Notice of Thesis Oral Examination

Questions about the use of this information should be directed to the FOIP Advisor, Faculty of Graduate Studies, (403) 220-4938.

Student Information

Candidate: Shinkaruk, Kelly S.  Date: 2020-12-07

Department/Program: Community Health Sciences
Degree: Master of Science  Specialization: Medical Education
Final Thesis Title: Perception of Interprofessional Learning during an Interprofessional Collaborative Care Pain Clinic Elective: An Embedded Mixed Methods Study

Examination Information

This exam is: Open
The examination will be conducted under the current Thesis and Thesis examination regulations and administrative processes.

Date of Examination: 2021-01-25  Time of Examination: 10:00 AM  Place of Examination: zoom

Examination Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Attending remotely?</th>
<th>Clear of conflict of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Magali Robert, Neutral Chair, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Kenton G Hecker, Supervisor, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Eloise Carr, Supervisory Committee Member, Nursing</td>
<td>Yes</td>
<td>N/A</td>
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<tr>
<td>Dr Jocelyn Margot Lockyer, Supervisory Committee Member, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Douglas L Myhre, Internal Examiner, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Student's Acknowledgement

The student's signature below acknowledges the examination arrangements.

Date:  Candidate Signature:

Supervisor’s Acknowledgement

The Supervisor’s signature below verifies:

☐ That the Internal Examiner meets the following criteria:  *
☐ has well-established research reputation
☐ has expertise in the area of the student's research
☐ has experience in evaluating theses at the graduate level
☐ has experience in supervising to completion at the graduate level
☐ is not a close personal friend of the Supervisor
☐ has not collaborated with the Supervisor in the past five years
☐ is not closely related to, or have not worked with the candidate

*If the above criteria have not been met, please attach a memo explaining why the program still wishes to make the recommendation.

☐ That the thesis meets the minimum standard set out in Thesis and Thesis Examination Regulations Section L. 1.
☐ That the Supervisor, and other members of the Supervisory Committee if applicable, have reviewed the student's research, relevant written sample of the material related to the thesis, and/or the draft thesis document and provided written consent that the defence can be scheduled. All consents must be held at the program.

Date:  
Supervisor Signature:

Graduate Program Director’s (GPD) Acknowledgement

The Graduate Program Director’s signature below verifies:

☐ That the Internal Examiner is external to the student's program (if required)
☐ That the External Examiner has not served as an external examiner in the student's program in the past two years.

*If the above criteria have not been met, please attach a memo explaining why the program still wishes to make the recommendation.

☐ The student named above has met all program requirements to proceed to Oral Examination, completed the required course work, maintained a grade point average of at least 3.0, appropriate formal ethics approval has been received for the student's research, and document of Supervisory Committee approval is on file.

*If approval is conditional, please describe:

Date:  
GPD name (print):  
GPD Signature:

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Membership of Examination Committee  ☐ Approved  ☐ Not Approved

Date:  
Dean, Faculty of Graduate Studies (or designate) Signature: