or Province-wide EMS Committee. In Year 2, they may choose one of the following: Children's Hospital Emergency Management Committee, WRHA Emergency Program Committee, or the Pediatric Death Review Committee of the College of Physicians and Surgeons of Manitoba.

Research Rotation

The resident will conduct one research project during the course of their training. This may include: case report with systematic review, meta-analysis, development of a clinical practice guideline, or other original research. The expectation is that a research manuscript will be prepared and submitted for publication in a peer-reviewed journal or a research report and abstract will be prepared and submitted to a peer-reviewed conference or competition. In addition, the resident will participate in one quality or risk management project and present the project at an academic venue (rounds, conference, resident research day). During each research month the fellow will participate in Penetrating Trauma Call, which is scheduled by Dr. B. J. Hancock.

E. CONTINUING MEDICAL EDUCATION

EM will be able to offer a wide range of CME sessions and courses in the near future. EM is currently able to provide the following sessions or courses:

- ACLS Provider
- ACLS Experienced Provider
- ACLS Instructor
- BLS for Healthcare Provider
- Airway Management

Once the appropriate departmental infrastructure is in place, the EM will be prepared to deliver sessions on a multitude of topics, based on the identified learning needs of physicians:

- Acute Myocardial Infarction
- Procedures
- Trauma
- Environmental
- Toxicology
- Diagnostics

In collaboration with the Departments of CME, Surgery and Pediatrics, EM may provide instructors for:

- Pediatric Advanced Life Support
- Advanced Trauma Life Support

EM has organized the following annual CME courses:

- Emergency Medicine Update - a full-day session usually conducted each April
- Acute Cardiac Emergencies – a half-day session conducted in September

EM intends offer the following CME course in collaboration with the Department of Pediatrics:

- Pediatric Emergency Medicine Update - a full-day session to be conducted each fall

ED Ultrasound Program

> *"With the advent of this new technology, it is certain that unqualified practitioners will want to employ it. It is therefore essential to strictly limit access to these instruments"* (JAMA, *1831)*

This quote was made in reference to the technologically advanced stethoscope. This tool is now used daily by paramedics, nurses, and physicians, each with a different level of sophistication. One may use it simply to attain a blood pressure measurement, while another uses it to listen for a complex heart murmur and diagnose congenital heart disease. So it is now with ultrasound and its emerging role at the bedside in the 21st century, acting essentially as an extension of the physician's physical exam or stethoscope, if you will.

Over the last 10 years, the use of ultrasound has essentially become a standard of care in emergency departments in the United States. This is now becoming the case across Canada, as ultrasound in Canada is now emerging as a new diagnostic modality, much like it was in the United States five years ago. EM Departments across Canada are initiating ultrasound programs and beginning to offer courses and fellowships. There has been the development of two national courses that are providing ongoing education to emergency physicians in bedside emergency ultrasound. The most recent has been developed by the Canadian Association of Emergency Physicians (CAEP). CAEP's position statement on ED ultrasound is the following:

> "Ultrasound should be available 24 hours per day for emergency patients, particularly for those being evaluated for cardiac tamponade, abdominal aortic aneurysm, abdominal trauma, and ectopic pregnancy. A focused, limited bedside Emergency department ultrasound should be available, performed by technicians, radiologists, or appropriately trained, qualified Emergency physicians" (CAEP February, 1999)

The Royal College of Physicians and Surgeons of Canada has recently mandated that all EM residency programs provide training in ED ultrasound by 2009.

In 2005, the Health Sciences Centre began an Emergency Department Ultrasound program (EDU) and has been providing this service since then. The program has had a positive response and there have been numerous anecdotal cases of improved patient outcomes and facilitation of emergency life-saving procedures. The EM Program now feels the time is right to begin to implement this program to emergency departments across the region, using the original program as a template.

Organization

In order to ensure the long term success of the EDU program, there must be a formal organizational structure. There will be an Assistant Director of CME, Ultrasound program who will report to CME Director. This person will be responsible for the overall continuing medical education, certification, technical, financial (educational and equipment), and quality aspects of the program. The director will also report in part to the Standards and Quality committee on a regular basis.

Dr. David Easton, Dr. Darren Graves, Dr. Lisa Bryski and Dr. Ricardo de Faria are devoting significant time and energy in developing the EDU program.

Indications for Use

The current indications for use of ultrasound in the ED include the following areas:

- query presence of pericardial effusion
- query presence of intra-abdominal fluid
- query presence of abdominal aortic aneurysm
- query presence of cardiac motion (in setting of cardiac arrest)

The data on safety of central vascular access using ultrasound is clear and a fifth area of ultrasound-assisted vascular access will also be included.

Educational Requirements

There are currently no generally agreed upon national guidelines relating to the use of ultrasound in EDs. Completion of the following components is endorsed by CAEP:

- an ultrasound training course
- an ultrasound preceptorship with an independent practitioner - this includes 50 proctored exams in each of the areas in the scope of practice
- a written exam

Quality

Quality assessment will involve regular review of scans being performed and an analysis of the patient outcomes such that the results of the ultrasound interpretation can be assessed for accuracy.

F. INTER-PROFESSIONAL TRAINING PROGRAMS

There are two major inter-professional training programs that EM anticipates participating in: one for Emergency Nurse Practitioners and one for Clinical Assistants. The Clinical Assistant program at the University of Manitoba has not yet been implemented, and as a result EM's educational plan and curriculum have not yet been developed. The Emergency Nurse Practitioner program has been operational since 2006. To date, 3 ENPs have completed the training and two more are currently in the midst of their training.

The following description of the ENP internship provides not only an overview of that program but also demonstrates the ***competency-based education (CBE)*** approach that EM takes in designing and implementing training courses for healthcare professionals.

1. Emergency Nurse Practitioner (ENP)

The emergency nurse practitioner (ENP) internship is a continuing education program that is formulated based on the principles of *efficiency* and *safety*. Competency-based education (CBE) is a means of supporting the guiding principles while at the same time meeting the needs of the EM program and the needs of adult learners.

The Needs of the EM Program

In these times of complex health care issues, economic challenges, escalating health care costs, and limited access to physicians, alternative models of health care delivery, such as nurse practitioners (NPs), have the potential to improve access to comprehensive and appropriate care services (CNA, 2002; Worster, 2005). Human resources studies reveal that there is already a shortage of trained emergency physicians, and that our current residency programs will not produce enough graduates to fulfill future Canadian needs (CAEP/NENA, 2000). It is evident that the shortage of emergency physicians across Canada affects both efficiency and safety of emergency care. As a means of addressing this situation, nurse practitioners (NPs) have been introduced not as a replacement of current medical staff, but as a vital component of a medical team. The integration of NPs has been found to be safe and effective in a variety of settings (Marsh & Dawe, 1995). In order for nurse practitioners to been perceived as valuable team members, they must be perceived as providing essential services as members of the medical team and must be perceived as competent and credible by their colleagues in the Emergency Program (Shea & Selfridge-Thomas, 1997). Furthermore, a high level of NP expertise has been identified as a key facilitator to integration by 89% of physicians practicing with NPs (IBM Business Consulting Services; 2005). In essence, NPs must be incorporated into the current healthcare model in a way that provides additional services rather than absorbs resources.

Education models for the NP programs vary greatly, and no one model is universally accepted (Marsden, 2003; Stokes, Whitis & Moore-Trasher, 1997). The current model of NP training in Manitoba is offered through the University of Manitoba, Faculty of Nursing. This program provides a broad overview of the skills and competencies necessary to practice as a NP in variety of primary care settings, and builds on the generalist model discussed by Goolsby (2000). The decision to focus on breadth rather than depth allows greater flexibility of NPs in these settings.

Patient needs within specific medical settings, however, require greater depth of competencies within a prescribed skill set (Flinter, 2005). Such is the case in Emergency Medicine. A number of university NP programs offer an acute care stream, but only a handful of American programs offer an Emergency NP (ENP) stream. There are truly no NPs certified as ENPs because there is no formal certification exam specifically for ENPs in the United States, Canada, or the UK. (Keough, Cole, Jennrich & Ramirez, 2003).

Results of a major study of NPs in Ontario (IBM, 2005) as well as anecdotal evidence from current NPs, identified knowledge and skill gaps that impede the full utilization of NPs in specific medical settings. Recent research demonstrates that 54% of new primary care NPs in Ontario (IBM, 2005) and 26% of new NPs working in emergency departments in the U.K. (Marsden, 2003) do not feel fully prepared to undertake their new roles with competence. The majority of NPs responding in the IBM study indicated that they lacked some substantive knowledge and were not prepared for the complexity of health problems. Areas where NPs express a lack of

confidence to practice effectively ("learning gaps") include transfer of newly learned theory to practice (Marsden, 2003; Shea & Selfridge-Thomas, 1997); differential diagnosis and pathology (Goolsby, 2000), ability to provide anatomic descriptions of assessment findings, interpret radiographic films, and document medical information in an ED-abbreviated format (Shea & Selfridge-Thomas, 1997). In addition to the above, learning gaps noted by NPs currently practicing in the WRHA include the assessment of musculoskeletal injuries, neurological conditions, infectious diseases, addictions, and the primary care needs of the core area population. Flinter (2005) suggests that inadequate preparation to work in acute care settings has led to high turnover rates and retention issues with novice NPs. Thus, educational preparation on its own is insufficient, and ENPs must have a specialty-specific framework of ongoing education, appropriate mentoring, and support to practice safely and effectively in emergency settings (Marsden, 2003).

Many graduates believe that a coherent educational strategy is necessary to facilitate their transition from novice NPs to advanced NPs (Marsden, 2003). Furthermore, many NPs do not feel comfortable in their new roles for at least six months, and 64% of NPs in the 2005 IBM study indicated that continuing educational programming should take the form of an internship year. The internship method of continuing education is becoming more popular as hospitals recognize the need for continuous education of nursing staff (Good & Williams, 2004; Rosenfeld, Lervolino & Bower-Ferres, 2004).

Being as it is at the discretion of individual programs to determine whether and, if so, how much autonomy NPs will be given, the guiding principles of safety and efficiency must be considered in this decision. If NPs are not able to conduct services without constant monitoring and supervision, they will not contribute to improving patient throughput. In contrast, if NPs are expected to work independently without depth of competency in emergency medicine, the guiding principle of safety is violated and medico-legal liability becomes a concern (Tye, 1997). What is required is a commensurate approach that supports NPs in their development as emergency specialists and allows greater independence and responsibility as competencies are mastered and demonstrated.

