

Report of the Graduate Committee
Faculty of Health Council
OCTOBER 2026

ITEMS FOR INFORMATION (2):

The Graduate Committee would like to provide two new course proposals as items to Faculty Council for information. The Graduate Committee reviewed and unanimously approved both courses

The new course proposals and supporting documentation are available at Appendix A.

New Graduate Course Proposal Form

Faculty of Health

The following information is required for all new course proposals. Provide evidence of consultation, where appropriate. To facilitate the review/approval process, please use the headings below (*and omit the italicized explanations below each heading, replacing the text with the response*). Please submit completed unit-approved forms and required supporting documentation by email to hlthrsch@yorku.ca.

All new course proposals must include a library statement.

1. Graduate Program: Faculty of Health

2. Responsible Unit: School of Nursing

3. Subject Code (Rubric) and Course Number: GS/NURS 7085

4. Credit Weight: 3.00

5. Campus Location: Keele Campus

Long Course Title: Power, Participation & Partnership: Critical Co-Design in Health Research

6. Short Course Title: Critical Co-Design in Health Research

7. Effective Term/Calendar Year: Winter or Summer 2027

8. Language of Instruction: English

Mode of Delivery: Graduate Seminar; Online (12-weeks); two of the 12 are optional in-class (2 weeks) - **Blended**

Calendar (Short) Course Description:

Reimagines research as a relational, decolonizing practice beyond transactional models as a Sustainable Partnership Incubator where students transition from policy observers to architects of institutional change. Grounded in Indigenous epistemologies and disability justice, the course equips participants with governance tools and ethical frameworks for authentic, accessible, and power-aware community partnerships.

9. Pre-requisite(s), Co-requisites: No

10. Required, Elective: Elective

11. Expanded Course Description:

This course is designed as a Sustainable Partnership Incubator that models the equity it teaches, moving beyond transactional 12-week simulations toward a relational, decolonizing methodology. Grounded in Indigenous epistemologies and critical disability justice, the curriculum explores the theory, methods, and ethics of co-design and Participatory Action Research (PAR) to address the interconnected impacts of colonialism, ableism, neoliberalism, and structural disparities.

Participants will acquire knowledge of the practical skills necessary to center Knowledge Keepers, and community partners as co-researchers and co-educators. Unlike traditional co-design courses, this seminar addresses three critical gaps:

- **Dismantling Power in Evaluation:** Students engage in co-created rubrics to navigate and redistribute power dynamics in academic authority.
- **Radical Accessibility:** Accessibility is the course "operating system". Rotating **Accessibility Leads** operationalize inclusive environments in real-time.
- **Governance and Continuity:** Research is a cumulative practice. Weekly **Governance Lab** outputs—including partnership agreements and institutional constraint analyses—are entered into a multi-year **Legacy Registry**. This allows future cohorts to build upon established governance frameworks, ensuring that community partnerships remain sustainable, trust-based, and cumulative rather than transactional.

By framing Co-Design/PAR as both an ethical and epistemological framework, this course transitions students from "observers of policy" to "architects of institutional change." Graduates will be equipped to operationalize Indigenous governance principles—such as self-determination and collective benefit—to sustain ethical, equitable, and accessible community-engaged research within and beyond the university.

12. Course Learning Outcomes: By the end of this course, students will be able to:

1. 1. Analyze how knowledge legitimacy functions in health policy through the use of critical and Indigenous theoretical frameworks. (Graduate Degree Learning Expectations (GDLEs): Depth and Breadth of Knowledge; Research and Scholarship).
2. 2. Design power-aware governance structures that support community-led research, including partnership agreements and other appropriate governance mechanisms. (GDLEs: Level of Application of Knowledge; Professional Capacity/Autonomy).

3. 3. Embed inclusive design approaches during research activities, using various accessibility toolkits and resources. (GDLEs: Level of Application of Knowledge; Level of Communication Skills).
4. 4. Develop ethical exit strategies and stewardship protocols that support relational sustainability in community-engaged research. (GDLEs: Professional Capacity/Autonomy; Research and Scholarship).
5. 5. Apply co-design and PAR values to support community sovereignty and non-extractive approaches to health research. (GDLEs: Professional Capacity/Autonomy; Level of Communication Skills).

Additionally, this course employs a Relational Lab Model that mirrors the co-design process itself:

- **Inclusive Pedagogical Architecture:** A student-led model featuring rotating Accessibility Leads who manage the seminar's digital and physical "operating system" to ensure collective access.
- **Governance Design Studios:** Weekly lab time dedicated to drafting the practical instruments (Power Maps, Accountability Plans) required for the professional Process Portfolio.
- **Decolonizing Mentorship:** Formative co-teaching with Elders, Knowledge Keepers, and Community Partners to ground academic theory in lived experience and Land-based ethics.
- **Reflexive Co-Assessment:** A power-sharing model where students and faculty co-create marking rubrics, directly addressing the power imbalances of academic evaluation.

13. Rationale:

Please indicate how the proposed course will contribute to the academic objectives of the program. As well, please indicate the relationship of the proposed course to other existing courses, particularly with respect to focus/content/approach. If overlap with other existing courses exists, either within or outside of the unit, please indicate the nature and extent of consultation that has taken place. For reference, please list the current graduate program learning outcomes in the [Appendix](#).

This course advances the Faculty of Health's mission by preparing students for leadership where "co-production" is increasingly mandated by funders like CIHR and SSHRC. It addresses health inequities faced by Indigenous and disabled peoples who are often marginalized by biomedical models.

Table 1: Addressing Barriers Through Course Design

Barrier to Co-Design	Pedagogical & Assignment Connection
Epistemic Barriers	Week 2 focus on Epistemic Injustice; Assignment 1: Critical Power Map.
Power & Governance	Weekly Governance Lab; Assignment 3: Partnership Agreements.
Accessibility Barriers	Integration of TRIPS Toolkit; Rotating Accessibility Lead roles.
Accountability Barriers	Focus on Land-based ethics; Assignment 1: Ethical Exit Strategy.

14. Evaluation:

Please supply a detailed breakdown of possible course evaluation methods that may be used in this proposed course, including the type and percentage value of each assignment. The expectation is that course assignments can normally be accomplished within the course period. If applicable, details regarding expectations and corresponding grading requirements with respect to attendance and participation should be provided. The examples of evaluations methods should demonstrate alignment with proposed course learning outcomes.

Assignment	Weight	Due Date	Description	Evaluation course learning outcomes
Critical Co-Design Analysis & Positionality	35%	Wk 4-5	Analyze a real co-design/health equity situation through power, epistemic justice, positionality and decolonial perspectives	1,3,4
Collaborative Co-Design Project	20%	Wk 6-12	Work in a small group to develop a co-design process/governance/prototype addressing a health or institutional equity issue	2
Individual Co-Design Portfolio & Critical Synthesis	45%	Wk 12	Integrate the semester's learning into a professional co-design portfolio and critical synthesis- documenting accessibility (TRIPS) and ethics (Smith, 2021).	5

15. Integrated Courses:

Graduate courses may be integrated only with undergraduate courses at the 4000-level. Graduate students will be expected to do work at a higher level than undergraduates. If integrated, provide a grading scheme that clearly differentiates between the work that undergraduate and graduate students perform, including a description of how the work performed by graduate students is at a higher level. Please indicate the course information for the undergraduate course (i.e., Faculty/unit/course number/credit weight) and include a statement from the relevant undergraduate program designate, indicating agreement to the integration.

Not applicable.

16. Cross-listed Courses:

Cross-listed courses are offered between two or more graduate programs. List any cross-listed courses. Please include a statement of agreement from the director of the other graduate program(s).

This course will be offered as a NURS graduate course through the School of Nursing and will not be formally cross-listed with another graduate program. Students from other graduate programs may enrol in the course as an elective/non-program course, subject to the requirements and approval of their home graduate program. The course will remain coded and recorded as a NURS course.

17. Enrolment Notes:

- a.** *Please indicate the expected enrolment number; if below the minimum enrolment for courses in the program, provide a rationale.*

Expected enrolment: 15–20 students. The course is designed to support flexible small-group learning. Group size and composition will be adjusted according to actual enrolment to accommodate uneven numbers of students while maintaining meaningful opportunities for collaborative learning and participation.

- b.** *Indicate if the course is limited to a specific group of students; closed to a specific group of students; and/or if there is any additional information necessary for the student to know before enrolling.*

This course is offered as a NURS graduate elective and is open to graduate students in Nursing as well as students from other relevant graduate programs who wish to take the course as an elective/non-program course, subject to the enrolment requirements and approval of their home graduate

program. The course will remain a NURS course and will be recorded under the NURS subject code. Students should consult their home graduate program to determine whether the course may be counted toward their degree requirements.

18. Frequency of Offering: The planned frequency of offering and number of sections anticipated in every year, at least one section in every winter or summer session.

19. Faculty Resources:

- Dr. Iris Epstein, PhD, Associate Professor, School of Nursing.
- Dr. Kate Dunn, PhD, Assistant Professor, School of Nursing.
- Dr. Kerry Scott PhD, Assistant Professor, School of Global Health.

