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TRC CTA

CULTURALLY SAFE HEALTHCARE AND EDUCATION

INDIGENOUS HEALTHCARE EDUCATION AND PRACTICE:
A Community-Led and Community-Informed Collaborative Initiative

Please note:

This Companion Guide is a resource created to complement the online modules.

This online module was developed by the Office of Professional Development and Educational Scholarship (Queen's Health Sciences) and the Northern Ontario School of Medicine (NOSM) to address the Calls to Action set forth by the Truth and Reconciliation Commission. This project is made possible with funding by the Government of Ontario and through eCampusOntario's support of the Virtual Learning Strategy. To learn more about the Virtual Learning Strategy visit the eCampus Ontario website (*click to view*).

MODULE 06 COMPANION GUIDE

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MODULE INTRODUCTION

Welcome to the learning module titled "Culturally Safe Healthcare and Education." This module is part of the seven-module series titled "Indigenous Healthcare Education and Practice: A Community-Led and Community-Informed Collaborative Initiative." Throughout the modules in this series you will be connecting the 2015 Truth and Reconciliation Commission (TRC) of Canada Calls to Action (CTA) report, a report designed to advance the process of Canadian reconciliation and redress the legacy of residential schools, to healthcare and education practice.[1]

For your interest, explore the Truth and Reconciliation Commission of Canada Calls to Action report.

Truth and Reconciliation Commission of Canada: Calls to Action

Calls to Action (CTAs) addressed in this module include: CTA 10, CTA 18, CTA 19, CTA 20, CTA 21, CTA 22, CTA 23, CTA 24, and CTA 62.

The modules in this series can be used to increase your awareness and knowledge of Indigenous healthcare education and practice. You will learn about historical perspectives of Indigenous Peoples in Canada and their implications for health outcomes, biases, racism, and discrimination in healthcare, Indigenous ways of knowing, healthcare rights and services, culturally safe healthcare, and intersections between education and healthcare.

Note that these modules should be viewed as an introduction to Indigenous healthcare education and practice. It is important to continue to reflect and engage with this material over time, as our understanding and perspectives of this material are influenced by broader social and contextual factors. Please also recognize that decisions in regard to policy and legislation are constantly changing so it is important to keep up to date on current events. Gaining and understanding Indigenous healthcare education and practice is a lifelong journey that involves a willingness to learn, practice, and self-reflect. As you work through the modules of this series, please also acknowledge that the term health encompasses physical, spiritual, emotional, and mental wellness.

Content Warning: The content covered by this module may be difficult to process due to the challenging nature of the material. This may particularly occur if you have lived-experiences in relation to this material or are learning about these realities for the first time. We ask all learners to access supports if necessary.

Page Link:

https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf

End of Module Introduction

MODULE 06 COMPANION GUIDE

CULTURALLY SAFE HEALTHCARE AND EDUCATION

In this module, you will learn about culturally safe healthcare and what this means for Indigenous Peoples in Canada. You will also explore some of the barriers to accessing healthcare professional education. Finally, you will learn about the continuum of care that goes from cultural awareness to cultural safety.

After completing this module, you will be able to:

- Describe respectful discussion and collaboration regarding the use of traditional health practices.
- Identify barriers to pathways to enter the field as healthcare professionals.
- Create safe clinical and learning environments through cultural training, safety, humility, trauma- and violence-informed care, and anti-racist healthcare practices.

Culturally safe care is defined as healthcare delivery that shows an awareness of both the cultural background of the person receiving care, as well as the healthcare providers' personal and professional culture.[2] For Indigenous Peoples in Canada, culturally safe care means providing care that is informed by both Indigenous People's history and the values surrounding Indigenous traditional healing practices. Another requirement of culturally safe care is making sure you spend time within your own local Indigenous communities to build meaningful relationships.