Benefits of integrating NPs into an emergency program are perceived by management, staff, and patients. The system benefits from reduced wait times, reduced frequency of complaints, a high quality of care, and the ability to stream patients with minor problems (Marsden, 2003). Almost one million people were cared for within four hours in A&E across England in September 2003, compared to approximately 698,000 people in September 2002, as a result of innovations such as augmented nursing skill sets (UK National Health Service, 2003). As a result, emergency physicians may devote a greater percentage of their time on higher acuity patients and focus more of their attention on clinical teaching. Patients benefit from an overall improvement in care – reduced waiting times, a holistic approach to medicine, and better health promotion and advice.

Needs of the adult learners

> *Adults no longer learn from experience, they learn in it as they act in situations and are acted upon by situations.*
>
> *Wilson, 1999*

The NPs who will be entering the WRHA emergency internship program are skilled professionals. Each will have completed a four-year Bachelor of Nursing degree, a two-year Masters level NP program, and have a minimum of five years of emergency nursing experience. However, they may possess a wide and disparate variety of acute medical care knowledge and experiences. It is unrealistic to assume that all NPs will have the same competencies (Marsden, 2003), nor is it reasonable to assume that all NPs will transition into their new roles at the same pace and comfort level (Roberts, Tabolski & Bova, 1997). It is also unsafe to assume in-depth knowledge of procedures specific to emergency medical care (Goolsby, 2000; Marsden, 2003; Shea & Selfridge-Thomas, 1997).

Although theories of learning are offered in the educational literature, there is a very narrow range of theories privileged within the medical education literature (Bleakley, 2006). Adult learning theory, although not specific to medical education, offers insights into the characteristics that should be considered when planning and implementing programs for adults. Adult learners see themselves as independent, are motivated by developmental and real-life responsibilities, are problem-centered, tend to be internally motivated, and have a strong need to know the reasons for learning something (Kiely, Sandmann, Truluck, 2004).

Experience shows that adult learners, particularly those with advanced degrees, often seek efficiency of learning. They are motivated to learn content and skills that they perceive as meaningful and useful (Beckert, Wilkinson, Sainsbury, 2003; DeWitt, 2003; Stricht, 1997). Adult learners often have competing time demands—children, families, and other interests—that compel them to use their time wisely (Goolsby, 2000). They are unmotivated to learn materials that they see as simply a means to an end, relearning materials they have mastered, and learning generalized information where specific information is needed. Distress is commonly experienced as a result of content overload (Beckert, Wilkinson, Sainsbury, 2003), suggesting that pithiness should be considered when structuring an educational program. Moreover, adult learners experience greater success and "buy in" when they have some influence in setting learning goals (Bandiera, Lee & Foote, 2005; DeWitt, 2003). ENP's in the United Kingdom stated that they would prefer that their continuing nursing education (CNE) take the form of a combination of self-study, seminars, and clinical teaching with an attending physician (Mason, 2005). The WHRA Emergency NP program has been developed with these needs in mind.

Why competency-based education?

Competency-based education (Spady & Mitchell, 1977) is a program that meets both the needs of the Emergency Program and those joining the ENP internship. CBE is based on "the ability to perform successfully in the patterned activities which constitute adult roles" (Spady & Mitchell, 1977, p.9) – in this case, the role of an ENP. Competencies are therefore the implicit patterns of behaviors which allow an individual to achieve success in his/her chosen role. Once these are identified, the learner is able to set learning goals toward achieving success as an ENP. When the learner achieves these learning goals as they relate to patterns of behavior, he/she attains competency.

An important aspect to using CBE effectively within an organizational instruction is ensuring that the patterns of behavior exhibited by the learner are congruent not only with the goals of the learner, but also with the expectations of others (Spady & Mitchell, 1977). Implicit to the CBE approach are four tenets:

1. Learners must have multiple, meaningful opportunities to learn and demonstrate skills;
2. The criteria for competency or mastery should be explicit to the learner and the assessor at the onset of the learning experience and should guide the learning experience;
3. The CBE approach encompasses a flexible duration so that learners are free to move through the components at their own pace and may spend more time on challenging components and less time on less challenging components;
4. Competency is assessed on a threshold basis rather than a norm-referenced basis. Skills are assessed as competent or not competent as defined by explicit criterion-based rubrics.

CBE scaffolds learners in developing competencies so that they can work independently, while not requiring those who have mastered the skills to waste time on materials with which they are competent. In effect, it allows each ENP intern to work commensurately to his/her level of competence within the parameters of safety and efficiency. Those NPs who have demonstrated the ability to work independently within a skill set can do so without constant surveillance. Those who are still developing skills are scaffolded within each skill module through case studies, seminars, clinical, and academic instruction. Final competency in each module is assessed through observation of mastery of pre-defined criteria as demonstrated in a clinical setting—authentic, performance-based assessment.

Basic structure of the WRHA ENP Internship Program

The basic structure of CBE is grounded in mastery of pre-defined criteria. Within the WRHA NP internship, knowledge, skills, and competencies are divided into modules. Completion of each module is divided into five sequential steps or stages. The expectation of CBE is that students will need varying levels of support in order to meet the criteria for each module. In this way, the program is "tailor-made" to be efficient in that it only provides resources where they are needed, and it utilizes NP skill sets as soon as they are mastered. All interns, however, are required to participate in two steps of the program for each module—the pre-assessment and the final clinical assessment.

Step 1: Pre-Assessment

The pre-assessment stage evaluates the learner's clinical knowledge base and skills in a non-clinical setting. Case studies are presented that include content knowledge and clinical judgment pertaining to a specific learning module, and ENP interns respond to the case studies by describing the course of care as well as justifying the rationale for their treatment plans. An additional self-assessment asks learners to evaluate their comfort level and experience with the relevant assessment, management, and required procedures. Strengths and weaknesses of the ENP intern's baseline knowledge are identified (Goolsby, 2000; Kiely, Sandmann, Truluck, 2004), and serve to focus the learner's attention throughout the module.

Those learners who demonstrate mastery on the pre-assessment have the option to request a waiver of steps two through four and to move directly to the final clinical assessment stage. Those who do not demonstrate competency in the pre-assessment and those who do not feel comfortable with their skills with a particular module will complete each step of the module in sequence until competency is achieved. In this way, the adult learning principles of flexibility and accommodation of learners setting their own goals are achieved (Beckert, Wilkinson, Sainsbury, 2003; DeWitt, 2003; Stricht, 1997). ENP interns are also given choice and responsibility in the learning process, characteristics of medical education programs shown to motivate adult learners (DeWitt, 2003; Merrium & Caffarelle, 1999).

Step 2: Review of the Literature and Case Studies

This stage involves a guided self-study component. Readings will be pre-selected by the supervising physician and regularly updated so that they clearly present the state of the art of current practice within a module. Readings will be purposely chosen to highlight seminal knowledge as well as elements that have been shown to be difficult for learners to master. ENP interns will read the materials and be prepared to incorporate them into discussions during step three.

Step 3: Seminars

Seminars will be held on a regular basis and will be attended by all ENP interns who have not successfully completed their final assessment of a given module. The seminar format will be informal. A short formal presentation will be followed by a discussion period where the seminal knowledge base, clinical procedures, and frequent areas of difficulty are reviewed. Evidence shows that the promotion of discussion among colleagues can provide more personal impact than reading about clinical issues alone (Bandiera, Lee & Foote, 2005). Furthermore, "collaboration and consultation with experienced NP and physician colleagues, soliciting advice and assistance, and requesting feedback are necessary components of the [NP] learning process" (Shea & Selfridge-Thomas, 1997, p.237).

Step 4: Clinical Tutoring

Following the seminar, NP interns will apply the clinical skills and procedures outlined in the particular module within their clinical practice under the direction of a supervising emergency physician. Research shows that NPs learn more when taught under the supervision of a preceptor who is a full-time clinician in a clinical setting (Goolsby, 2000; Shea & Selfridge-Thomas, 1997). Furthermore, NPs learn more in an authentic clinical settings (Bandiera, Lee & Foote, 2005; Kiely, Sandmann, Truluck, 2004; Sainsbury, 2003) where they believe that their practice is of real importance to their patient's health (Goolsby, 2003) than they do in simulated settings. Feedback and correctives will be given in terms of the rubric criteria as well as the nuances involved

in treating specific cases (Shea & Selfridge-Thomas, 1997). This style of teaching reflects one of the practices of excellence in medical teaching models discussed by Goolsby (2003), where the preparation of students is progressive and where increased responsibility is based on student progress. Furthermore, it ensures a formal teaching relationship between the emergency physician and the ENP intern, ensuring that the NP is mentored by an individual with an obligation to mentor, as well as to contribute skill, patience, interest, and time to the development of the NP (Flinter, 2005).

Step 5: Final Clinical Assessment

Given that the most important end result of the NP internship is the ability of NPs to provide safe, efficient care within a clinical emergency department setting, the final assessment of each program module will be an authentic performance assessment whenever possible. The mandate of ENPs in the Emergency Program is the independent treatment of cases with uncomplicated presentation – a patient population which is estimated to constitute 30% - 50% of all ED patient visits. Given the constant access to these types of patients, final clinical assessment should be provided in a timely manner when requested by the ENP intern. Providing final clinical assessment at the request of the ENP intern ensures that the needs of the learner are met in terms of flexibility (Beckert, Wilkinson, Sainsbury, 2003), comfort level (IBM, 2005), and ample opportunity to transfer theoretical knowledge to clinical practice (Marsden, 2003).

If the intern is successful at this stage, the ENP intern is then competent to treat that condition without the direct supervision of an emergency physician. Of course, best practice would support consultation with an emergency physician in difficult or perplexing cases, even when the NP is at an advanced stage of competency (Shea & Selfridge-Thomas, 1997).

If the NP intern is unsuccessful in meeting the rubric criteria for a given module, the NP has several options and will consult the supervising emergency physician for his/her advice on the best path to take. If the final clinical assessment reveals gaps in content knowledge, the intern would be encouraged to repeat steps two through five. If the final clinical assessment reveals adequate content knowledge but poor clinical application, steps three through five should be repeated. It is important to acknowledge that development of proficient clinical skills take time (Marsden, 2003), and ENP interns who are unsuccessful in the final clinical assessment of a given module should allow sufficient time to practice the skill set under supervision until a pattern of success is established before they request a subsequent final clinical assessment of a given module. Issues related to lack of opportunity to practice skills and inadequate duration between theoretical instruction and assessment of clinical skills (Marsden, 2003) are addressed by ensuring adequate time for practice between attempts to demonstrate competency at step five.

How does CBE meet the needs of adult learners while maximizing efficiency and safety?