The resources at the York Faculty of Health and the York library greatly improve learning for graduate students by offering thorough practicum training in co-design/PAR from three course designers and faculty members, which is essential for making a real difference and positive impact in current health research and so forth.

20. Experiential Education Strategies:

- a. *Indicate planned experiential education (EE) opportunities. Confirm consultation with the Faculty's EE team, particularly with regards to community partner engagement and agreements that may be required.*

1. Experiential Education Strategies:

The course incorporates both **classroom-based experiential learning and, where feasible, community-engaged learning**. Classroom-based experiential activities include role-playing in weekly Governance Labs, case studies, collaborative rubric development, and simulations of partnership, co-design, and governance processes. These activities provide students with opportunities to apply course concepts related to accessibility, co-design, governance, power-sharing, and relational accountability to complex health and institutional equity issues.

Where appropriate and feasible, students may also engage with community partners through structured community-engaged learning activities. Such opportunities would allow students to apply course concepts in real-world contexts while developing skills in reciprocal engagement, accessibility, relationship-building, and shared decision-making. **Community-partner engagement is intended to complement, rather than be a prerequisite for, the course's experiential learning objectives.** The course is designed so that its learning outcomes can be fully achieved through the classroom-based experiential activities, regardless of whether a community partnership is established in a particular course offering.

The course team will consult with the Faculty's Global and Community Engagement Office (GCEO)/Experiential Education team regarding the proposed experiential components, anticipated enrolment of approximately 15–20 students, and the potential role of community partners. This consultation will help identify appropriate experiential learning structures, community-partner arrangements, and any partnership agreements or institutional processes that may be required should community-engaged activities be implemented. The course will follow established Faculty processes to ensure that any community engagement is ethical, reciprocal, accessible, and appropriately supported.

Recognizing that meaningful community engagement requires **time, relationship-building, mutual commitment, and appropriate preparation**, community partnerships will be pursued where they are feasible and beneficial to the course and participating communities. Students will also use reflective activities and portfolio documentation to critically examine their experiential learning, including their development of skills in accessibility, relational accountability, power-sharing, co-design, and community engagement. This approach ensures that the course provides robust experiential learning while allowing community-engaged components to develop responsibly over time.

- b.** *Will the course engage Indigenous communities (including reserves, territories, departments, or community organizations, etc.) on experiential education? If so, please comment below on how engagement will occur with Indigenous (Aboriginal) communities in experiential education.*

The course recognizes Indigenous communities, Knowledge Keepers, Elders, and Indigenous ways of knowing as important partners in learning about ethical, relational, and decolonizing approaches to research. Engagement with Indigenous communities will occur only where relationships are appropriately established and where community partners have identified an interest in participating. Such engagement will be based on reciprocity, respect, community self-determination, and non-extractive collaboration rather than treating Indigenous communities as sources of experiential learning for students.

The course will not require Indigenous community participation solely to satisfy an experiential learning requirement. When Indigenous community engagement occurs, the course team will work with appropriate Indigenous partners and relevant Faculty experiential education resources to ensure that expectations, roles, compensation, consent, accessibility, and community governance are established in advance. The course will also draw on the expertise of Indigenous faculty and Knowledge Keepers, where appropriate, to support students in understanding Indigenous approaches to health, wellness, research, and relational accountability.

This course requires a seminar room equipped with standard A/V equipment to support both online and in-person components.

21. Bibliography and Library Statement:

Please provide an appropriate and up-to-date bibliography of required readings in standard format.

A statement from the University librarian responsible for the program/subject area certifying that adequate library resources are available for the new course must be provided.

Library Statement: A formal statement from the York University librarian responsible for the relevant subject area confirming the adequacy of library resources for this course will be attached to the proposal submitted to Graduate Committee.

Up-to-date bibliographies (approved by yorku librarian)

Arastoopour Irgens, G., Hirsch, S., Herro, D., & Madison, M. (2023). Analyzing a teacher and researcher co-design partnership through the lens of communities of practice. *Teaching and Teacher Education*, 121, 103952. <https://doi.org/10.1016/j.tate.2022.103952>.

Belone, L., Lucero, J. E., Duran, B., Tafoya, G., Baker, E. A., Chan, D., Chang, C., Greene-Moton, E., Kelley, M. A., & Wallerstein, N. (2016). Community-Based Participatory Research Conceptual Model: Community Partner Consultation and Face Validity. *Qualitative health research*, 26(1), 117–135. <https://doi.org/10.1177/1049732314557084>

Benz, C., Scott-Jeffs, W., McKercher, K. A., et al. (2024). Community-based participatory-research through co-design: Supporting collaboration from all sides of disability. *Research Involvement and Engagement*, 10, 1–15. <https://doi.org/10.1186/s40900-024-00573-3>.

Bergold, J., & Thomas, S. (2012). Participatory research methods: A methodological approach in motion. *Historical Social Research/Historische Sozialforschung*, 191-222. <https://www.jstor.org/stable/41756482> <https://doi.org/10.17169/fqs-13.1.1801>.

Brown, B., Hurrell, C., Roberts, V., Jacobsen, M., Neutzling, N., & Travers-Hayward, M. (2021). Open education co-design as a participatory pedagogy in an online graduate program. *The Open/Technology in Education, Society, and Scholarship Association Conference*, 1(1), 1–8. <https://doi.org/10.18357/otessac.2021.1.1.41>.

Costanza-Chock, S. (2020). *Design justice: Community-led practices to build the worlds we need*. MIT Press. [Available via YUL
https://direct.mit.edu/books/oa-monograph/4605/Design-JusticeCommunity-Led-Practices-to-Build-the](https://direct.mit.edu/books/oa-monograph/4605/Design-JusticeCommunity-Led-Practices-to-Build-the)

Feo, R., Pearce, S., Kitson, A.L., & Conroy, T. (2023). Codesigning a Nursing Leadership Program to Transform Value and Delivery Systems for Fundamental Care. *Journal of Nursing Management*, 2023. <https://doi.org/10.1155/2023/1318377>

Fine, M., & Torre, M. E. (2021). *Essentials of critical participatory action research*. American Psychological Association. <https://doi.org/10.1037/0000241-000>. (Abstract)

Fricker, M. (2008). *Epistemic injustice: Power and ethics of knowing*. Oxford University Press. <https://doi-org.ezproxy.library.yorku.ca/10.1093/acprof:oso/9780198237907.001.0001>

Gulikers, J., Khaled, A., Visscher, K., & Visscher-Voerman, I. (2025). Transdisciplinary learning environments that stimulate co-creation and co-learning between students and external partners: An empirical exploration. *Humanities and Social Sciences Communications*, 12(1), 1768. <https://doi.org/10.1057/s41599-025-06079-x>.

Hooper V. D. (2022). The Future of Nursing 2022: It Is Time for Us to Take the Lead. *Journal of perianesthesia nursing: official journal of the American Society of PeriAnesthesia Nurses*, 37(1), 1–2. <https://doi.org/10.1016/j.jopan.2021.12.001>

Iniesto, F., Charitonos, K., & Littlejohn, A. (2022). A review of research with co-design methods in health education. *Open Education Studies*, 4(1), 273–295. <https://doi.org/10.1515/edu-2022-0017>.

Jagosh, J., Bush, P. L., Salsberg, J., et al. (2015). A realist evaluation of community-based participatory research: Partnership synergy and trust building. *BMC Public Health*, 15, 1–11. <https://doi.org/10.1186/s12889-015-1949-1>.

Latimer, M., Sylliboy, J. R., Francis, J., Amey, S., Rudderham, S., Finley, G. A., MacLeod, E., & Paul, K. (2020). Co-creating better healthcare experiences for First Nations children and youth: The FIRST approach emerges from Two-Eyed seeing. *Paediatric & neonatal pain*, 2(4), 104–112. <https://doi.org/10.1002/pne2.12024>

Luguetti, C., Ryan, J., Eckersley, B., et al. (2024). Radical openness in youth participatory action research. *Action Research*, 22(4), 307–326. <https://doi.org/10.1177/14767503231200982>.

Mikesell, L., Bromley, E., & Khodyakov, D. (2013). Ethical community-engaged research: A literature review. *American Journal of Public Health*, 103(12), e7–e14. <https://doi.org/10.2105/AJPH.2013.301605>.

Muhammad, M., Wallerstein, N., Sussman, A. L., et al. (2015). Reflections on researcher identity and power in CBPR. *Critical Sociology*, 41(7-8), 1045–1063. <https://doi.org/10.1177/0896920513516025>.

Örnekoğlu-Selçuk, M., Emmanouil, M., Hasirci, D., Grizioti, M., & Van Langenhove, L. (2024). A systematic literature review on co-design education and preparing future designers for their role in co-design. *CoDesign*, 20(2), 351–366. <https://doi.org/10.1080/15710882.2023.2242840>.