Watch the video of Sarah Funnell, a First Nations family physician and public health specialist and one of the content contributors for the "Indigenous Healthcare Education and Practice: A Community-Led and Community-Informed Collaborative Initiative" module series, discuss the crucial importance of practicing culturally safe care (2:24).

TRC CTA: Importance of Culturally Safe Care

Start of Video Transcript:

[text] Please introduce yourself and your role in the health professions.

[Sarah Funnell] So hi, Kwey. I'm Sarah Funnell. My Algonquin name is Minwanimad. It means pleasant breeze. I am a First Nations family physician and public health specialist. My ancestors are from Kitigan Zibi First Nation which is an Algonquin community as well as Tuscarora Nation which is a Haudenosaunee community. And I grew up in Alderville First Nation which is not too far from Kingston actually, amongst Mississauga people, Ojibway people. I'm the Director of Indigenous Health at the Queen's Department of Family Medicine and as well I'm involved with both the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada assisting in Indigenous medical health education.

[text] What advice can you give healthcare learners with regards to practicing culturally safe care?

[Sarah Funnell] I think it's really important to state that what I'm talking about like with anti-racism, cultural safety, trauma and violence-informed care, is not just so everyone feels nice at the end of the day, right? It's actually, the word safety is in a lot of that because it is about patient safety and quality of care because if we don't provide that type of care, anti-racist, culturally-safe care, it is actually deadly. Like it's no joke, it's not

just for us to all feel good, it's that we do no harm because there's lots of really horrible examples where people died because of culturally-unsafe racist practice and Brian Sinclair's one of them, Joyce Echaquan's another. There's countless people that have died but also people that have you know other long-term consequences because of lack of quality care and feeling unsafe in the healthcare environment. So that's really important that people understand that.

End of Video Transcript.

Indigenous Traditional Healing

Alt Text: Traditional medicines being burnt in a shell and the smoke being used for cleansing or purification.[3]

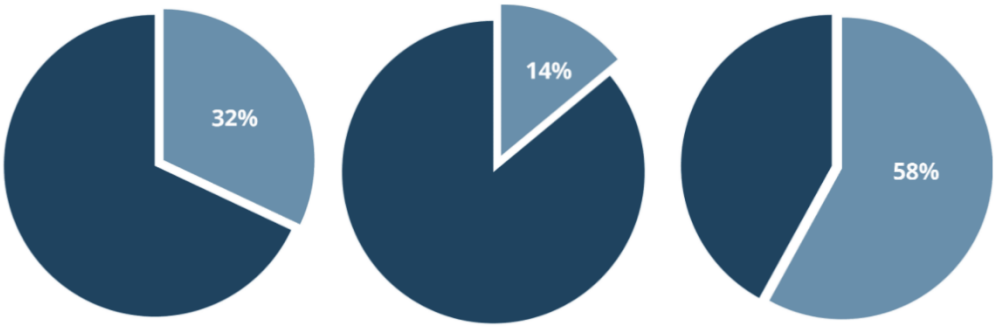
Indigenous traditional healing is a complex, wholistic healthcare system practiced by Indigenous Peoples worldwide. It is informed by a spiritual, rather than materialistic or Cartesian, worldview.[4] Traditional healers practice the art of traditional healing within their communities and may also provide services across communities and to non-Indigenous people.

The healers comprise an elaborate practitioner system that extensively dedicates their lives to the **healing arts**[5] as the healers spend as much time as needed to help restore **harmony** and **health.**[6]

Indigenous traditional healing is described as being wholistic, where there is not only a focus on the physical, but also on the mental, emotional, and spiritual aspects of health and well-being. This stands in contrast to the Western biomedical approach to healthcare. As a result, when providing culturally safe care to Indigenous Peoples, healthcare providers should aim to apply their best practices in the field while also being informed of Indigenous traditional values regarding health, well-being, and healing. In order to achieve this shared vision, there is a need for more Indigenous healthcare providers in rural and isolated Indigenous communities, as there is currently a shortage in this area.