CBE tailors its programming to the learning needs of specific learners to ensure that they are competent in all relevant skill criteria before allowing them to practice without supervision. Rather than having a broad overview that wastes the time and resources of NP interns and emergency physicians, CBE focuses resources on addressing areas where the specific NP intern has not demonstrated competence. Furthermore, once the NP intern has demonstrated such competence, he/she is able to utilize those skills independently. This structure allows the needs of the adult learner as well as the emergency program to be met while supporting the guiding principles of safety and efficiency.

2. *Clinical Assistant (CA)*

The Emergency Medicine Program intends to introduce registered Clinical Assistants into several ED's over the next few years. The knowledge base and skill set of these new interprofessional healthcare team members will be gradually expanded utilizing competency-based education strategies, in the manner that was outlined for the ENP program.

Clinical Assistants are healthcare professionals who provide medical services under direct physician supervision and may perform physical examinations, order diagnostic tests, assist with procedures, and counsel patients. They're also called physician assistants or "physician extenders" because they absorb portions of a doctor's workload that don't require high degrees of medical expertise (McCabe, 2007). A contract of supervision is entered into between the clinical assistant and a supervising physician which specifies detailed information about the medical services the clinical assistant will provide, the type supervision to be provided by the supervising physician and the practice location where the services will be provided. CA's have been providing care in Manitoba since 2002, in the Canadian Armed Forces for many years prior, and in the U.S. since the 1960's. In 2007, Ontario introduced emergency department demonstration projects to evaluate new care teams that include a mix of physician assistants and nurse practitioners.

There may be potential benefits in terms of access to care, as well as for quality and safety. Expanded interprofessional healthcare teams in the ED may result in a reduction in wait times.

For registration as a CA with the College of Physicians and Surgeons of Manitoba (CPSM), a candidate must pass the Registered Clinical Assistant (RCA) exams. A CA exam is generally offered twice a year through the Medical Education Department of the Faculty of Medicine, University of Manitoba. After writing the CA exam, the candidate applies for a CA position with a Regional Health Authority. After one year of work experience he/she then writes a second exam.

Details are being finalized to support the implementation of a new clinical assistant masters program at the University of Manitoba, which would be the first of its kind in Manitoba. Support for this initiative was announced by Manitoba Health on February 1, 2008.

5. CLINICAL CARE AND SERVICE

The proposed academic Department of Emergency Medicine will be integrated with the WRHA Emergency Medicine Program, and as such, will be responsible for the provision of more than a quarter of a million patient visits per year. There are six adult emergency departments within the WRHA, one pediatric emergency department and an urgent care centre (UCC). (Although there is an additional urgent care centre in Winnipeg, its operations currently fall outside the mandate of the WRHA Emergency Program.)

The pediatric ED and two of the adult EDs are located within the teaching hospitals of the Health Sciences Centre and the St. Boniface General Hospital. The remaining four EDs are generally considered to be "community hospitals" (Concordia Hospital, Grace Hospital, Seven Oaks General Hospital, and Victoria General Hospital); the urgent care centre is located at Misericordia Health Centre.

A. *Tertiary Hospitals*

The Health Sciences Centre - General is an adult Emergency Department which is the major referral centre in the province, and the designated centre for major trauma and neurosurgery within the city. It serves the core area of Winnipeg, and as a result serves many patients with multiple medical problems, including those who aren't affiliated with a family physician. It has a large volume of high acuity patients, as well as patients with toxicology issues and psychiatric patients. Current patient volumes are approximately 45,000 per year and have been increasing annually.

The Children's Hospital, Health Sciences Centre, is situated in the core area of Winnipeg and is the sole referral centre in the province for children. The Children's Hospital ED provides primary, secondary, and tertiary pediatric care for Winnipeg, Manitoba, NW Ontario and Nunavut. Children up to seventeen years of age with all levels of injury and illness acuity are seen in this Emergency Department and a significant portion of cases involve multiple trauma, toxicology, or child abuse. Current annual patient volume is approximately 46,000.

St. Boniface General Hospital Emergency Department treats patients of all ages, though only 10% are children. It serves as a community hospital for the francophone community of Winnipeg and surrounding rural francophone towns, as well as a tertiary care referral centre. St. Boniface General Hospital is home to the WRHA's cardiac sciences program. Patient acuity is high with a higher proportion of internal medicine, cardiology, nephrology and geriatrics. Current annual patient volumes are around 43,000.

B. *Community Hospitals*

The four community hospital Emergency Departments also treat patients of all ages. These include the **Concordia Hospital, Grace Hospital, Seven Oaks General Hospital,** and **Victoria General Hospital**. These sites have annual patient volumes of 25,000 – 40,000 and all provide a similar range of services. Within each hospital site, the ED liaises with either internal or family medicine (or both), as appropriate for the specific site models, as well as with the surgical and mental health programs. Where there is no site mental health program there is at least a psychiatric nurse available for consultation. Acuity distributions at these community sites are similar to that at St Boniface General Hospital.

C. *Urgent Care Centre (UCC)*

This is located at the **Misericordia Health Centre** and is open 24 hours per day, 365 days per year. The mandate of the UCC excludes patients of the highest acuity (i.e., true "emergency" cases) and as such there is no ambulance service to this site and the acuity is less than at the hospital-based EDs. High acuity walk-in patients are managed and subsequently transferred as needed.

6. RESEARCH and STANDARDS, QUALITY & SAFETY

The purpose of Standards, Quality & Safety is the optimization of patient care delivered by the system and by the individual providers. In order to accomplish this, standards and "best practices" for patient care need to be identified and implemented. Appropriate monitoring must also be built into quality projects.

The academic focus of the Standards, Quality & Safety is readily apparent. Standards, Quality & Safety activities will lead to numerous research questions and opportunities.

The skill sets required for Research and Standards, Quality & Safety activities are the same: research design, evidence-based medicine or critical appraisal techniques, epidemiology, and knowledge transfer.

In the integrated EM Program, Standards, Quality & Safety will be an important bridge between the clinical and academic programs. It will be important to have the Research faculty work closely with the Standards, Quality & Safety faculty.

A. THE CONCEPT OF SCHOLARSHIP APPLIED TO EMERGENCY MEDICINE

Boyer's model of scholarship involves four types of scholarship: discovery, integration, teaching, and application. The **scholarship of discovery** represents traditional views of scholarship—pursuing research questions, securing grants, and generating new knowledge. The **scholarship of integration** is interpreting the research findings so that they are placed within the body of literature of a discipline. Restated, the products of the scholarship of discovery are made accessible and meaningful to others so that they can be integrated into the broader body of knowledge and used in ways that contribute to the further generation of knowledge within and across disciplines. This type of scholarship is traditionally measured by peer-reviewed research publications. The **scholarship of application** involves using the findings of the scholarship of discovery to solve real problems. The **scholarship of teaching** refers to the act of teaching that is well-informed, uses effective strategies, and incorporates effective instructional methods. It involves more than simply passing along information - it promotes student intellectual development and curiosity.

Discovery	• **generating new EM knowledge** using quantitative or qualitative methodologies
Integration *"synthesis"*	• **interpreting new knowledge so that it has meaning** • making connections across disciplines incorporating new knowledge into the body of EM knowledge • critical analysis using evidence-based medicine techniques
Application	• **using knowledge in solving problems of consequence** • implementing or "building" new knowledge and identified best practices into our healthcare system in such a way that sustained improvements is the delivery of patient care and safety are the result • developing policies & programs • maintaining of clinical competency
Teaching	• **knowledge transfer to learners** • fostering life-long learning (continuing education and faculty development) • assessing self, peers, students and providing formative and summative feedback • appraising teaching models and practices to achieve optimal learning

The scholarships of discovery and integration are traditionally associated with the university professoriate and have been assessed by their quality. The scholarships of application and teaching have traditionally been evaluated by their impact more so than by their quality. By assessing two types of scholarship by the criteria of quality and the others by the criteria of impact, we create a division which may lead to some areas of scholarship being academically valued over others (Heap, 2007). We should instead evaluate all scholarship by both quality and impact. But in order to be viewed as scholarship, the expressions or results must be made public and must be subject to critique. Heap offers the criteria used at Brock University as a starting point in formulating a way to evaluate scholarship by both quality and impact. The three criteria for evaluation are recognition, utilization, and betterment. **Recognition** refers to the scholarship's ability to provoke discussion among peers, practitioners, or policy makers. **Utilization** refers to the scholarship being used in practices, materials, or theories. **Betterment** refers to the improvement of the discipline or the human condition. The scholarships of discovery and integration should be evaluated by recognition and utilization and that the scholarships of teaching and application should be evaluated by recognition, utilization, and betterment (Heap, 2007).

Boyer felt that all forms of scholarship should receive recognition and reward.

B. Standards, Quality & Safety

Scholarship applied to Standards, Quality & Safety

A serious problem exists with respect to the translation of knowledge into clinical practice. Much knowledge is "out there" which has the potential to drastically improve the quality and safety of ED patient care. For example, numerous clinical practice guidelines (CPGs) have been developed by expert consensus groups who have reviewed the existing literature. However, much of this knowledge has not been integrated into local bodies of knowledge nor applied to local healthcare systems. These CPGs and other identified "best practices" need to be identified and incorporated into our healthcare system. Appropriate planning for implementation is paramount for successful knowledge transfer.

Many EM faculty members have been trained in the skills necessary for successful integration and application: evidence-based medicine or critical appraisal techniques, knowledge transfer, epidemiology, and research design.

The mandate of the EM Standards, Quality & Safety Committee should therefore be to integrate new information and identified best practices into the local knowledge base, and to apply or build this knowledge into the ED processes of care.

Medicine's Front Line

EDs are a primary portal into the healthcare system and provide a wide range of medical services to the general public. In addition to the initial treatment of life-threatening illnesses and injuries, episodic care is provided for the entire spectrum of acute illnesses, from exacerbations of chronic diseases, to the provision of primary care services when patients are unable to access family practitioners, as well as for core area and disadvantaged populations for whom an ED is perhaps the sole provider of care (Wikipedia.com, 2006; Institute for Clinical Evaluative Sciences, 2001).

The practice of EM is marked by high stress, high acuity of patients, the need for immediate decision-making with incomplete data, and an inability to control the patient volumes (AEM, 2007). The high volume and high complexity of EM practice create an environment that is prone to errors and quality concerns. The lack of continuity with patients, coupled with an inadequate information infrastructure for care across the continuum, often forces emergency providers to see patients without all the information needed to make cost-effective, high-quality decisions (AEM, 2007). These factors may impact on the quality of emergency patient care.

The ED is tasked to do anything for anyone at any time. Whether a patient has headache or is suicidal, has a fever or is in shock, has pneumonia or just a cold, the ED will continue to provide care to all comers, meet optimal technical standards, assure safety, promote satisfaction, and try to achieve the right outcome, whatever that may be (AEM, 2007).

What problems are being encountered in the ED?

The problems which confront EDs have made headlines across the country frequently in recent years, essentially pertaining to "overcrowding", which can be defined as: "a situation in which demand for service exceeds the ability to provide care within a reasonable time, causing physicians and nurses to be unable to provide quality care" (CAEP/NENA, 2000). Overcrowding may result in excessive waiting times, lengths-of-stay, left-without-being-seen rates, and "hallway medicine". Serious patient safety concerns and several deaths have been attributed to system problems in the EDs.

Significant causes of overcrowding (CAEP/NENA, 2000) which are encountered on a daily basis in Winnipeg EDs are:

- a lack of beds for admitted patients;
- delays in service delivery by radiology, laboratory and other ancillary services - increased waits for these services mean patients are retained longer in emergency departments;
- increased acuity and complexity in ED patients;
- ability to deliver more complex types of care leading to longer stays in emergency departments (e.g. ventilators/Bi-level Positive Airway Pressure, cardioversion, endoscopy);
- shortage of ED physical plant space - as patients stay longer, more space is needed for a given number of patients;
- difficulty in arranging follow-up and home care services, and difficulty in transfer processes - this leads to delays in disposition of patients from the ED.

A connection is also being made between the health and well-being of health care workers and the capacity of the system to meet patient needs (Canadian Policy Research Networks, 2002). The people who deliver the care have produced more with less and have coped with incessant change. But there has been a cost – in the form of burnout, declining morale, and staff shortages. The worry now is that health authorities will not be able to recruit and retain the talent they need. Standards, Quality, and Safety assessments must not only take into consideration how ED care is delivered, but also the impact that delays, inefficiencies, and redundancies have on ED staff.

ED resources are frequently saturated due to the above factors and this condition sets up the ED for errors and concerns about the ability to deliver quality patient care. Concern about the quality of health care has been a major focus of the public, the government, and the medical profession. Patients are very concerned about the quality and safety of their care – specifically with respect to examination, diagnostics, management, and follow-up. These factors make the specialty of EM a unique area, and the quality of care must be carefully evaluated in this context (AEM, 2007).

C. RESEARCH PROGRAM

The EM program has a significant track record of scholarship and research productivity and has the potential to provide national and international leadership in key areas of strength. In February 2008, the accreditors from the Royal College of Physicians and Surgeons and the College of Family Physicians of Canada noted that the research director and research infrastructure were developing strengths of the academic EM program. Dr. Erin Weldon is currently the chair of the EM Research Committee. A listing of clinical research grants and recent faculty and resident publications is presented in Appendix 1.

Toxicology

EM has two full professors (Dr. Wes Palatnick and Dr. Milton Tenenbein) with international reputations in this area. Dr. Tenenbein has many high impact publications in this area, and sits on national and international bodies which develop guidelines and set standards. Dr. Palatnick has many publications, case reports and book chapters to his credit and is in national and international demand as a speaker and teacher in this area. Departmental support will allow them to continue and grow this work and provide training and mentorship to residents and students.

Emergency Medical Services

An extremely productive and well-functioning relationship currently exists between key members of section of EM and the EMS. Dr. Rob Grierson (WFPS Medical Director) and Dr. Erin Weldon (WFPS Assistant Medical Director) have helped facilitate and see through to completion a number of valuable studies that have been presented at international conferences and published in high-impact journals in the field. Drs. Grierson and Weldon have also actively involved residents and students in the research process as relates to EMS, providing excellent teaching and mentorship.

Education

EM provides a large number of hours of clinical teaching and provides education in many different forms to many different levels of learners from student to CPD. The section has already adopted and employed many different novel methods for providing education and evaluating learners (including different approaches to hands-on and clinical simulation, and evaluation methods such as daily evaluations and feedback) EM also has a number of residents and staff who are in the process of obtaining Masters degrees in Education and so will be looking to continue their academic pursuits in this area after receiving their degrees. A more robust research infrastructure will allow the section to better study and evaluate the different methods we use for education and evaluation and further improve our performance and add to the literature in these areas. Dr. Ira Ripstein currently has a study underway on "the utilization of high performance patient simulations to reduce medical error". The recent opening of a new high-fidelity clinical simulation unit at the University of Manitoba will provide new opportunities for EM educational research.

EDIS Database

An area of great potential for EM research is the Emergency Department Information System (EDIS) that is currently being implemented in the ED's, and which will eventually provide data for over a quarter of a million annual patient encounters. IT systems have the potential to significantly improving patient safety and the quality of care - research is needed in this area.

Dr. Robert Sweetland, Dr. Kevin Friesen, and Dr. Greg Van de Mosselaer possess outstanding IT expertise and skills. The EM Program is fortunate to have an exceptional Research Associate in Mr. Trevor Strome (Masters in Epidemiology), who has been funded to spend dedicated time working with the EDIS database.

Ultrasound

Before new technologies are approved for use, a firm rationale, safety and quality assurance must be clearly demonstrated. One project currently in development will study the efficacy and safety of ED ultrasound in the performance of specific clinical procedures.

Bioethics

Associate professor Dr. Merril Pauls has national reputation in this area with numerous presentations and publications related to ethics and patient safety. He was recently asked by CAEP to co-develop a national educational workshop on the topic of Ethics and Error and has received large grant from the Canadian Medical Protective Association (CMPA—the body that provides medical liability coverage for Canadian physicians) for its development. The area of Bioethics has many opportunities for further research publications. The development of an EM Fellowship in Bioethics is possible.

Inter-professional Programs

EM has implemented an Emergency Nurse Practitioner program whose ENP's and physician leads have dedicated time for research and quality initiatives. Expertise is developing in this area and there is the potential for leadership in interdisciplinary practice and new models of care delivery. An EM Clinical Assistant program is also in development and will collaborate with the Faculty of Medicine's Clinical Assistant certification program.

Physical Medicine

An immediate intervention at the time of initial assessment of a patient with a musculoskeletal injury, such as a specific management plan or a patient education strategy, can have a significant impact on quality of life, duration of disability, and productivity. Dr. Burton Abbott has expertise and research interest in this area.

The Need for Systems Research

> *"Data is powerful. There is a critical need, therefore, to better understand our system through research. What are our opportunities to do better? What are the greatest burdens on the caregivers? What changes will create the largest beneficial impact? We have little idea because of little research. How can we effectively implement computerized physician order entry, evidence-based guidelines, and clinical protocols, and succeed at other quality improvement efforts? We know little about effective implementation. Systems must be designed to take advantage of evidence-based information. Merely thrusting it at already exhausted caregivers is not likely to be successful. A need for science to surround ED operations is clearly identified."*
>
> *- Academic Emergency Medicine, 2007*

Resident Research

While past accreditation reports have identified research infrastructure and the support for resident research efforts as an area that requires further attention, EM has an admirable record of presentations and publications by their residents. This speaks to the very high quality and ingenuity of the residents who train in this program, and show the great potential for an even greater research output by the residents if they are provided with a more well-developed research infrastructure.

7. FACULTY

There are currently 68 faculty members in Emergency Medicine: one full professor, four associate professors, fourteen assistant professors and forty-nine lecturers, four of whom have applied for promotion this year. See Appendix 3 for a current listing. Of the faculty members, 46 (68%) have EM specialty certification: FRCP-EM (13), CCFP-EM (33). Two FRCP-EM faculty members have further subspecialty certification, one in toxicology and one in critical care. There is one non-physician faculty member: a research associate with a Masters degree in Epidemiology.

About half of faculty members are affiliated with one of the teaching hospitals in Winnipeg (31/68 or 46%) and the other half are affiliated with one of the community hospitals in Winnipeg (34/68 or 50%). Three physicians are affiliated with other sites (e.g., outside of Winnipeg).

There are additional emergency physicians who have contributed to EM teaching who are not currently faculty members, but who have been approached to join the faculty.

It is clear that there exists in EM a critical mass of faculty members to fulfill the teaching, research and service mission of the proposed Department of Emergency Medicine and the Faculty of Medicine.

8. CONCLUSION

There is clear evidence that the establishment of a Department of Emergency Medicine within the Faculty of Medicine at the University of Manitoba is justified. The practice of EM requires a well-defined and discrete knowledge base and skill set, which is affirmed by the fact that physician credentialing bodies across North America have offered specialty recognition in EM for more than 20 years. There is a solid and growing body of knowledge which is based on solid research and which supports and furthers knowledge in the field. As well, there are strong precedents both within Canada and beyond, for EM being organized as an autonomous department.

EM at the University of Manitoba has been built and strengthened by a strong group of dedicated professionals who have contributed significantly to the education and training of undergraduate and postgraduate medical learners, as well as to the training of professionals who provide complementary emergency care. An impressive number of teaching hours are provided to these groups by faculty who are largely volunteers. Faculty participation in research has been rising and is anticipated to grow further. As a full department, EM would be able to build stronger supports for faculty members and residents who wish to engage in research. Conferring departmental status on EM will ensure the strength and continued growth of both the educational and research programs.

Emergency Medicine has the benefit of strong backing from a number of departments within the Faculty of Medicine, evidenced by the letters of support included in Appendix 3. In addition, the government of Manitoba announced in March 2007 its intention to provide funding support to increase the number of available residency positions and to enhance continuing medical education initiatives provided by EM.

This document provides clear justification and solid rationale to grant departmental status to Emergency Medicine. Doing so will ensure that EM at the University of Manitoba can develop and retain the very best of medical leaders, educators, researchers and clinicians.