Palmer, V. J., Chondros, P., Furler, J., Herrman, H., Pierce, D., Godbee, K., Densley, K., & Gunn, J. M. (2021). The CORE study-An adapted mental health experience codesign intervention to improve psychosocial recovery for people with severe mental illness: A stepped wedge cluster randomized-controlled trial. *Health expectations: an international journal of public participation in health care and health policy*, 24(6), 1948–1961. <https://doi.org/10.1111/hex.13334>

Pauly, B., Revai, T., Marcellus, L., Martin, W., Easton, K., & MacDonald, M. (2021). "The health equity curse": ethical tensions in promoting health equity. *BMC public health*, 21(1), 1567. <https://doi.org/10.1186/s12889-021-11594-y>

Peddle, M., Sabrinskas, R., Mathew, T., Borzdynski, C., Hoang, C., & Ryu, H. (2025). Registered nurses' perspectives on co-designing undergraduate nursing curriculum: A qualitative study. *Journal of Professional Nursing*, 59, 178–188. <https://doi.org/10.1016/j.profnurs.2025.05.001>.

Peters, S., Guccione, L., Francis, J., et al. (2024). Evaluation of research co-design in health: A systematic overview of reviews and development of a framework. *Implementation Science*, 19, 1–16. <https://doi.org/10.1186/s13012-024-01394-4>.

Robert, G., & Boaz, A. (2016). Improving health care services through Experience-based Co-design. *Integration and Implementation Insights*. <https://i2insights.org/2016/10/20/experience-based-co-design/>

Sanders, E. B.-N., & Stappers, P. J. (2008). Co-creation and the new landscapes of design. *CoDesign*, 4(1), 5–18. <https://doi.org/10.1080/15710880701875068>.

Sandwick, T., Fine, M., Greene, A. C., et al. (2018). Promise and provocation in critical PAR for social policy. *Urban Education*, 53(4), 473–502. <https://doi.org/10.1177/0042085918763513>.

Sins Invalid. (2019). *Skin, tooth and bone: The basis of our movement is our people* (2nd ed.).

Smith, L. T. (2021). *Decolonizing methodologies: Research and Indigenous peoples* (3rd ed.). Zed Books.

Thorne S. (2020). Rethinking Carper's personal knowing for 21st century nursing. *Nursing philosophy: an international journal for healthcare professionals*, 21(4), e12307. <https://doi.org/10.1111/nup.12307>

Tuffrey-Wijne, I., Bruun, A., Tilley, E., Giles, J., Gibson, S., Cresswell, A., Keagan-Bull, R., Jordan, L., Allen, G., Swindells, S., Payne, N., Hughes, R., & Anderson-Kittow, R. (2025). Co-Designing a Toolkit of Approaches and Resources for End-of-Life Care Planning with People with Intellectual Disabilities Within Adult Social Care Settings: A Multi-Phase Study. *Journal of applied research in intellectual disabilities: JARID*, 38(1), e70019. <https://doi.org/10.1111/jar.70019> OR

Jordan, L., Cresswell, A., Gibson, S., Keagan-Bull, R., Tuffrey-Wijne, I., Giles, J., & Anderson, R. (2022). P-82 Co-designing approaches to advance care planning for people with learning disabilities: Building and supporting a team of co-researchers (https://spcare.bmj.com/content/bmjspcare/12/Suppl_3/A40.2.full.pdf

Wallerstein, N., Duran, B., Oetzel, J. G., & Minkler, M. (2017). On community-based participatory research. *Community-based participatory research for health: Advancing social and health equity*, 3, 3-16. <https://pdfs.semanticscholar.org/e2f3/74087035b704cb5bb56ccf78d142a4aad4bf.pdf>

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Proponent Name/Email Contact: Dr. Iris Epstein, iepstein@yorku.ca

Appendix:

Please list the current graduate program learning outcomes.

23. Appendices

Appendix A: List of weekly objectives, links to nursing and Co-Design Tools

Week	Topic & Objective	Nursing & Health Professional Link	Primary Toolkit & Reading
1	The Living Syllabus: Co-constructing course norms.	Relational Ethics: Models nursing accountability and shared decision-making with patients/students.	Syllabus Co-Design Workshop; Fine & Torre (2021).
2	Epistemic Injustice: Identifying barriers to knowledge legitimacy.	Patient Advocacy: Challenges "expert" vs. "patient" hierarchy in clinical assessments.	Making Space Tools; Fricker (2008).
3	Radical Accessibility: Shifting from compliance to relational care.	Universal Design in Care: Operationalizes inclusive practice for neurodivergent and disabled patients.	TRIPS Toolkit; Benz et al. (2024).
4	Methodological Innovation: PAR vs. Transactional Research.	Evidence-Informed Practice: Analyzes how nursing "quality" is defined by those receiving care.	Community Choice Reading; Bergold & Thomas (2012).
5	Decolonizing Methodologies: Indigenous Sovereignty in Health.	Cultural Safety: Moves beyond "competence" to sovereignty and relational accountability.	Decolonial Framework; Smith (2021).
6	Governance Lab: Simulating partnership friction.	Leadership & Policy: Navigating power in multi-sectoral health committees and shared governance.	Crown Institute Toolkit; Belone et al. (2016).
7	Design Justice: Centering the marginalized in design.	Health Equity: Addresses structural disparities embedded in medical technology and facility design.	Design Justice Tools; Costanza-Chock (2020).
8	Disability Justice: Intersectional analysis of health policy.	Clinical Non-Maleficence: Critiquing ableism within biomedical models of nursing.	Sins Invalid Framework; Sins Invalid (2019).
9	Institutional Friction: Navigating systemic constraints.	Resource Stewardship: Navigating REB and budgetary barriers within hospital/academic systems.	Constraint Analysis Worksheet; Pauly et al. (2021).

10	Ethical Exit Strategies: Non-extractive project closure.	Continuity of Care: Ensuring community health benefits are sustained after research funding ends.	Tamarack Governance Tools; Jagosh et al. (2015).
11	Synthesis Showcase: Final presentations.	Knowledge Mobilization: Translating nursing research into actionable, community-led health solutions.	Legacy Registry Submission; Luguetti et al. (2024).
12	Future Stewardship: Transitioning to practitioner roles.	Professional Capacity: Reflecting on the "Accessibility Lead" role as a leadership competency.	Final Reflection Paper; Peddle et al. (2025).

Appendix B: List of Weekly Outlines

W k.	Topic & Objectives	Required & Recommended Texts	Assignment & Principle Conn ection
1	Introduction to Co-Design: Definitions & Scope 1. Define PAR vs. extractive research. 2. Identify core ethical principles. 3. Identify Co community Partners & Stakeholders.	Toolkit: TRIPS: Co-designing for All Required: Fine & Torre (2021). Essentials of Critical PAR (Chapters 1-3). Fine, M., & Torre, M. E. (2021). Essentials of critical participatory action research. American Psychological Association. https://doi.org/10.1037/0000241-000 Recommended: Örnekoğlu-Selçuk, M., et al. (2024). A systematic literature review on co-design education. CoDesign, 20(2), 351–366. OA Link Nursing / Health Connection: Robert, G., & Boaz, A. (2016). Improving health care services through Experience-based Co-design. Integration and Implementation Insights. https://i2insights.org/2016/10/20/experience-based-co-design/	Principle: Relational Accountability. Assignment 2: Finalize Project Groups & Partner Selection.
2	Historical & Epistemic Foundations: Power & Knowledge 1. Analyze epistemic injustice in health. 2. Map individual power/positionality. 3. Co-design Course Rubric.	Toolkit: Making Space Tools https://www.youtube.com/watch?v=Ya7-VR70u-Y Required: Costanza-Chock (2020). <i>Design Justice</i> (Intro & Ch 1); Fricker (2008). Costanza-Chock, S. (2020). <i>Design Justice</i> . MIT Press. Available via YUL ; https://direct.mit.edu/books/oa-monograph/4605/Design-JusticeCommunity-Led-Practices-to-Build-the Fricker, M. (2008). <i>Epistemic injustice: Power and ethics of knowing</i> . Oxford University Press. https://doi-org.ezproxy.library.yorku.ca/10.1093/acprof:oso/9780198237907.001.0001 Nursing Connection: Thorne S. (2020). Rethinking Carper's personal knowing for 21st century nursing. <i>Nursing philosophy: an international journal for</i>	Principle: Power-Sharing. Assignment 1: Draft the Critical Power Map.

		healthcare professionals, 21(4), e12307. https://doi.org/10.1111/nup.12307	
3	Building Trust & Community Engagement 1. Evaluate trust-building strategies. 2. Discuss "Ripple Effects" in partnerships. 3. Establish partner contact protocols.	Toolkit: The Power of Co-Design (Tamarack) https://www.tamarackcommunity.ca/library/webinar-power-co-design-community-studio-max-hardy-anthony-boxshall Required: Jagosh et al. (2015); Mikesell et al. (2013). Jagosh, J., et al. (2015). A realist evaluation of community-based participatory research. BMC Public Health, 15, 1–11. OA Link Mikesell, L., et al. (2013). Ethical community-engaged research. AJPH, 103(12). OA Link Recommended: Wallerstein, N. et al. (2017). On community-based participatory research. Community-based participatory research for health: Advancing social and health equity, 3, 3–16. https://pdfs.semanticscholar.org/e2f3/74087035b704cb5bb56ccf78d142a4aad4bf.pdf Nursing Connection: Belone, L., Lucero, J. E., Duran, B., Tafoya, G., Baker, E. A., Chan, D., Chang, C., Greene-Moton, E., Kelley, M. A., & Wallerstein, N. (2016). Community-Based Participatory Research Conceptual Model: Community Partner Consultation and Face Validity. Qualitative health research, 26(1), 117–135. https://doi.org/10.1177/1049732314557084	Principle: Reciprocity. Assignment 2: Submit Partner Engagement Plan.
4	Methods: Radical Openness in PAR 1. Explore youth & marginalized PAR models. 2. Critique "Methodological Rigour" vs.	Toolkit: Community-Led Co-design: A Guide Required: Sandwick et al. (2018); Luguetti et al. (2024). Sandwick, T., et al. (2018). Promise and provocation in critical PAR for social policy. <i>Urban Education</i>, 53(4), 473–502. OA Link Luguetti, C., et al. (2024). Radical openness in youth PAR. <i>Action Research</i>, 22(4). OA Link Review again: Fine & Torre (2021).	Principle: Methodological Innovation. Assignment 2: Select Co-Design Framework.

	"Relational Rigour."	Nursing Connection: Bergold, J., & Thomas, S. (2012). Participatory research methods: A methodological approach in motion. <i>Historical Social Research/Historische Sozialforschung</i>, 191-222. https://www.jstor.org/stable/41756482	
5	Decolonial & Indigenous Approaches 1. Examine OCAP® & Indigenous Sovereignty. 2. Define "Land-based" ethics.	Required: Smith, L. T. (2021). <i>Decolonizing Methodologies</i> (Chapters 1-5). Smith, L. T. (2021). <i>Decolonizing methodologies: Research and Indigenous peoples</i> (3rd ed.). Zed Books. Available via YUL Recommended: Kovach, M. (2021). Nursing Connection: Latimer, M., Sylliboy, J. R., Francis, J., Amey, S., Rudderham, S., Finley, G. A., MacLeod, E., & Paul, K. (2020). Co-creating better healthcare experiences for First Nations children and youth: The FIRST approach emerges from Two-Eyed seeing. <i>Paediatric & neonatal pain</i>, 2(4), 104–112. https://doi.org/10.1002/pne2.12024	Principle: Decolonization. Assignment 1: Draft Reflective Journal on Positionality.
6	Governance: Frameworks for Shared Power 1. Map institutional vs. community authority. 2. Draft a Partnership Agreement.	Toolkit: Changed "Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC) Indigenous Community-Based Climate Monitoring Toolkit" (https://indigenousclimatemonitoring.ca/about-us/) instead of Crown Institute Community Toolkit https://crowninstitute.colorado.edu/ Required: Muhammad et al. (2015); Peters et al. (2024). Muhammad, M., et al. (2015). Reflections on researcher identity and power in CBPR. <i>Critical Sociology</i>, 41(7-8), 1045-1063. OA Link Peters, S., et al. (2024). Evaluation of research co-design in health. <i>Implementation Science</i>, 19, 1–16. OA Link Nursing Connection: Feo, R., Pearce, S., Kitson, A.L., & Conroy, T. (2023). Codesigning a Nursing Leadership Program to Transform Value and Delivery Systems for Fundamental Care. <i>Journal of Nursing Management</i>, 2023. https://doi.org/10.1155/2023/1318377	Principle: Shared Governance. Assignment 3: Governance Lab Portfolio entry.

7	Ethics, Positionality & Reflexivity 1. Conduct an Institutional Constraint Analysis. 2. Role-play ethical dilemmas.	Required: Brown, B., et al. (2021). Open education co-design as a participatory pedagogy. <i>OTESSA Conference</i> , 1(1), 1–8. OA Link Review: Mikesell (2013); Muhammad (2015). Nursing Connection: Pauly, B., Revai, T., Marcellus, L., Martin, W., Easton, K., & MacDonald, M. (2021). "The health equity curse": ethical tensions in promoting health equity. <i>BMC public health</i> , 21(1), 1567. https://doi.org/10.1186/s12889-021-11594-y	Principle: Critical Reflexivity. Assignment 3: Reflective entry on Accessibility Lead.
8	Principles: Design & Disability Justice 1. Apply Sins Invalid principles. 2. Critique medical models of disability.	Required: Benz, C., et al. (2024). Supporting collaboration from all sides of disability. <i>Research Involvement and Engagement</i> , 10, 1–15. OA Link Sins Invalid (2019). <i>Skin, tooth and bone</i> (2nd ed.). Purchase OA Formats https://sins-invalid-store.myshopify.com/ . Hard copy is available in York Library. Review: Costanza-Chock (2020). Nursing Connection: Tuffrey-Wijne, I., Bruun, A., Tilley, E., Giles, J., Gibson, S., Cresswell, A., Keagan-Bull, R., Jordan, L., Allen, G., Swindells, S., Payne, N., Hughes, R., & Anderson-Kittow, R. (2025). Co-Designing a Toolkit of Approaches and Resources for End-of-Life Care Planning with People with Intellectual Disabilities Within Adult Social Care Settings: A Multi-Phase Study. <i>Journal of applied research in intellectual disabilities: JARID</i> , 38(1), e70019 https://doi.org/10.1111/jar.70019 OR Jordan, L., Cresswell, A., Gibson, S., Keagan-Bull, R., Tuffrey-Wijne, I., Giles, J., & Anderson, R. (2022). P-82 Co-designing approaches to advance care planning for people with learning disabilities: Building and supporting a team of co-researchers (https://spcare.bmj.com/content/bmjspcare/12/Suppl_3/A40.2.full.pdf) instead of Tutton, E., et al. (2023). Co-designing nursing care with people with disabilities. <i>Journal of Advanced Nursing</i> , 79(1).	Principle: Disability Justice. Assignment 2: Finalize Inclusive Design methods.
9	Co-Assessment & Evaluation	Required: Gulikers, J., et al. (2025). Transdisciplinary learning environments. <i>Humanities and Social Sciences Communications</i> , 12(1). OA Link Review: Peters et al. (2024); Sandwick (2018).	Principle: Epistemic Justice.

	1. Design transdisciplinary learning metrics. 2. Evaluate shared assessment models.	Nursing Connection: Palmer, V. J., Chondros, P., Furler, J., Herrman, H., Pierce, D., Godbee, K., Densley, K., & Gunn, J. M. (2021). The CORE study-An adapted mental health experience codesign intervention to improve psychosocial recovery for people with severe mental illness: A stepped wedge cluster randomized-controlled trial. <i>Health expectations: an international journal of public participation in health care and health policy</i>, 24(6), 1948–1961. https://doi.org/10.1111/hex.13334	Assignment 2: Peer review of Mini-Projects.
10	Synthesis: Connecting Theory & Feedback 1. Integrate community feedback. 2. Draft a "Land-based Ethical Exit Strategy."	Required: Arastoopour Irgens, G., et al. (2023). Teacher and researcher co-design partnership. <i>Teaching and Teacher Education</i>, 121. OA Link; Peddle, M., et al. (2025). Co-designing undergraduate nursing curriculum. <i>Journal of Professional Nursing</i>, 59. OA Link Review: Benz (2024); Jagosh (2015) Nursing Connection: Peddle, M., et al. (2025). Registered nurses' perspectives on co-designing curriculum. <i>Journal of Professional Nursing</i>, 59. Hooper V. D. (2022). The Future of Nursing 2022: It Is Time for Us to Take the Lead. <i>Journal of perianesthesia nursing: official journal of the American Society of PeriAnesthesia Nurses</i>, 37(1), 1–2. https://doi.org/10.1016/j.jopan.2021.12.001	Principle: Stewardship. Assignment 2: Final Project Presentation.
11	The Future of Co-Design: Presentations 1. Synthesize cross-project insights. 2. Formalize Legacy Registry submission.	Review: Fine & Torre (2021); Fricker (2008). Fine, M., & Torre, M. E. (2021); Fricker, M. (2008).	Principle: Sustainability. Assignment 3: Submit Final Synthesis Paper.

Appendix C: Evaluation of Assignments (Section 14)

Assignment	Weight	Due Date	Description
Critical Co-Design Analysis & Positionality	35%	Wk 4-5	Analyze a real co-design/health equity situation through power, epistemic justice, positionality and decolonial perspectives
Collaborative Co-Design Project	20%	Wk 6-12	Work in a small group to develop a co-design process/governance/prototype addressing a health or institutional equity issue
Individual Co-Design Portfolio & Critical Synthesis	45%	Wk 12	Integrate the semester's learning into a professional co-design portfolio and critical synthesis- documenting accessibility (TRIPS) and ethics (Smith, 2021).