Shortage of Healthcare Providers in Rural Areas in Canada

In 2016, a national community-based survey of 84 mostly non-isolated Canadian Indigenous communities was launched with the mission to address the gap in national health information for Indigenous communities in Canada.[7]



Alt Text: Only 32% of communities had an onsite family physician.[7] Only 14% of communities had an onsite nurse practitioner.[7] 58% of communities had a health centre led by a nurse-in-charge.[7]

Moreover, the survey noted that residents in these communities frequently had to travel over 40 km to see a specialist.[7]

Strategies for increasing healthcare workforces in Indigenous communities include:

- Enhancing recruitment and retention of Indigenous providers and
- Improving mentoring and support.[8]

As stated by Darlene Kitty, president of the Indigenous Physicians Association of Canada, Indigenous physicians are often best equipped to provide culturally competent and safe care for Indigenous patients, as they often share certain lived experiences with their patients and are "already sensitive to the issues in their community."[10]

A healthcare professional's choice to train and practice in rural or underserved communities has been shown to be influenced by their personal characteristics including languages spoken, ethnicity, and prior experiences working with underserved populations. Physicians, for instance, are significantly more likely to provide care for patients with similar ethnic and cultural backgrounds to themselves.[11] Thus, increasing Indigenous enrollment in healthcare professional education programs is essential to addressing the need for more healthcare providers in Canadian Indigenous communities.

Barriers for Indigenous Peoples to Enter the Field as Healthcare Professionals

In this module, you will learn about four barriers Indigenous Peoples may face when trying to enter the field as healthcare professionals. These barriers include:

1. Lower educational attainment
2. Socioeconomic disadvantage
3. Lack of cultural competence in health professional program curricula
4. Anti-Indigenous sentiments in clinical learning environments

Barrier #1: Lower Educational Attainment

Education attainment in general is lower in Indigenous Canadian populations than non-Indigenous Canadian populations.

Less than **40%** of children on reserves, compared to over **90%** of non-Indigenous children, graduate from high school.

Recent studies show that 30% of non-Indigenous Canadians aged 25-64 have university degrees, compared with just over 10% of Indigenous Canadians.[12, 13] Further, Indigenous learners are more likely than non-Indigenous learners to be the first person in their family to attend university or medical school.[14]

Read a few facts on education among Indigenous Peoples as noted in a 2017 survey by Indigenous and Northern Affairs Canada.

#1: Impact of Intergenerational Trauma on Indigenous Education

"Lower rates of post-secondary education among Indigenous [P]eoples are rooted [in] multi-generational trauma and systemic socioeconomic determinants."[15,16] For example, public schools on reserves receive less funding than other Canadian schools.[15,16]

#2: Quality of Education On Reserve versus Off Reserve

A major finding of a survey of First Nations youth, parents, elders, leaders, and stakeholders by Indigenous and Northern Affairs Canada (2017) found that many First Nations youth felt that "the quality of education received on reserve is much lower than what non-First Nations students receive off reserve."[16] Respondents indicated that this was "unfair" and led to a "lack of opportunities and lower skill level" among First Nation students.

#3: Need for Cultural Sensitivity Training

Respondents also highlighted the need for more cultural sensitivity training for teachers and for First Nations culture to be built into the curriculum, stating that these strategies could help support Indigenous students and encourage them to complete high school and pursue post-secondary education.[15,16]

Barrier #2: Socioeconomic Disadvantage

Socioeconomic disadvantage stemming from structural racism and intergenerational trauma is a key barrier to Indigenous students entering the field as healthcare professionals.

Resources and financial support to prepare for and take admission and licensing exams such as the MCAT, increasing tuition costs, and increasing debt in graduating health professional students are considerable barriers to students with low socioeconomic status pursuing health professional education.