LIST OF ABBREVIATIONS

ABEM	American Board of Emergency Medicine
ACEP	American College of Emergency Physicians
ACLS	Advanced Cardiovascular Life Support
AED	Automated External Defibrillation
AMA	American Medical Association
ATLS	Advanced Trauma Life Support
BLS	Basic Life Support
CA	Clinical Assistant
CAEP	Canadian Association of Emergency Physicians
CBE	Competency-Based Education
CCFP-EM	Certificant, College of Family Physicians of Canada, Emergency Medicine
CFPC	College of Family Physicians of Canada
CME	Continuing Medical Education
CNE	Continuing Nursing Education
CPG	Clinical Practice Guidelines
CPR	Cardiopulmonary resuscitation
DCME	Department of Continuing Medical Education
DEM	Department of Emergency Medicine
EBM	evidence-based medicine
ED	Emergency Department
EDIS	Emergency Department Information System
EDU	Emergency Department Ultrasound
EM	Emergency Medicine
EMS	Emergency Medical Services
ENP	Emergency Nurse Practitioner
EP	Emergency Physician
FRCP-EM	Fellow, Royal College of Physicians of Canada, Emergency Medicine
ICU	Intensive Care Unit
IMG	International Medical Graduate
IT	Information Technology
NP	Nurse Practitioner
PALS	Pediatric Advanced Life Support
RCPSC	Royal College of Physicians and Surgeons of Canada
RHA	Regional Health Authority
UCC	Urgent Care Centre
WFPS	Winnipeg Fire and Paramedic Service
WRHA	Winnipeg Regional Health Authority

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APPENDIX 1: OBJECTIVES OF TRAINING AND SPECIALTY TRAINING REQUIREMENTS IN EMERGENCY MEDICINE

2003

Definition

Emergency Medicine is that branch of specialty practice that is concerned with the management of the broad spectrum of acute illness and injury in all age groups.

General Objectives

Upon completion of training, a resident is expected to be a competent emergency physician capable of assuming a consultant's role in the specialty. The specialist emergency physician employs pertinent methods of prioritization, assessment, intervention, resuscitation and further management of patients to the point of transfer. Appropriate procedural and pharmacotherapeutic maneuvers are central to these abilities. The specialist emergency physician possesses organizational skills in emergency department and disaster management and the ability to interface with and play a leadership role in the development and organization of the emergency medical services and prehospital care.

Residents must demonstrate the knowledge, skills and attitudes relating to gender, culture and ethnicity pertinent to Emergency Medicine. In addition, all residents must demonstrate an ability to incorporate gender, cultural and ethnic perspectives in research methodology, data presentation and analysis.

Specific Objectives

Revised into CanMEDS format - November 2003

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

Medical Expert/Clinical Decision-Maker

Specialists possess a defined body of knowledge and procedural skills which are used to collect and interpret data, make appropriate clinical decisions, and carry out diagnostic and therapeutic procedures within the boundaries of their discipline and expertise. Their care is characterized by up-to-date, ethical, and cost-effective clinical practice and effective communication in partnership with patients, other health care providers, and the community. The role of medical expert/clinical decision-maker is central to the function of specialist physicians, and draws on the competencies included in the roles of scholar, communicator, health advocate, manager, collaborator, and professional.

General Requirements

- Demonstrate diagnostic and therapeutic skills for ethical and effective patient care.
- Access and apply relevant information to clinical practice.
- Demonstrate effective consultation services with respect to patient care, education and legal opinions.

Specific Requirements

1. Elicit a relevant, concise, and accurate history and efficiently conduct an effective physical examination; carry out relevant procedures to collect, analyze, and interpret data; reach a diagnosis and perform appropriate therapeutic procedures to help resolve a patient's problem.
2. Demonstrate medical expertise in situations other than in direct patient care. This includes the ability to provide testimony as an expert medical witness and to give presentations.
3. Recognize personal limits of expertise by self-assessment. This includes the ability to decide if and when other professionals are needed to contribute to a patient's care, and the ability to implement a personal program to maintain and upgrade professional medical competence.
4. Apply the knowledge and expertise to the performance of specific psychomotor skills relevant to the specialty.
5. Use the best available evidence to select medically appropriate investigative tools that are informative, ethical and cost-effective.
6. Manifest a systematic and cognitive approach to clinical reasoning in order to solve the individual patient's problems.
7. Access continuously new and relevant clinical information to ensure that the care provided to patients meets contemporary "best practice" circumstances.
8. Demonstrate medical expertise in situations other than those involving direct patient care (educational supervision, presentations, providing expertise and medico-legal cases).

Communicator

To provide humane, high-quality care, Emergency specialists establish effective relationships with patients, other physicians, and other health professionals. Communication skills are essential for the functioning of an Emergency Physician, and are necessary for obtaining information from, and conveying information to patients and their families. Furthermore, these abilities are critical in eliciting patients' beliefs, concerns, and expectations about their illnesses, and for assessing key factors impacting on patients' health.

General Requirements

- Establish therapeutic relationships with patients/families.
- Obtain and synthesize relevant history from patients/families/communities.
- Listen effectively.
- Discuss appropriate information with patients/families and the health care team.

Specific Requirements

1. Establish and maintain rapport and foster an environment characterized by understanding, trust, empathy, and confidentiality.
2. Explore patient's beliefs, concerns, and expectations about the origin, nature, and management of his/her illness. Specialist Emergency Physicians need to be able to assess the impact of such factors as age, gender, ethno-cultural background, social support, and emotional influences on a patient's illness.
3. Inform and counsel a patient in a sensitive and respectful manner while fostering understanding, discussion, and the patient's active participation in decisions about their care. This includes the ability to listen to the patient and to communicate effectively with other health providers, to ensure optimal and consistent care of the patient and his/her family. This also implies the ability to maintain clear, accurate, and appropriate records.

4. Establish relationships with the patient that are characterized by understanding, trust, respect, empathy and confidentiality.
5. Demonstrate the ability to break bad news such as that of death or serious illness or injury to patients and/or their family members in a way that is sensitive, thorough and understandable.
6. Demonstrate the ability to screen for sensitive issues such as those of substance abuse, physical or sexual abuse and risk factors for HIV and other sexually transmitted diseases.
7. Demonstrate the ability to discuss issues of advanced directives, living wills and DNR orders with patients and their families.
8. Understand and demonstrate the importance of cooperation and communication among health professionals involved in the care of individual patients such that the roles of these professionals are delineated and consistent messages are delivered to patients and their families.
9. Demonstrate skills in working with others who present significant communication challenges such as an ethno-cultural background different from the physician's own or a physical or emotional impairment. This would include the ability to communicate with patients who pose a risk for violent or aggressive behaviors using strategies that focus on identification and the defusing of potential adverse situations.
10. Demonstrate the ability to recognize and minimize the negative effects that one's emotions (anger, frustration, anxiety, fear) have on one's ability to communicate effectively and take steps to minimize these effects.
11. Provide effectively information to the general public and media about areas of local concern.
12. Communicate effectively with the members of a multidisciplinary team in the resolution of conflicts, provision of feedback, and where appropriate, be able to assume a leadership role.

Collaborator

The specialist in Emergency Medicine is characterized as a collaborator when he/she works in partnership with others, as a member of an interdisciplinary team, to reach a common goal. Depending on the task at hand, the partnership/collaboration may include, besides the Emergency Medicine specialist, patients and their families, other physicians (primary care and specialist), allied health professionals, community organizations, alternative care providers, administrative bodies, researchers, and educators.

General Requirements

- Consult effectively with other physicians and health care professionals.
- Contribute effectively to other interdisciplinary team activities.

Specific Requirements

1. Understand the roles and expertise of the other individuals involved, inform and involve the patient and his/her family in decision-making, and explicitly integrate the opinions of the patient and care givers into management plans.
2. Recognize team members' areas of expertise, respect the opinions and roles of individual team members, contribute to healthy team development and conflict resolution, and contribute his/her own expertise to the team's task in hospitals, practice settings, and other institutions, such as committee work, research, teaching and learning.
3. Demonstrate an ability to function effectively within the unique environment of the emergency department, recognizing the unpredictable nature of patient presentations, and the demands of working with a multidisciplinary team.

4. Identify and describe the role, expertise and limitations of all members of the multidisciplinary team required to optimally achieve a goal related to patient care, a research problem, an educational task, or an administrative responsibility.
5. Demonstrate the ability to assume a team leadership and effective participant role in the complex multidisciplinary environment of the emergency department.
6. Demonstrate an understanding of the unique interaction of the emergency department with every component of the health care system including the hospital, its relationship to the community, and other agencies such as Emergency Medicine Services (EMS).
7. Demonstrate an ability to promote the autonomy of patients and families and to promote their involvement in decision-making.
8. Participate in multidisciplinary team meetings, demonstrating the ability to accept, consider and respect the opinions of other team members, while contributing specialty-specific expertise.
9. Describe how health care governance influences patient care, research, and educational activities at a local, provincial, regional, and national level.
10. Demonstrate effective consultation skills in response to requests from another health care provider and will manifest appropriate clinical judgment when requesting consultation expertise from colleagues in other specialty disciplines. This includes presenting well-documented patient assessments and recommendations in both written and verbal form.

Manager

Emergency specialists function as managers when they make everyday practice decisions involving resources, coworkers, tasks, policies and their personal lives. They do this in the settings of individual patient care, practice organizations, and in the broader context of the health care system. Thus, Emergency specialists require the abilities to prioritize and effectively execute tasks through teamwork with colleagues, and make systematic decisions when allocating finite health care resources. As Managers, Emergency specialists take on positions of leadership within the context of professional organizations and the dynamic Canadian health care system.

General Requirements

- Utilize resources effectively to balance patient care, learning needs, and outside activities.
- Allocate finite health care resources wisely.
- Work effectively and efficiently in a health care organization.
- Utilize information technology to optimize patient care, life-long learning and other activities.

Specific Requirements

1. Employ effective time management and self-assessment skills to formulate realistic expectations and a balanced lifestyle.
2. Make sound judgments on resource allocation based on evidence of the benefit to individual patients and the population served.
3. Understand the roles and responsibilities of specialists in Canada, the organization and function of the Canadian Health Care system, and the forces of change. This includes the ability to work effectively within teams of colleagues, manage a practice and function within broader organizational management systems (e.g. hospital committees).
4. Use patient-related databases, access computer based information, and understand the fundamentals of medical informatics.
5. Function effectively in health care organizations, ranging from an individual clinical practice to organizations at the local, regional and national level.

6. Understand the structure, financing, and operation of the Canadian Health System and its facilities, function effectively within it and be capable of playing an active role in its change.
7. Will be cognizant of the particular circumstances that foster positive relationships between the emergency Department, the hospital and the community.
8. Access and apply a broad base of information to the care of patients in ambulatory care, hospitals and other health care settings.
9. Make clinical decisions and judgments based on sound evidence for the benefit of individual patients and the population served. This allows for an advocacy role primarily for the individual but in the context of societal needs when monitoring and allocating needed resources.
10. Work effectively as a member of a team or a partnership and to accomplish tasks whether one is a team leader or a team member.
11. Understand population-based approaches to health care services and their implication for medical practice.
12. Will participate in the planning of programs directed towards utilization and quality improvement in the emergency department.
13. Manage concomitantly a number of ill and injured patients at any given time with a view to both providing these patients with excellence of care as well as ensuring the continued smooth flow of patients through an Emergency Department.
14. Understand the supervisory and administrative aspects of Emergency Medical Services systems (i.e. rationalization of Emergency Services, communications systems, prehospital care programs, ambulance services, paramedical emergency services and disaster medicine).