Appendix E: Institutional Constraint Analysis Worksheet (Assignment 2)

- **Part 1: The Ideal vs. The Institutional:** Identifying the gap between a co-design goal (e.g., paying Indigenous Elders \$300/hr) and institutional barriers (e.g., rigid finance policies requiring SIN numbers).
- **Part 2: Navigating Friction:** Identifying policy levers (e.g., Research Ethics Board) and strategizing "work-arounds" such as honorarium policy exceptions based on Indigenous Sovereignty principles.

Appendix F: Assignment connection to weekly toolkit

Assignment Component	Weekly Topic Connection	Nursing/Health Link	Key Toolkit/Literature
Power Map	Week 2: Foundations	Identifying power imbalances in health policy.	Fricker (2008); Making Space Tools
Partnership Agreement	Week 3: Trust Building	Creating formal MOUs for community-led health projects.	Jagosh et al. (2015); Crown Institute
Accessibility Audit	Week 3 & 8: Design	Ensuring health resources are radically accessible.	TRIPS Toolkit; Sins Invalid (2019)
Constraint Analysis	Week 9: Systems	Addressing institutional barriers to equity-focused nursing.	Pauly et al. (2021)
Exit Strategy	Week 10: Sustainability	Ensuring long-term community sovereignty over health data.	Smith (2021); Legacy Registry

Appendix G: Required and Recommended Readings Lists

#	Citation & Link	Why It's Critical	Example Application
1	Fine, M., & Torre, M. E. (2021). <i>Essentials of critical participatory action research</i> . American Psychological Association. https://doi.org/10.1037/0000241-000	Foundational overview of PAR with critical reflection on power, evaluation, and community accountability	Shapes assessment design that shares power with community partners
2	Peters, S., Guccione, L., Francis, J., Best, S., Tavender, E., Curran, J., Davies, K., Rowe, S., Palmer, V. J., & Klaic, M. (2024). Evaluation of research co-design in health: A systematic overview of reviews and development of a framework. <i>Implementation Science</i> , 19, 1–16. https://doi.org/10.1186/s13012-024-01394-4	Presents a comprehensive evaluation framework for co-design, emphasizing systemic outcomes and process	Guides project evaluation and governance structure
3	Muhammad, M., Wallerstein, N., Sussman, A. L., et al. (2015). Reflections on researcher identity and power in CBPR. <i>Critical Sociology</i> , 41(7-8), 1045-1063. https://doi.org/10.1177/0896920513516025	Explores positionality and power dynamics impacting community partnerships in health research	Frames reflexivity exercises and power mapping
4	Benz, C., Scott-Jeffs, W., McKercher, K. A., Welsh, M., Norman, R., Hendrie, D., Locantro, M., & Robinson, S. (2024). Community-based participatory-research through co-design: Supporting collaboration from all sides of disability. <i>Research Involvement and Engagement</i> , 10, 1–15. https://doi.org/10.1186/s40900-024-00573-3	Examines practical challenges and opportunities of co-design in disability health research “Short academic timelines disrupt trust-building and sustained collaboration; risk of extractive engagement, develop long-term partnerships; align projects with community-identified priorities; extend engagement beyond a single course.” Source: Environmental Scan Summary	Supports case studies of ethical community engagement ALSO “Community engagement and continuity”
5	Jagosh, J., Bush, P. L., Salsberg, J., Macaulay, A. C., Greenhalgh, T., Wong, G., Cargo, M., Green, G., & Trumbull, D. (2015). Community-based participatory research: Methods and practice. <i>Annual Review of Public Health</i> , 36, 423–442. https://doi.org/10.1093/annrev-publhealth-072314	Evaluates long-term partnerships, trust, and collaborative outcomes	Underpins sustainability and trust modules

	L. W., Herbert, C. P., & Pluye, P. (2015). A realist evaluation of community-based participatory research: Partnership synergy, trust building and related ripple effects. <i>BMC Public Health</i> , 15, 1–11. https://doi.org/10.1186/s12889-015-1949-1		
6	Sandwick, T., Fine, M., Greene, A. C., et al. (2018). Promise and provocation in critical PAR for social policy. <i>Urban Education</i> , 53(4), 473–502. https://doi.org/10.1177/0042085918763513	Discusses co-created assessment and ethical tensions in participatory action research	Informs co-assessment frameworks and ethics discussions
7	Costanza-Chock, S. (2020). <i>Design Justice: Community-led Practices to Build the Worlds We Need</i> . MIT Press.	Highlights power redistribution and epistemic justice through design justice principles	Frames power, positionality, and decolonial practice discussions
8	Mikesell, L., Bromley, E., & Khodyakov, D. (2013). Ethical community-engaged research: literature review. <i>American Journal of Public Health</i> , 103(12), e7–e14. https://doi.org/10.2105/AJPH.2013.301605	Summarizes ethical considerations beyond IRB, emphasizing power sharing and community well-being	Supports ethical engagement and governance components
9	Smith, L. T. (2021). <i>Decolonizing Methodologies: Research and Indigenous Peoples</i> (Third). Zed Books. https://www.bloomsburycollections-com.ezproxy.library.yorku.ca/monograph?docid=b-9781350225282	Foundational text on Indigenous epistemologies and decolonizing research methods	Strengthens Indigenous methodological lenses and epistemic justice
10	Fricker, M. (2008). Epistemic injustice: power and ethics of knowing. <i>Theoria</i> , 23(1), 69–71. http://eprints.bbk.ac.uk/2697	Enhancing relevance, trust, and equity in research and services involves the principles of epistemic justice and land-based ethics.	Co-design processes empower communities to actively shape designs, decisions, and outcomes while ensuring cultural safety and relevance.
	Örnekoğlu-Selçuk, M., Emmanouil, M., Hasirci, D., Grizioti, M., & Van Langenhove, L. (2024). A systematic literature review on co-design education and preparing future designers for their role in co-design. <i>CoDesign</i> , 20(2), 351–366. https://doi.org/10.1080/15710882.2023.2242840	Traditional grading privileges individual academic outputs and marginalizes collective, experiential, and community knowledge, use participatory, reflective, and process-oriented assessment; co-create criteria with students and partners; value learning processes and relationships	Assessment and accountability

Sins Invalid. (2019). <i>Skin, Tooth and Bone: The Basis of Our Movement is Our People</i> (Second Edition).	Disability Justice aligns with co-design		
Arastoopour Irgens, G., Hirsch, S., Herro, D., & Madison, M. (2023). Analyzing a teacher and researcher co-design partnership through the lens of communities of practice. <i>Teaching and Teacher Education</i> , 121, 103952. https://doi.org/10.1016/j.tate.2022.103952	Instructors experience tension shifting from expert roles to facilitators; emotional and relational labor is high and institutionally undervalued, Support faculty development in facilitation and reflexivity; legitimize relational labor as pedagogical work; encourage co-teaching and partnerships	Faculty roles and capacity	
Luguetti, C., Ryan, J., Eckersley, B., Howard, A., Craig, S., & Brown, C. (2024). “Everybody’s talking about doing co-design, but to really truly genuinely authentically do it [...] it’s bloody hard”: Radical openness in youth participatory action research. <i>Action Research</i> , 22(4), 307–326. https://doi.org/10.1177/14767503231200982	Persistent power asymmetries between faculty, students, and community partners lead to tokenism or superficial participation; institutional authority often remains unchallenged, make power explicit; negotiate roles, decision-making authority, and expectations; adopt reflexive practices that address positionality and authority	Power and participation (process)	
Gulikers, J., Khaled, A., Visscher, K., & Visscher-Voerman, I. (2025). Transdisciplinary learning environments that stimulate co-creation and co-learning between students and external partners: An empirical exploration. <i>Humanities and Social Sciences Communications</i> , 12(1), 1768. https://doi.org/10.1057/s41599-025-06079-x	Co-design is positioned as an “add-on” or short-term project rather than a core pedagogical approach; lack of continuity limits depth of learning, Frame co-design as participatory pedagogy; embed it across course activities and assessments; connect learning to real-world and community contexts	Pedagogical framing ALSO Institutional structures	

		ALSO Disciplinary silos, rigid curricula, and workload models constrain transdisciplinary and participatory teaching, create flexible learning environments; support interdisciplinary teaching, and recognize co-design teaching in institutional policies	
	Sanders, E. B.-N., & Stappers, P. J. (2008). Co-creation and the new landscapes of design. <i>CoDesign</i>, 4(1), 5–18. https://doi.org/10.1080/15710880701875068	The approach transforms design and research from “designing for” to “designing with.” Participants become experts of their experiences, and collective creativity becomes a legitimate form of knowledge production, redistributing power. Dominant knowledge systems have marginalized lived experiences, making this shift crucial. Knowledge in co-creation is relational, situated, and co-produced. Participatory action research's principles of shared power, reciprocity, and ethical accountability are supported by the emphasis on involving participants in the early (“front end”) stages of inquiry to define problems collaboratively rather than imposing them.	Structured co-design processes allow participants to actively frame, generate, and develop solutions. This is done with visual prompts, storytelling, and prototyping. In health or disability research, patients and community members define research questions and co-interpret findings while researchers facilitate expression rather than control outcomes. In graduate education, this approach means designing courses that allow students to collaborate, reflect, and create with community partners rather than just doing academic work.
	Brown, B., Hurrell, C., Roberts, V., Jacobsen, M., Neutzling, N., & Travers-Hayward, M. (2021). Open Education Co-Design as a Participatory Pedagogy in an Online Graduate Program. <i>The Open/Technology in Education, Society, and Scholarship Association Conference</i>, 1(1), 1–	Co-design content is often reduced to tools or techniques without sufficient attention to epistemology, power, ethics, or positionality; students struggle to understand co-	Co-design content (what is taught)

8. https://doi.org/10.18357/otessac.2021.1.1.41	design as a value-based and relational practice, explicitly teach co-design as an epistemological stance; integrate theory on power, participation, disability, and ethics alongside practice; scaffold conceptual learning over time	
Iniesto, F., Charitonos, K., & Littlejohn, A. (2022). A review of research with co-design methods in health education. <i>Open Education Studies</i> , 4(1), 273–295. https://doi.org/10.1515/edu-2022-0017	Experiential and disability knowledge is often marginalized; accessibility is fragmented not wholistic - insufficiently integrated into co-design processes, Prioritize lived experience as expertise; apply disability justice principles; co-design access, communication, and participation support	Inclusion, disability, and knowledge legitimacy
Peddle, M., Sabrinskas, R., Mathew, T., Borzdynski, C., Hoang, C., & Ryu, H. (2025). Registered nurses' perspectives on co-designing undergraduate nursing curriculum: A qualitative study. <i>Journal of Professional Nursing</i> , 59, 178–188. https://doi.org/10.1016/j.profnurs.2025.05.001	Disconnect between co-design pedagogy and professional expectations in applied fields, involve practitioners as co-educators; align co-design learning with professional accountability and real-world decision-making	Professional and practice alignment

Appendix H: Guidelines for the “Access-First” Syllabus

Overview: Accessibility as the “Operating System”

In this course, accessibility is not a specific unit of study; it is the **Inclusive**

Pedagogical Architecture upon which the entire seminar is built. Students will rotate through the role of **Accessibility Lead (AL)**, shifting the responsibility of inclusion from a faculty-led “top-down” accommodation to a community-led “collective responsibility.”

The Role of the Weekly Accessibility Lead (AL)

Each week, one student will be designated as the AL. This role is a graded component of the **Participation & Reflective Discussions (20%)**. The AL ensures that the “TRIPS” principles of inclusive engagement are physically and digitally present in the seminar.

Step-by-Step Task Checklist for the Accessibility Lead:

1. Digital Document Audit (Pre-Seminar)

- Ensure all shared slide decks, PDFs, and handouts are **screen-reader friendly** (using Alt-text for images and proper heading hierarchies).
- Check that any video clips used in the seminar have **closed captioning** enabled.
- What alt text look like – check <https://accessible.wisc.edu/>; accessibility check in word, mid semester you need to check
- Zoom accessibility – subtitles; permission to record make available to students

2. The “Plain Language” Living Glossary (During Seminar)

- Maintain and update the course “**Living Glossary**.” Whenever a technical or academic term is introduced (e.g., *Epistemic Injustice*, *Neoliberalism*, *OOD*), the AL is responsible for pausing the discussion to ensure a “Plain Language” definition is agreed upon and recorded.
- Ensure that the glossary is accessible to all partners, including those for whom English is an additional language.

3. Environmental & Cognitive Pacing (During Seminar)

- **The “Pace Check”:** The AL has the authority to signal the facilitator or peers to slow down if the speed of delivery is hindering comprehension or interpretation.
- The impact of overhead lighting in class; online
- **Bio-Break Management:** Ensure the **45/15 Rule** (45 minutes of work, 15 minutes of rest) is strictly followed to support cognitive endurance and neurodivergent needs.

4. The “Accessibility Retro” (Post-Seminar)

- Spend the last 5 minutes of the seminar providing a “Retro”: Did we meet our accessibility goals today? Where did we fail?
- Update the **Legacy Registry** with one “Access Tip” for next week’s lead.

Instructions for All Students: Practicing “Access-Responsiveness”

While the AL leads the process, all students are expected to adhere to the following **Collective Access Protocols**:

- **State Your Name:** Always state your name before speaking to assist those using transcription software or those with visual impairments.
- **Describe Visuals:** If you point to a graph or image, briefly describe what it shows (e.g., "*This bar chart shows a 20% increase in...*").
- **Avoid Acronyms:** Do not use acronyms without first defining them and checking with the AL for the Living Glossary.

Connection to Professional Practice

By the end of the term, you will have moved from *reading* about the **TRIPS Toolkit** to *operationalizing* it. This experience prepares you for a career in health policy where you will be expected to lead diverse stakeholder groups with varying accessibility needs, ensuring that "Policy Silences" are not created by inaccessible meeting structures. (<https://accessible.wisc.edu/>)

April 20, 2026

NURS 7085 3.00 Critical Co-Design in Health Research

Required and Recommended Reading List:

Thank you for submitting the course proposal and reading list. The items listed are in the process of being ordered and will be made available for the students.

Electronic Resources and Databases:

The primary databases and indexes of relevance include CINAHL (Ebsco), Emcare (Ovid), Nursing and Allied Health Source (Proquest), MEDLINE(Ovid), PubMed, Joanna Briggs Institute EBP Database(Ovid), Embase(Ovid), EBM Reviews(Ovid), Web of Science, SCOPUS, Ulrich's International Periodicals Directory, and other specialized electronic resources.

Style guides:

American Psychological Association. (2020). Publication manual of the American Psychological Association (7th ed.). Washington, DC: American Psychological Association.

Iverson, C., & American Medical Association. (2007). AMA manual of style: A guide for authors and editors (10th ed. / Cheryl Iverson (chair) ... [et al.]). Oxford; New York: Oxford University Press.

Interlibrary Loans, Copyright and Reserves:

Should there be a need for articles not available in our holdings, interlibrary loan and document delivery options are available through OMNI for any additional information needs that may come up.

<https://www.library.yorku.ca/web/ask-services/borrow-renew-return/omni-interlibrary-loan/> . Articles ordered this way should arrive to the requester's e-mail in a few days. If you wish to post it in your e-class then please review the following guidelines <https://copyright.info.yorku.ca/>, and approach the Copyright office to get permissions to post the article. There is no limit to the number of articles that a student or faculty member may order through OMNI per year, and these are delivered to your e-mail, free of charge. Books can also be requested through this system free of charge.

Should course instructors want to place any required readings on reserve for student use at Steacie Library, please see the following <http://www.library.yorku.ca/cms/faculty/reserves/> for information about what materials can be posted, Fair Dealing Guidelines, etc.

Library Research and Information Literacy Support:

Please note that librarians provide research skills workshops to students and faculty on request, including but not limited to:

- Designing research strategies from asking a research question to searching the library catalogue, government sources, and databases using controlled vocabulary and/or keywords where applicable
- Managing references using bibliographic management software such as Zotero and Covidence
- Finding the evidence for evidence-informed practice

Research Guides:

A Nursing Research Guide and Research Guides in other health fields have been created and are maintained by subject librarians to bring together online and print resources that may be useful to students and faculty in Nursing. Resources and links will be added upon request.

<http://researchguides.library.yorku.ca/nursing>

Please note too that research guides for Data and Statistics, Government Documents, and specialized tools such as Psychological Tests are available for use.

Conclusion:

The holdings in our library currently support undergraduate and graduate-level courses in related Nursing and other Health Studies programs. Collection development in the library is ongoing and is based on a commitment to developing library resources that are in alignment with the University's curricular and research activities. Books in this field will be added to the library collection as they are published.

Please forward any requests for purchase to the Nursing Subject Librarian: ilo@yorku.ca or submit your purchase request by using the form at <https://yulibrary.apps01.yorku.ca/machform/view.php?id=22918>

In summary, I would state that we are well positioned to support this course.

Sincerely,

Ilo-Katryn Maimets, Science Librarian

E-mail: ilo@yorku.ca

New Graduate Course Proposal Form

Faculty of Health

The following information is required for all new course proposals. Provide evidence of consultation, where appropriate. To facilitate the review/approval process, please use the headings below (*and omit the italicized explanations below each heading, replacing the text with the response*). Please submit completed unit-approved forms and required supporting documentation by email to hlthrsch@yorku.ca.

All new course proposals must include a library statement.