Many students, including Indigenous students, can face a huge financial barrier when trying to access higher education, for example:

- Students who apply to all six faculties of medicine in Ontario pay more than $850 CAD in application fees.
- Most Canadian medical schools also require applicants to write the Medical College Admissions Test (MCAT), for which registration costs over $380 CAD and prep courses can cost over $1000 CAD.[17]
- The initial nursing licensing exam, the National Council Licensure Examination (NCLEX), costs $360 CAD.[18]
- The Dental Aptitude Test (DAT) costs $260 CAD.[19]
- Prep courses, which can be very expensive, are not mandatory but do provide an advantage to students who are able to afford them.

Further, students who can take a summer off from work to study full time for these standardized exams have an advantage over those students who must work to fund their education while they are also studying for the exam.[17,18,19,20]

"In Canada, the median income of registered First Nations living on reserve is less than half that of the non-Indigenous population. First Nations living off reserve, both Status and non-Status Indians and Inuit Canadians have a median income that is between about 75% and 80% of the non-Indigenous population median income."[21] Thus, Indigenous applicants to health professional programs are more likely to be of lower SES than non-Indigenous applicants.

Further, in 2012, over 50% of Canadian households reported an annual income of less than $60,000, yet only 23% of medical students came from families in that income category. In contrast, even though only 23% of Canadian households earned more than $100 000 annually, 52% of medical students came from families in that income group.[22]

Learn more about some of the barriers Indigenous students face when accessing healthcare professional training.

Internalized Chronic Barriers

Exacerbating the systemic disadvantages young Indigenous students and other students of lower socioeconomic status face, they may internalize chronic barriers to accessing healthcare professional training and believe they do not have the necessary skills or background to enter professional programs.[23] High school students from less affluent backgrounds are more likely to view tuition costs as a barrier to pursuing health professional programs.[23]

Financial Barriers to Accessing Higher Education

"Competing obligations including the expectation to share money earned with family members, family commitments, and difficulties balancing work and education" are barriers to Indigenous students remaining in health professional programs.[24] "Financial hardship was mentioned by a quarter of

articles" in a 2019 systematic review of factors affecting the retention of Indigenous health students in higher education programs.[24]

Barrier #3: Lack of Cultural Competence in Health Professional Program Curricula

"There is little emphasis on or regard for traditional health practices in medical and nursing school curricula; this may discourage Indigenous students from pursuing healthcare careers."[25] The low numbers of Indigenous faculty members and mentors at Canadian nursing and medical schools also contributes to the lack of Indigenous representation and opportunities for mentorship in health professional curricula.[26]

"Peer support from fellow Indigenous students, particularly those studying a health course", is also very important in the retention and success of Indigenous students in health professional programs.[24] Upper year Indigenous students and alumni are positive role models for Indigenous students and help "engender confidence in their studies and encourage them to stay at university."[24]

There are some positive initiatives that have been implemented to address this barrier and improve cultural competence in Canada. For example, within Northern Ontario School of Medicine's (NOSM) medical school curriculum, they have (i) integrated case-based learning that focuses on Indigenous health, and (ii) provided experiential learning through Indigenous community-based sessions and activities.[27]

Barrier #4: Anti-Indigenous Sentiments in Clinical Learning Environments

Indigenous learners experience racial microaggressions in the classroom and clinical learning environments including:

- Stereotypical representations of Indigenous Peoples in curricular materials;
- Racism towards Indigenous students and faculty in classroom and clinical environments; and,
- A lack of emphasis on the importance of Indigenous perspectives and evaluative tools in health professional education.[14]

Much work remains to be done to address racism and promote culturally safe care in Canadian professional schools. For example, only as of 2021 are there plans to develop overarching oversight and common anti-racist policies/educational materials across Canadian Faculties of Medicine.[28]

However, there has definitely been an increasing recognition of this issue across Canada. The Canadian Association of Schools of Nursing (CASN), for example, released a document to help guide nurses in implementing the TRC CTAs in their practice.

Read more about this effort to address racism in healthcare.