Health Advocate

Specialists recognize the importance of advocacy activities in responding to the challenges represented by those social, environmental, and biological factors that determine the health of patients and society. They recognize advocacy as an essential and fundamental component of health promotion that occurs at the level of the individual patient, the practice population, and the broader community. Health advocacy is appropriately expressed both by the individual and collective responses of specialist physicians in influencing public health and policy.

General Requirements

- Identify the important determinants of health affecting patients.
- Contribute effectively to improved health of patients and communities.
- Understand various approaches to health care advocacy and policy change.
- Recognize and respond to those issues where advocacy is appropriate.

Specific Requirements

1. Identify the determinants of health that affect a patient, so as to be able to effectively contribute to improving individual and societal health in Canada. This includes the ability to recognize, assess, and respond to the psychosocial, economic, and biologic factors influencing the health of those served. The specialist incorporates information on the health determinants into his/her practice behaviors - both with individual patients and their community. At the doctor-patient level, this involves adapting patient management and education so as to promote health, enhance understanding, foster coping abilities, and enhance active participation in informed decision-making.
2. Recognize and respond to those issues, settings, circumstances, or situations in which advocacy on behalf of patients, professions, or society is appropriate. This involves the

ability to: identify populations at risk, identify current policies that affect health, and recognize the fundamental role of epidemiological research in informing practice. At a broader level, this includes the ability to describe how public policy is developed and employ methods of influencing the development of health and social policy.

3. Demonstrate an understanding of the following:
    a. Determinants of health by identifying the most important determinants of health (i.e., poverty, unemployment, early childhood education, social support systems), being familiar with the underlying research evidence, and applying this understanding to common problems and conditions encountered in emergency medicine.
    b. Public policy for health by describing how public policy is developed; identifying current policies that affect health, either positively or negatively (i.e., communicable diseases, tobacco, substance abuse); and citing examples of how policy was changed as a result of actions by physicians.
4. Demonstrate an understanding of these concepts as applied to the following three levels:
    a. In the management of individual patients by identifying the patient's status with respect to one or more of the determinants of health (i.e., unemployment); adapting the assessment, management and disposition accordingly (i.e., the medical history to the patient's social circumstances); and assessing the patient's ability to access various services in the health and social system.
    b. In the analysis of the emergency medicine patient population work with relevant associations in identifying current "at risk" groups within the practice of emergency medicine and applying the available knowledge about prevention to "at risk" groups within the practice; identify impediments to good, efficient, effective emergency medicine patient care and take steps to publicize and address these issues; and contribute "group data" for better understanding of health problems within the population.
    c. In relation to the general population by describing, in broad terms, the key issues currently under debate regarding changes in the Canadian health care system, indicating how these changes might affect societal health outcomes and advocating to decrease the burden of illness (at a community or societal level) of problems related to emergency medicine through a relevant specialty society, community-based advocacy group, other public education bodies, or private organizations.

Scholar

Emergency specialists function as scholars whether they are learning new knowledge from personal continuing education, applying knowledge to their daily practice or sharing knowledge with those related to their practice. This latter group may include patients, the public, medical students or residents, physicians, and other professional healthcare workers. Interpretation of new information requires critical appraisal skills, as well as the capacity to assess clinical applicability. Scholarly activity is a life-long endeavor that ensures professional competence, and guarantees optimal care of patients. As Scholars, Emergency specialists will take on positions of leadership within the context of ongoing professional development and learning by all professionals involved in Emergency medical care.

General Requirements

- Develop, implement and monitor a personal continuing education strategy.
- Critically appraise sources of medical information.
- Facilitate learning of patients, medical trainees/students and other health professionals.
- Contribute to development of new knowledge.

Specific Requirements

1. Analyze and interpret the validity and applicability of evidence contained in the medical literature.
2. Apply new knowledge to daily practice.
3. Provide constructive feedback to these learners.
4. Act as a role model and as a resource for other colleagues and health care professional.
5. Establish a sustainable pattern of reading that will allow him/her to schedule sufficient time to maintain a current knowledge base.
6. Learn how to efficiently track new literature pertinent to his/her practice, including studies published outside the Emergency Medicine literature.
7. Learn the principles of biostatistics and critical analysis, allowing proper interpretation of original research publications. This can be best learned either with specific university courses or through a series of core lectures and assignments, complimented by regular participation in Journal Clubs.
8. Acquire the basic principles of clinical bedside teaching.
9. Acquire the basic principles of didactic teaching and public speaking, including the use of multimedia software and the basic skills for moderating small group discussion.
10. Acquire the skills necessary to apply new knowledge in an evidence-based fashion to clinical practice.
11. Learn the basic principles of clinical research methodology, further improving the ability to interpret original research.
12. Learn the principles of distance learning, including video-conferencing, cyber sessions and web-based interactive learning.
13. Become aware of patient information and patient support groups. Become aware of web sites capable of providing comprehensive information to patients pertinent to illness or injury treated in the emergency department.
14. Pose an appropriate patient-related question, execute a systematic search for evidence, and critically evaluate medical literature and other evidence in order to optimize clinical decision-making.

Professional

Specialists have a unique societal role as professionals with a distinct body of knowledge, skills, and attitudes dedicated to improving the health and well-being of others. Specialists are committed to the highest standards of excellence in clinical care and ethical conduct, and to continually perfecting mastery of their discipline.

General Requirements

- Deliver highest quality care with integrity, honesty and compassion.
- Exhibit appropriate personal and interpersonal professional behaviors.
- Practice medicine ethically consistent with obligations of a physician.

Specific Requirements

1. Be aware of racial, cultural, and societal issues that impact on the delivery of care and an ability to maintain and enhance appropriate knowledge, skills and professional behaviors.
2. Be accountable for personal actions, have a high degree of self-awareness, maintaining an appropriate balance between personal and professional roles, and addressing interpersonal differences in professional relations.

3. Practice medicine in an ethically responsible manner that respects the medical, legal and professional obligations of belonging to a self-regulating body. This implies: an understanding of and adherence to legal and ethical codes of practice, the recognition of ethical dilemmas and the need for help to resolve them when necessary and the ability to recognize and respond to unprofessional behaviors in clinical practice, taking into account local and provincial regulations.
4. Display expertise in each of the following areas:
    a. Discipline-Based Objectives:
        i. display attitudes commonly accepted as essential to professionalism;
        ii. use appropriate strategies to maintain and advance professional competence; and
        iii. continually evaluate one's abilities, knowledge and skills and know one's limitations of professional competence.
    b. Personal/Professional Boundary Objectives:
        i. adopt specific strategies to heighten personal and professional awareness and explore and resolve interpersonal difficulties in professional relationships; and
        ii. consciously strive to balance personal and professional roles and responsibilities and to demonstrate ways of attempting to resolve conflicts and role strain.
    c. Objectives Related to Ethics and Professional Bodies:
        i. know and understand the professional, legal and ethical codes to which physicians are bound;
        ii. recognize, analyze and attempt to resolve in clinical practice ethical issues such as truth-telling, consent, advanced directives, confidentiality, end-of-life care, conflict of interest, resource allocation and research ethics;
        iii. understand and be able to apply relevant legislation that relates to the health care system in order to guide one's clinical practice; and
        iv. recognize, analyze and know how to deal with unprofessional behaviors in clinical practice, taking into account local and provincial regulations.

Specialty Training Requirements

Five years of approved resident training. This period consists of:

1. One year of basic clinical training.

2. The following:
    a. a mandatory three years of approved residency training in Emergency Medicine, to include:
        i. a minimum of six months as a senior resident in the emergency department.
        ii. a minimum of three months in an emergency department with pediatric educational emphasis, a portion of which is as a senior resident.
        iii. a specific program of training in prehospital and administrative aspects of emergency medicine.
        iv. a minimum of one year of training in the emergency aspects of anesthesia, critical care, (including CCU), general surgery, internal medicine, neurosciences, orthopedic surgery, pediatrics, and psychiatry (including crisis intervention).
    b. one year of approved resident training which may include:
        i. further training in emergency medicine.
        ii. further training in any of the mandatory core rotations (2.a.iv.).

iii. elective assignments in the emergency aspects of ENT, obstetrics and gynecology, ophthalmology, plastic surgery, radiology, trauma service, toxicology and other appropriate clinical subspecialty areas.

iv. research (Please see *Policies and Procedures* Section IV.).

v. an approved course of study and education, related to the objectives of Emergency Medicine, and acceptable to the director of the residency program and to the credentials committee, at a hospital or university centre in Canada or abroad. The educational program should incorporate the principle of graded increasing responsibility. Senior residency is defined as experience in which the resident is regularly entrusted with the responsibility for the diagnosis, resuscitation, stabilization, evaluation and disposition of acutely ill and injured patients. No other resident shall intervene between the senior resident and the attending staff emergency physician.

NOTE: On the recommendation of the director of a Royal College accredited residency program in Emergency Medicine,

A. Applicants who have completed residency training in Family Medicine, acceptable to the College of Family Physicians of Canada for residency-eligibility for their examinations, may be granted credit for up to twelve months under Section 2.a. iv and/or 2.b. above.

B. Residents in Emergency Medicine who have satisfactorily undertaken residency training in specialties related to Emergency Medicine may be granted credit for up to twelve months of training under Section 2.a. iv and/or 2.b.