1. **Graduate Program:** Nursing
2. **Responsible Unit:** School of Nursing
3. **Subject Code (Rubric) and Course Number:** NURS 7190 3.0
4. **Credit Weight:** 3.00
5. **Campus Location:** Keele
6. **Long Course Title:** Ethics, Artificial Intelligence, and Clinical Education, AI Governance, and Care Delivery
7. **Short Course Title:** Ethics, AI, and Clinical Education
8. **Effective Term/Calendar Year:** Fall 2027
9. **Language of Instruction:** English
10. **Mode of Delivery:** ONLN
11. **Calendar (Short) Course Description:**
 Explores philosophy, ethics, critical theory, and nursing science to examine artificial intelligence's growing role in clinical decision-making, patient monitoring, and care delivery. Positions nurses and allied health care providers as clinical leaders, scholars, and policy voices in AI governance, moving beyond passive use toward active engagement in shaping the design, deployment, and accountability of AI systems.
12. **Pre-requisite(s), Co-requisites:** NA
13. **Required, Elective:** Elective

14. Expanded Course Description:

Artificial intelligence is reshaping how healthcare is delivered, taught, and governed. AI systems are informing clinical decision making, patient monitoring, health system operations, and nursing education, yet nurses and allied health professionals have remained largely absent from the governance structures and design conversations that determine how these technologies are developed and deployed. This interdisciplinary graduate course addresses that gap by positioning students as critical interrogators, competent collaborators, and leaders in the responsible integration of AI into healthcare and education.

Drawing on philosophy, ethics, critical theory, health policy, and nursing science, course content addresses human machine interaction, health equity and bias, cognitive and clinical decision making, data privacy and consent, Indigenous data sovereignty, digital health governance, and interprofessional leadership. This course is suitable for graduate students in Nursing, Global Health, Psychology, and Kinesiology and Health Science, the course's cross-listed, interdisciplinary design fosters interprofessional learning and supports institutional priorities related to AI literacy, digital health transformation, and responsible innovation. As AI becomes embedded in healthcare systems and society, this course is designed to remain a sustainable and evolving contribution to graduate education.

15. Course Learning Outcomes:

Upon successful completion of this course, students will be able to:

1. Critically evaluate AI in healthcare and education by examining the ethical, philosophical, and evidence based assumptions that shape AI systems and their use in clinical and learning environments
2. Apply ethical and governance frameworks to assess AI technologies using principles of autonomy, beneficence, non-maleficence, justice, accountability, transparency, and explainability to evaluate AI technology
3. Analyze the impact of AI on human decision making in healthcare
4. Evaluate issues related to the privacy, consent, and data governance associated with AI systems, the collection and use of biometric, physiological, and patient generated data
5. Assess equity, inclusion, and Indigenous data sovereignty considerations related to AI implementation in healthcare and educational milieus
6. Demonstrate AI literacy and competency by critically examining AI tools for bias, risk, transparency, reliability, and professional and organizational values
7. Develop evidence informed policy and governance recommendations that support ethical, safe, and equitable AI integration within healthcare systems and clinical education
8. Advocate for human-centred, interdisciplinary approaches to AI governance and system transformation, demonstrating leadership in responsible AI innovation across healthcare and educational contexts

16. Rationale:

The course advances the program's academic objectives across intersecting dimensions:

The program's commitment to graduate level critical inquiry is directly served by a course that asks students to interrogate the epistemological foundations of AI systems, examine the values embedded in algorithmic design, and evaluate the implications of AI deployment across dimensions of justice, autonomy, beneficence, and nonmaleficence. By drawing on philosophy, critical theory, bioethics, and nursing science simultaneously, this course models and demands the kind of interdisciplinary scholarly analysis that defines graduate education in the health sciences.

The course's complexity pedagogy framework emphasizing emergent learning, perturbation, recursion, and relationality reinforce the program's commitment to nonlinear, dialogic, and transformative approaches to knowledge construction.

The graduate program's learning outcomes reflect a sustained commitment to ethical reasoning, social justice, and advocacy for vulnerable populations. This course extends this commitment into a domain that focuses at AI that is rapidly becoming one a consequential context of ethical risk.

By requiring students to interrogate algorithmic bias, examine the equity dimensions of AI deployment across diverse patient and learner populations, and engage with Indigenous data sovereignty principles through the OCAP™ framework and TCPS 2 Chapter 9, the course deepens and contemporizes the program's ethics curriculum in ways that are directly relevant to students' current and emerging professional contexts.

A central academic objective of the graduate nursing program is the development of nursing leaders capable of influencing health systems, shaping policy, and advocating for patients and communities at institutional and systemic levels. This course supports this objective by positioning students as architects of AI governance rather than passive recipients of technological change.

The course's escalating pedagogical structure moving from interrogating AI, to working alongside AI, to leading with AI mirrors the developmental curve of graduate nursing leadership education and equips students to contribute meaningfully to the governance bodies, regulatory conversations, and interprofessional dialogues that will determine how AI shapes healthcare for decades to come.

Graduate nursing programs carry a responsibility to prepare students for the healthcare systems they will lead and practice within. Since AI is present in clinical decision support, patient monitoring, and simulation-based education across Canadian health institutions this course ensures that graduates of the program are not only aware of this reality but are theoretically and practically equipped to navigate it with confidence, critical acuity, and professional integrity.

There are no graduate courses offered through the School of Nursing and the Faculty of Health that address the intersection of artificial intelligence, nursing ethics, clinical education, and AI governance. This course complements and fills a gap in the program's curriculum.

17. Evaluation:

Assessment/Evaluation Strategy	Percentage (%) of Final Grade	Evaluated Course Learning Outcome(s)
Participation and Critical Reflections (Module 1, 2, 3, 4, 5, 7, 9, 11) Students contribute to forum dialogue and respond to guiding questions requiring connection to theory and clinical or scholarly experience. Reflections are assessed for critical engagement, integration of course concepts, and quality of scholarly expression.	20%	1, 3 and 6
Paper Ethics Analysis Paper A 3-page ethical analysis examining the use of physiological signals (e.g., heart rate, galvanic skin response) within AI-enhanced clinical training environments. Students apply a minimum of two ethical frameworks, address informed consent, data ownership, and equity, and propose guidelines for ethical implementation.	20%	2, 4 and 5
Paper AI Competency Exercise Interrogating a Clinical AI Tool A 3-page report in which students select an AI tool used in clinical or educational settings and analyze its transparency, bias risks, data practices, accountability mechanisms, and alignment with nursing values.	15%	1 and 6
Presentation AI Governance Policy Brief A 5-minute presentation to a governance body recommending governance measures for an AI application in healthcare or nursing education. Must include an evidence base, stakeholder analysis, equity considerations, an implementation pathway, and nursing's leadership role.	20%	5, 7 and 8

Paper Position Paper: Nursing and the Ethical Future of AI A 5-page scholarly position paper articulating and defending an evidence-based position on a contested question at the intersection of AI and nursing. Integrates course theory, empirical literature, and clinical context; demonstrates graduate-level argumentation, integration of ethical frameworks, and a vision for nursing's leadership role in AI governance.	25%	1, 2, 3, 7 and 8
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18. Integrated Courses: NA

19. Cross-listed Courses: NA

20. Enrolment Notes:

- a. *Please indicate the expected enrolment number; if below the minimum enrolment for courses in the program, provide a rationale.*

Offered at the graduate level hence max 15 enrolled

- b. *Indicate if the course is limited to a specific group of students; closed to a specific group of students; and/or if there is any additional information necessary for the student to know before enrolling*

Nursing

21. Frequency of Offering: Fall Summer Winter

22. Faculty Resources:

- a. *Provide the name of the faculty member who will initially teach the course, and list others in the program qualified to teach this course.*

Eva Peisachovich
 Celina Da Silva

- b. *If there is no teaching capacity, explain how this course will be resourced (e.g., additional hires proposed in hiring plan, etc.)*

NA

c. *Describe the overall impact that this course will have on faculty resources*

This course is expected to have a manageable impact on faculty resources, as it can be launched using existing instructional capacity, infrastructure, and institutional support systems without requiring other resources investments. The course will be taught by existing faculty with relevant scholarly and clinical expertise in nursing and healthcare ethics, health technology, critical theory, and digital health governance to deliver the course in its initial offerings; should enrollment expand, the need for a qualified instructor would need to be evaluated using standard program review processes. Because the course is cross-listed and designed to draw graduate students from Nursing, Global Health, Psychology, and Kinesiology there may be administrative coordination required among participating units regarding shared governance and enrollment quotas. From a technological standpoint, the course can be fully supported using eClass. .

23. Experiential Education Strategies:

- a. *Indicate planned experiential education (EE) opportunities. Confirm consultation with the Faculty's EE team, particularly with regards to community partner engagement and agreements that may be required.*

The course's positioning at the intersection of nursing, philosophy, health policy, and AI and may lead to collaborations that could enrich course content and distribute intellectual labour, though it may also require coordination time. Faculty may also benefit from engagement with external partners including the College of Nurses of Ontario, the Canadian Nurses Association, and health system AI governance bodies, which could support guest contributions and keep course content practice relevant.

As AI in nursing becomes an established scholarly focus, the course infrastructure can position the School of Nursing as a leader in this domain. This has potential downstream benefits for faculty research, grant applications, and graduate student supervision in AI and nursing ethics. The course is therefore not only a teaching resource but an investment in the school's scholarly profile and capacity to contribute to national conversations about nursing's role in the governance of artificial intelligence in healthcare.

- b. *Will the course engage Indigenous communities (including reserves, territories, departments, or community organizations, etc.) on experiential education? If so, please comment below on how engagement will occur with Indigenous (Aboriginal) communities in experiential education.*

Not currently.