APPENDIX 2: RESEARCH GRANTS AND PUBLICATIONS

Research support in the form of operating grants for the Section of EM during the past 12 months:

1. Granting agency: Canadian Patient Safety Institute
   Title: *"The Utilization of High Performance Patient Simulations to Reduce Medical Error".*
   Budget: $100,000
   Co-Investigator: **Dr. Ira Ripstein**

2. Granting agency: CIHR
   Title: A Study to Validate a Clinical Decision Rule for the Investigation of *Alert Patients of Having a Subarachnoid Hemorrhage - Phase II*
   Budget: $60,000 for this site (total $700,000 for four years)
   Principal Investigator: Dr. Jeff Perry (University of Ottawa)
   Co-Investigator: **Dr. Merril Pauls**
   March 2006

3. Granting Agency: Winnipeg Foundation
   Title: "Assessment of Patient Satisfaction, Outcomes and Waiting Times in Women Who Present to the Early Pregnancy Assessment Clinic"
   Budget: $20,500
   Principal Investigator: Dr. Helen Pymar
   Co-Investigators: Dr. Carol Schneider, **Dr. Merril Pauls**
   January 2006

4. Granting agency: CMPA Grants Program
   Title: "Clinical Decision-making in Emergency Medicine"
   Budget: $42,000 awarded
   Principal investigator: Dr. Connie Leblanc
   Co-Investigator: **Dr. Merril Pauls**
   January 2008

Peer-reviewed publications of faculty members in the Section of EM during the past twelve months:

1. **Herd A,** Dirks J. My Aching Shoulder. CJEM. 2007; 9(4):296.
2. **Palatnick W.** Serotonin Reuptake Inhibitors and Other Atypical Antidepressants. In: Shannon, M, Borron, S, Burns, M, editors. Haddad and Winchester's Clinical Management of Poisoning and Drug Overdose, 4th edition. 2007. ch. 28.
3. Howes D, Green R, Gray S, Stenstrom R, **Easton D**. Evidence for the use of hypothermia after cardiac arrest. CJEM. 2006; 8(2):109-15.
4. **Pauls M**, Ackroyd-Stolarz S., Identifying Bioethics Learning Needs: A Survey of Canadian Emergency Medicine Residents. AEMJ. 2006 Jun;13(6):645-652
5. Embil J, **Oliver Z,** Mulvey M, Trepman M, Trepman E. A man with recurrent furunculosis. CMAJ 2006 Jul 18; 175(21):143-144.
6. **Pauls M**, Ethics Approval Requirement for CJEM Research Publications: A Step Forward for Canadian Emergency Medicine [invited editorial]. CJEM. 2007 Mar; 9(2): 118-120.
7. **Pauls M,** Burns E, Clarke L, One Night in the ER: A Story in Two Voices. In: Clarke L, Nisker J, editors. In Our Hands: Stories of Canadian Doctors-in-Training. Halifax: Pottersfield Press; 2007.
8. Carter AJE, **Chochinov AH**. A systematic review of the impact of nurse practitioners on cost, quality of care, satisfaction and wait times in the emergency department. CJEM. 2007; 9(4):286-95.

Peer-reviewed publications, including abstracts, by residents in this program over the past 6 years:

1. **Carter AJE,** Chochinov AH. A systematic review of the impact of nurse practitioners on cost, quality of care, satisfaction and wait times in the emergency department. CJEM. 2007; 9(4):286-95.
2. Risgaard O, Sugrue M, Smith K, D'Amours S, Christey G, Caldwell, E, **LaRiviere C.**. An evaluation of the prevalence of blunt cerebral vascular injury at a major trauma centre. ANZ Journal of Surgery. Forthcoming 2007.
3. **Ahmad O,** Frank. Instructing a mentorship program in the emergency medicine residency. CJEM. Forthcoming 2007.
4. Scott D, Chapman C, **Brown B.** Caffeine intake and hydration status at high altitude. Unilever Laboratory, London, England. European Journal of Applied Physiology. Forthcoming 2007.
5. **Carter AJE, Grierson R.** The impact of ambulance diversion on EMS availability. Poster session presented at: 10th Annual International Conference on Emergency Medicine; 2006 June 3-4; Halifax, Nova Scotia.
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APPENDIX 3: FACULTY LIST

	Rank	Last Name	First Name	EM Certification	Subspecialty	Site
				FRCP-EM 13 CCFP-EM 33		
EM Faculty *(as of November 1, 2007)*						
1	Professor	Palatnick	Wesley	FRCP-EM, ABEM, ABMT	Toxicology	HSC
2	Associate Prof	Chochinov	Alecs	FRCP-EM, CCFP-EM		SBGH
3	Associate Prof	Pauls	Merril	CCFP-EM		HSC
4	Associate Prof	Ripstein	Ira			SBGH
5	Associate Prof	Swirsky	Neil	FRCP-EM		SOGH-GGH
6	Assistant Prof	Bryski	Lisa	CCFP-EM		HSC
7	Assistant Prof	Grierson	Robert	FRCP-EM		HSC
8	Assistant Prof	Herd	Anthony	CCFP-EM		SOGH-GGH
9	Assistant Prof	Peters	Sheila	CCFP-EM		HSC
10	Assistant Prof	Peterson	Cameron	CCFP-EM		HSC
11	Assistant Prof	Shah	Ashvin	FACEP, ChB		SBGH
12	Assistant Prof	Steigerwald	Ronald	FRCP-EM		SBGH
13	Assistant Prof	Stenhouse	James			SBGH
14	Assistant Prof	Weldon	Erin	FRCP-EM		HSC
15	Assistant Prof	Chan	Patrick	FRCP-EM		SBGH
16	Assistant Prof	Connor	Graham			SBGH
17	Assistant Prof	Kesselman	Edward			SOGH-GGH
18	Assistant Prof	Kuo	Carey	CCFP-EM		GGH
19	Assistant Prof	Lee	Lindy	FRCP-EM		Addictions
20	*applying for Asst Prof*	Abbott	Burton	CCFP		SOGH-GGH
21	*applying for Asst Prof*	Doucet	Paul	CCFP-EM		SBGH
22	*applying for Asst Prof*	Easton	David	FRCP-EM	Critical Care	HSC
23	*applying for Asst Prof*	Sokal	John	CCFP-EM		HSC
24	Lecturer	Dowhanik	Paul			SOGH-GGH
25	Lecturer	Eyolfson	Douglas	FRCP-EM		HSC
26	Lecturer	Friesen	Kevin	CCFP-EM		SBGH
27	Lecturer	George	Ronald	CCFP-EM		SOGH-GGH
28	Lecturer	Goeke	Fredrick	CCFP-EM		SOGH-GGH
29	Lecturer	Graves	Darren			HSC
30	Lecturer	Greene	Richard	CCFP-EM		VGH
31	Lecturer	Grzywacz	Ewa	CCFP-EM		HSC
32	Lecturer	Hedgekar	Mona	CCFP-EM		VGH
33	Lecturer	Kalturnyk	Blake	CCFP-EM		SOGH-GGH
34	Lecturer	Klaponski	John	CCFP-EM		SOGH-GGH
35	Lecturer	Maier	Ronald			HSC
36	Lecturer	Minish	Travis	FRCP-EM		HSC

	Rank	Last Name	First Name	EM Certification	Subspecialty	Site
				FRCP-EM 13		
				CCFP-EM 33		
EM Faculty *(as of November 1, 2007)*						
37	Lecturer	Oliver	Zoe	CCFP-EM		HSC
38	Lecturer	Peters	Richard	CCFP-EM		HSC
39	Lecturer	Pinchuk	David	CCFP-EM		VGH
40	Lecturer	Reda	John	CCFP-EM		MUCC
41	Lecturer	Schellenberg	Donald			HSC
42	Lecturer	Slutchuk	Sean			VGH
43	Lecturer	Sokolies	Rex	CCFP		SOGH-GGH
44	Lecturer	Torossi	Gregory			CGH
45	Lecturer	Van de Mosselaer	Greg			MUCC
46	Lecturer	Wiatrowski	Joe	CCFP-EM		SOGH-GGH
47	Lecturer	Bowman	Thomas	CCFP-EM		SOGH-GGH
48	Lecturer	Moore	Sean	FRCP-EM		Kenora
49	Lecturer	Mowat	Grenville	CCFP-EM		SBGH
50	Lecturer	Sweetland	Robert			HSC
51	Lecturer	Whyte	Stanley			SOGH-GGH
52	Lecturer	Ziomek	Anna			CGH
53	Lecturer	Bergmann	Terence			CGH
54	Lecturer	Chlysta	Dana	CCFP		CGH
55	Lecturer	DaSilva	Hermano			MUCC
56	Lecturer	Holowenko	Dedeshya	CCFP-EM		GGH
57	Lecturer	Horvath	Jeffrey			GGH
58	Lecturer	McKenzie	Catherine Ann			SOGH-GGH
59	Lecturer	Penner	Kurt	CCFP-EM		GGH
60	Lecturer	Rados	Larry			MUCC
61	Lecturer	Samimi	Mehran			CGH
62	Lecturer	Snyder	Laurel	CCFP-EM		Kenora
63	Lecturer	Strome	Trevor			WRHA
64	Lecturer	Buchel	Al	CCFP-EM		SBGH
65	Lecturer	DeFaria	Ricardo Lobato			SOGH
66	Lecturer	LaRiviere	Christian	FRCP-EM	Palliative Care Fellow	HSC
67	*Appointment in process*	Cymbalisty	Chris	CCFP-EM		HSC
68	*Appointment in process*	VanDyk	Werner			SOGH
69	*functioning as faculty*	Bullock Pries	Karen	CCFP-EM		Steinbach
70	*functioning as faculty*	Clark	Donna	CCFP-EM		SBGH
71	*functioning as faculty*	Kowal	Caroline	CCFP-EM		SOGH, HSC
72	*functioning as faculty*	Smith	Eric	CCFP-EM		SBGH
73	*functioning as faculty*	Price	Jim			Portage
74	*functioning as faculty*	DuPreez	Kobus			

APPENDIX 4: LETTERS OF SUPPORT

UNIVERSITY OF MANITOBA | Faculty of Medicine
Department of Family Medicine

i
artment of Family Medicine
Boniface General Hospital
03 – 409 Taché Avenue
nipeg MB R2H 2A6
phone (204) 235-3655
(204) 231-0302

atyne Campus
3 – 770 Bannatyne Avenue
nipeg MB R3E 0W3
phone (204) 789-3314/3390 -
3801
(204) 789-3917

ily Medical Centre
Boniface General Hospital
– 400 Taché Avenue
nipeg MB R2H 3E1
ephone (204) 237-2863
(204) 231-2648

ancial Administration Office
97 – 2300 McPhillips Street
peg MB R2V 3M3
phone (204) 632-3561
x (204) 694-7639

donan Medical Centre
ven Oaks General Hospital
00 McPhillips Street
innipeg MB R2V 3M3
lephone (204) 632-3203
x (204) 694-5697

rkland Residency
auphin Regional Health Centre
25 Third Street S.W.
auphin MB R7N 1R7
elephone (204) 638-2163
ax (204) 638-0669

St-Boniface

SEVEN OAKS
General Hospital

ARKLAND

Health Authority | santé de Winnipeg

December 7, 2007

Dr. John Sokal, MD, CCFP (EM)
Acting Head, Section of Emergency Medicine
Department of Family Medicine
University of Manitoba
T258E – 770 Bannatyne Avenue
Winnipeg MB R3E 0W3

Dear Dr. Sokal:

Re: Application for Departmental Status
For Emergency Medicine at the University of Manitoba

On behalf of the Department of Family Medicine, I am very pleased to support the development of an academic Department of Emergency Medicine here at the University of Manitoba. The Section of Emergency Medicine has been a very strong section within our department since 1986. Although we will be losing Emergency Medicine as a section in our department, I know that maintaining a close relationship with the Department of Family Medicine will be required to ensure that accreditation requirements of the College of Family Physicians of Canada regarding the CCFP-EM program are met. I also know that we will continue to work very closely together for ongoing education and training for physicians and other health care providers in urban and rural areas of Manitoba.

In conclusion, you have very strong support from me, as well as my department, and we will be willing to assist in any way possible to make the Department of Emergency Medicine at the University of Manitoba a reality.

Yours sincerely,

R. Jamie Boyd, BSc, MD, CCFP, FCFP
Professor and Head

ld

Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg
À l'écoute de notre santé

UNIVERSITY OF MANITOBA

Children's Hospital
Health Sciences Centre
Winnipeg

February 27, 2008

Dr. John Sokal
Acting Head, Section of Emergency Medicine
Department of Family Medicine
University of Manitoba
T258E-770 Bannatyne Avenue
Winnipeg, Manitoba R3E 0W3

Dear John,

I am very pleased to write an enthusiastic letter of support for your goal of establishing a Department of Emergency Medicine at the University of Manitoba. We, in the Department of Pediatrics and Child Health look forward to working collaboratively with you in the development, delivery and evaluation of pediatric emergency medicine teaching programs in areas of undergraduate, postgraduate, and inter-professional education as well as in Advanced Life Support.

Best of luck in your new venture.

Sincerely yours,

Cheryl Rockman-Greenberg

Cheryl Rockman-Greenberg
MD, CM, FRCPC, FCCMG
Medical Director, Child Health Programme, WRHA
Professor and Head, Dept. of Pediatrics & Child Health, Univ. of Manitoba

CRG/vp

UNIVERSITY OF MANITOBA

Eric Jacobsohn, MBChB, MHPE, FRCPC
Professor and Head,
University of Manitoba, Department of Anesthesia
Medical Director, WRHA Anesthesia Program
Room LB315, Lennox Bell Lodge
60 Pearl Street
Winnipeg, Manitoba
R3E 1X2
Telephone: (204) 787-2261

September 19, 2007

Dr. John Sokal, MD CCFP (EM)
Acting Head, Section of Emergency Medicine
Department of Family Medicine
University of Manitoba
T258E – 770 Bannatyne Avenue
Winnipeg, MB
R3E 0W3

Dear John:

It would be a pleasure for me to write a strong letter of support for the establishment of an Academic Department of Emergency Medicine at the University of Manitoba. It is very clear to me that the Emergency Medicine has evolved into a distinct specialty area within the Faculty of Medicine. There is now a large core knowledge and skills required to practice in this field and the research and innovative of the specialty has evolved significantly. There is now multiple well established international journals dealing with this area and most countries now have boards certifying Emergency Medicine physicians. In fact most leading United States universities now have well established departments of Emergency Medicine with large clinical, teaching and research missions.

I believe that the establishment of a Department of Emergency Medicine will help elevate the stature of the practice of Emergency Medicine in Winnipeg, improve the recruitment and retention of Emergency Medicine physicians, and will help the development of our medical school by establishing an academic and research presence in this area. It is clear that Winnipeg potentially could be a tremendous contributor to the field of academic emergency medicine.

I wish your department success in this important endeavour and would be happy to assist in whatever possible to make this happen.

Yours sincerely,

Eric Jacobsohn MBChB, MHPE, FRCPC
Professor and Head, Department of Anesthesia,
University of Manitoba
Medical Director, WRHA Anesthesia Program

EJ/gk

UNIVERSITY OF MANITOBA | Faculty of Medicine

Department of Surgery
Section of Orthopaedics
Health Sciences Centre
AD4 - 820 Sherbrook St.
Winnipeg, Manitoba
Canada R3A 1R9

February 1, 2007

To Whom It May Concern:

RE: Department of Emergency Medicine at the University of Manitoba

I have been asked to comment on the goal of developing an academic department of emergency medicine at the University of Manitoba. Presently, emergency medicine is a section of family medicine. In drafting this response, I am going to assume that the emergency medicine program run by the department of family medicine would remain intact and that a new department of emergency medicine would be the parent for the five year Royal College residency program in emergency medicine.

It would appear that there is a trend towards the formation of departments of emergency medicine across Canada. There are already five and this number is likely to grow. Clearly, a five year Royal College residency program could best be handled within an academic department of emergency medicine at the university level. This would allow better control of resident numbers, curriculum, evaluation, and hopefully of subsequent recruitment and retention of the products of the residency program. It would allow for the organized development of strategic research programs, and also of the development of standards of care for emergency medicine across the country. I would see the department of family medicine's emergency medicine program as turning out a slightly different individual but one no less important to the provision of emergency services across the province of Manitoba. Finally, out of an academic department of emergency medicine at the University of Manitoba, can come the future leadership for emergency medicine within the province.

For all the above reasons, I would offer my strong support towards the goal of establishing an academic department of emergency medicine at the University of Manitoba.

Yours sincerely,

W. R. Rennie, MD, FRCSC
Acting Head, Department of Surgery
University of Manitoba

WRR/hts:su

Adult Orthopaedics
Fax: (204) 787-2460

Dr. William Rennie
Orthopaedic Surgery
787-7942

Dr. Frank Duerksen
Orthopaedic Surgery
787-2395

Dr. Michael Goytan*
Assistant Professor
Orthopaedics & Neurosurgery
Winnipeg Spine Program
787-1484

Dr. Michael Johnson*
Program Director,
Assistant Professor
Orthopaedics & Neurosurgery
Winnipeg Spine Program
787-4581

Dr. Bradley Pilkey
Assistant Professor
Director of Orthopaedic Trauma
787-2239

Dr. Chris Graham*
Orthopaedic Trauma and
Lower Extremity Reconstruction
787-2554

Pediatric Orthopaedics
Fax: (204) 787-2460

Dr. Brian Black
787-4204

Dr. Jack McPherson
Pediatric Section Head
787-4204

Dr. Susan Thompson
Hand and Pediatric Surgeon
787-3667

Department of Psychiatry
771 Bannatyne Avenue
Winnipeg, Manitoba
Canada R3E 3N4

UNIVERSITY OF MANITOBA | Faculty of Medicine

February 7, 2007

Dr. Wes Palatnick
Professor & Head
Section of Emergency Medicine
GF-201

Dear Dr. Palatnick:

Re: Proposed Department of Emergency Medicine at the University of Manitoba

I am writing this letter to indicate to you my support for the goal of establishing an academic Department of Emergency Medicine at the University of Manitoba. It is very clear that Emergency Medicine has evolved into a distinct specialty as evidenced by the established Royal College certification process and a distinct academic literature. I am aware that the proposal to establish a separate Department of Emergency Medicine has broad support within the University of Manitoba Faculty of Medicine including the current "home Department" of Family Medicine.

This appears to be an opportune time to establish a Department of Emergency Medicine at the University of Manitoba and there is potential for a number of benefits for the University, the WRHA and of course patient care. Accordingly, I have no hesitation in providing my support for this proposal.

Sincerely,

Murray W. Enns, MD, FRCPC
Professor and Head

MWE/mh

RECEIVED FEB 2 0 2007

Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg

WOMEN'S HEALTH PROGRAM
Office of the Medical Director
WR120, Women's Hospital
735 Notre Dame Avenue
Winnipeg Manitoba R3E 0L8
Office: (204) 787-3175
Fax: (204) 787-2899
E-mail: mlmorris@hsc.mb.ca

February 15, 2007

Dr. Wes Palatnick
Emergency Medicine
WRHA

Dear Dr. Palatnick:

I am writing to you in response to your request for support for the goal of establishing an academic department of Emergency Medicine. I would certainly support this goal; the area of practice is sufficiently broad and of critical importance to justify the formal recognition of the University, for the academic endeavors required to sustain the clinical, teaching and research missions of Emergency Medicine. A step in this direction may also provide an advantage in recruiting leaders in academic emergency medicine to a center which is rich in clinical experience already.

Thank you.

Sincerely,

Maggie Morris

Margaret Morris, MD, FRCSC
Medical Director
Women's Health Program

MLM/lw

November 8, 2007

Dr. John Sokal
Acting Head
WRHA Emergency Medicine Program
GF201 General Centre
820 Sherbrook Street
Winnipeg, MB R3A 1R9

Dear John:

On behalf of the Department of Internal Medicine I strongly support the establishment of a clinical Department of Emergency Medicine at the University of Manitoba, Faculty of Medicine. The current status of Emergency Medicine as a Section of Family Medicine is not appropriate for a number of reasons. The specialties are defined by separate training programs of different lengths and knowledge content. While a Family Practitioner may combine an element of emergency room practice in a community hospital setting the same can be said for many other activities including assisting surgeons in the operating room, performing deliveries and looking after children. None of these activities would justify housing Emergency Medicine in the Departments of Surgery, Obstetrics and Gynecology or Pediatrics.

Emergency Medicine faculty clearly needs their own independent voice within the Faculty of Medicine. This would clearly raise academic expectations for the emergency medicine practitioners, enhance recruitment of both leadership and faculty and bring resources to emergency medicine training programs. Please let me know if my department can be of any other assistance in pursuing this aim.

Sincerely,

Dan Roberts, MD, FRCPC
Head
Department of Internal Medicine
Faculty of Medicine
University of Manitoba

copy: Dr. Dean Sandham

/kee

UNIVERSITY OF MANITOBA | Office of the University Secretary

312 Administration Building
Winnipeg, Manitoba
Canada R3T 2N2
Telephone (204) 474-9593
Fax (204) 474-7511

Date: March 6, 2008

To: Members of Senate

From: Jeff M. Leclerc, University Secretary

Re: Proposed Change to the dates of Fall Convocation, 2008

I am writing to request that the 2008-2009 Academic Schedule be amended by moving the Fall Convocation from October 22 and 23, 2008 to October 28, 29, and 30, 2008. This change of one week and the addition of one session of Fall Convocation will facilitate the installation of the 11th President and Vice-Chancellor of the University. The installation would occur at the first session of Fall Convocation on Tuesday, October 28, 2008.

These changes have been reviewed and agreed to by the Registrar's Office.

/jml

Comments of the Senate Executive Committee:
The Senate Executive Committee endorses the report to Senate.