24. Physical Resources:

Please provide a statement regarding the adequacy of physical resources (equipment, space, labs, etc.), including whether or not additional/other physical resources are required and how the need for these additional/other physical resources will be met.

NA

25. Bibliography and Library Statement:

Please provide an appropriate and up-to-date bibliography of required readings in standard format. A statement from the University librarian responsible for the program/subject area certifying that adequate library resources are available for the new course must be provided.

Selected References

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Proponent Name/Email Contact: Eva Piesachovich peva@yorku.ca

Appendix:

Please list the current graduate program learning outcomes.

Program Learning Outcomes
Graduates of the program will be able to: 1. Demonstrate a thorough understanding of diverse knowledge relevant to a selected area of focus (health for persons and communities, healthcare services and systems, teaching-learning in nursing). 2. Examine, critique, and challenge systemic values, assumptions, and structures that limit possibilities in relation to selected area of focus. 3. Effectively conduct original research in selected area of focus, including the ability to: - Analyze, synthesize, and critically evaluate information; - Recognize the complexity of human phenomena in the selected area of focus; - Make informed judgments that demonstrate appreciation of the importance of context (e.g., gender, socio-economic circumstances, cultural diversity, etc.) in conducting research; - Pose researchable questions concerning a phenomenon of interest; - Select valid, reliable measures as appropriate to the research inquiry; - Select and utilize appropriate methodological approaches to inquiry, according to the research question and context; - Adjust the research design or methodology in the light of unforeseen problems; - Recognize and address the ethical considerations relating to all aspects of the research process; - Contribute to policy development in the selected area of focus; and - Develop a plan for knowledge dissemination and mobilization

Week	Topic	Activities
INTERROGATING AI		
1	Module 1 AI in Healthcare: Promise, Peril, and the Nursing Voice	Course orientation. What is AI? Machine learning, large language models, and clinical decision support demystified. Where is AI present in nursing practice? What do you believe about AI?
2	Module 2 Epistemology of AI: What Can a Machine Know?	Can AI understand a patient? Exploring knowledge, intuition, and clinical judgment. Can AI teach empathy?
3	Module 3 The Ethics of the Black Box: Transparency and Explainability	Algorithmic opacity in clinical settings. Who is accountable when AI gets it wrong? AI supported adaptive learning systems and educator oversight.
WORKING ALONGSIDE AI Examining Competence, Consent, and Clinical Collaboration		
4	Module 4 Human-in-the-Loop: The Ethics of Shared Decision-Making	When should nurses defer to AI and when must they refuse? The human-in-the-loop imperative. Nurse accountability in AI assisted environments.
5	Module 5 Physiological Surveillance: Consent, Privacy, Body as Data	Biometric monitoring at the clinical arena and who owns physiological data informed consent in simulation and education Who owns physiological data currently omits Indigenous data sovereignty, which is central to data ethics in Canada. The First Nations principles of OCAP (Ownership, Control, Access, Possession; First Nations Information Governance Centre) and a brief look at TCPS 2 (2022), Chapter 9, on research involving First Nations, Inuit and Métis Peoples. This broadens the equity outcome from dataset bias to collective ownership and self-determination. https://opentextbc.ca/indigenoussdigitalliteracies/chapter/first-nations-governance/
6	Module 6 Working with Generative AI: Scholarly and Clinical Practice	Ethics Analysis Paper Due
7		Responsible use of large language models in nursing scholarship and practice. AI-assisted, assessment generation, and literature synthesis. Academic integrity. Prompting, interrogating, and validating AI outputs.
LEADING WITH AI Governance, Advocacy, and Nursing's Future		
8		AI Competency Exercise Interrogating a Clinical AI Tool

9	Module 7 AI Governance Frameworks: Global, National, and Institutional	This assignment requires students to select an AI tool currently in use in a clinical or educational setting and conduct a structured critical analysis of its transparency, bias risks, data practices, accountability mechanisms, and connection with nursing values. This task is explicitly grounded in real world tools and real-world settings. Students draw on their existing clinical or professional roles to identify and access an AI application, apply course frameworks to evaluate it, and produce recommendations that could meaningfully inform practice and analyze and critically engage with technology they encounter or will encounter in their professional environments. WHO AI ethics principles. Canadian federal AI strategy and the AI and Data Act (AIDA). Hospital and health system AI governance. What role should nurses play in governance bodies? <i>Federal (stalled):</i> The Artificial Intelligence and Data Act (AIDA) was introduced inside Bill C-27 and died on the Order Paper when Parliament was prorogued in January 2025; Canada still has no federal AI statute. Government of Canada. (2022). <i>Bill C-27, Digital Charter Implementation Act, 2022</i> (proposed Artificial Intelligence and Data Act), 44th Parliament, 1st Session [Not enacted]. https://www.parl.ca/legisinfo/en/bill/44-1/c-27 <i>Provincial (enacted):</i> Ontario's Bill 194 received Royal Assent on November 25, 2024, enacting the Enhancing Digital Security and Trust Act, 2024, which sets AI and cyber-security requirements for public-sector institutions and health bodies covered by FIPPA. <i>Strengthening Cyber Security and Building Trust in the Public Sector Act, 2024</i>, S.O. 2024, c. 24. https://www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-194
10		Policy Brief Presentations Students develop and present a governance policy brief directed at a real or realistically conceived governance body, recommending measures for an AI application in healthcare or nursing education. The assignment requires an evidence base, stakeholder analysis, equity considerations, an

		implementation pathway, and a defined nursing leadership role. This task mirrors the professional work of health policy analysts, clinical leaders, and governance committee members, situating students as active contributors to institutional and systemic change rather than passive learners. They could choose to address an institutional, regional, or national governance context.
11	Module 8 Nursing Leadership in AI: Advocacy, Scholarship, and System Change	Nurses as AI researchers, ethicists, and policy architects. Building the evidence base for ethical AI in nursing.
12		Position on AI and the Future of Nursing Paper This assignment allows to articulate and defend an evidence-informed position on a contested question at the intersection of AI and nursing. By integrating course theory, empirical literature, and clinical context, students produce a scholarly argument that reflects their professional stance and vision for nursing leadership. This reflective activity which involves integration of experience and theory, can prepare them for scholarly publication, policy advocacy, and leadership contributions beyond the course.

Memorandum

To: Dr. Eva Peisachovich, Graduate Program Director, School of Nursing

From: Allison McArthur, Teaching & Learning Librarian
Student Learning and Academic Success Department

Date: July 17, 2026

Subject: Library Statement of Support for **NURS 71XX: Ethics, Artificial Intelligence, and Clinical Education**

Summary

York University Libraries (YUL) are well positioned to support the proposed graduate course **NURS 71XX: Ethics, Artificial Intelligence, and Clinical Education, AI Governance, and Care Delivery**. Faculty and students can make use of an array of library resources and services to meet their research and learning needs. This statement highlights offerings related to the major themes of the course.

Collections

The Libraries' collections echo the curricular and research priorities of students and faculty. Care is given to select materials that reflect new courses taught at York, as well as research and publishing trends. Library personnel review reading lists supplied for proposed courses to address any potential gaps. Tailored purchasing profiles ensure new materials are regularly purchased on emerging themes in nursing, including AI and clinical decision support, digital transformation of nursing practice, ethical stewardship of health information, and preserving human connection in technology-enabled care.

Historically, textbook publishers have not made their electronic content available for purchase by libraries. This remains an ongoing challenge. Library personnel can assist with locating Open Access alternatives. Furthermore, the Libraries' Open Scholarship department offers [support to researchers on digital publishing](#), open repositories, and creative commons licensing.

One of the eBooks on your selected references list, *Ethics, Governance, and Policies in Artificial Intelligence*, was not previously available in the York University Libraries collection. We have since placed an order, and the title is [now available](#). All other resources in your list are also available in the collection.



The Omni single-search interface provides students with access to a wide range of materials, including books, book chapters, articles, dissertations, etc. Library users may also request items from partner libraries through Omni.

Databases of particular interest for this course are **CINAHL, Nursing and Allied Health Database, MEDLINE, Emcare, Embase, Global Health, Public Health Database, Sociological Abstracts, Scopus**, and **Web of Science**. The [A-Z list](#) on the Libraries' website provides a complete register of electronic offerings.

Services

Library Instruction

Librarians and archivists help students build research skills and digital fluencies through [workshops](#), online [research guides](#), and individual research assistance. Instructors can [arrange a research skills workshop](#) (or seminar) geared to a specific assignment, course, or competency.

Research Guides of Interest

- [Nursing Guide](#)
- [Artificial Intelligence](#)

Research Help

Online [research assistance](#) is available in both French and English via chat, text, and email. In addition, students and faculty can book [one-hour research consultations](#) with a specialist librarian. The Libraries also offer a virtual drop-in service hosted through Zoom for help in real-time.

Accessibility Services

Located on the first floor of the Scott Library (Keele Campus), [Library Accessibility Services](#) (LAS) provides alternative content formats, as well as adaptive technologies and spaces. With a referral, York University faculty and students can request transcription services or reserve an accessibility lab workstation.