Canada's nursing programs address racial prejudice in the profession

A final barrier to Indigenous learners accessing health professional education is the use of potentially racially biased evaluative tools in the admissions process including GPA, MCAT, MMI, and the CASPer test.[14,26] Although more attention has been paid in recent years to race and gender in admission

processes, the qualities that are less discernible are often not represented. These qualities include different world views and lack of access to testing centres.[29,30]

Creating Safe Clinical and Learning Environments

Safe clinical and learning environments are central to the retention and success of Indigenous students in these settings.

Explore some of the language used when creating culturally safe clinical and learning settings.

Culturally Safe Care

Recall from earlier in this module that culturally safe care is defined as healthcare delivery that shows an awareness of both the cultural background of the person receiving care, as well as the healthcare providers' personal and professional culture.[2]

Anti-Racism

Anti-racism involves the redistribution of power so that it is shared equally. It can be accomplished through an active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices, and attitudes.

Trauma-Informed Approach

Trauma-informed care is distinct from trauma-specific care in that it aims to create safety for people seeking care by understanding the effects of trauma on health and behaviour rather than treating people's trauma histories. It includes creating safe spaces that limit the potential for further harm for all people.

Watch the video of Yolanda Wanakamik, the Director of Indigenous Affairs at the Northern Ontario School of Medicine, discuss strategies for implementing cultural safety in healthcare practice (2:26).

TRC CTA: Considerations for Cultural Safety

Start of Video Transcript:

Yeah. And you know it just -- just to add on to that a little bit. I think about the concept or the notion of cultural safety. I mean, if you go to a First Nation community and you sit down with the leadership there, maybe the community knowledge carriers or leaders of some sort, and you say to them, what does cultural safety mean to you? That would be, I think for the most part, pretty foreign. Like what do you mean? So what do you expect when you go to a healthcare clinic or you go to the hospital or you're, you know, trying to get a service in the healthcare area? You know they just want to be respected. You know they don't think about, you know, that relationship as cultural safety. We call it cultural safety. And really in order for an individual patient or a client in any kind of service, they are the ones who tell us that it's a culturally safe, competent environment. So some of the things that we just mentioned here about things that we can do as healthcare practitioners -- I know I certainly, as an Indigenous woman, appreciate when I walk into a medical clinic, that is "mainstream" quote unquote, and I see Indigenous artwork up on the walls, I hear Indigenous music maybe playing, I see some magazines that reference, you know, Indigenous experiences. Those things are all very

welcoming things that are not so blatant in-your-face but it really does say a lot about the people who are actually operating and running the service there. And then, of course, it becomes more about the practitioner or the person behind the counter at that point in time. But those are ways in which I think you create a welcoming environment for people. So I think that, you know, having Indigenous Peoples employed is really important. Making sure that you're making long-term meaningful decisions about how to incorporate Indigenous knowledge, whether that's through health care professionals, Elders, leaders in the communities. That's important. Having culturally competent staff is really important as well. But I think that you don't just take a course, which is really what a lot of organizations like to see people do is take a course. And I say I like to see that too but I'd like that course to inspire lifelong learning. So understanding that, you know, the four-week course or the three-hour course is really an opening to -- what can you be curious about? And what can you learn more about from that course?

End of Video Transcript.

The Continuum of Care

The Wabano Centre for Aboriginal Health notes that cultural safety is often confused with concepts like cultural awareness, cultural competence, and cultural sensitivity. These concepts are not interchangeable, but are best viewed as parts of a continuum of care, with cultural safety at the ultimate end.[31]

Apply Your Knowledge: Continuum of Care

Explore each step of the continuum of care as described by the Wabano Centre for Aboriginal Health. As you learn about the phases of the model, reflect on where you might place yourself on this continuum.

1. **Cultural Awareness**
   The continuum starts with cultural awareness, which is essentially the acknowledgement of a difference between cultures
2. **Cultural Sensitivity**
   Cultural sensitivity is the second phrase of the continuum, which focuses on respecting the differences between cultures.
3. **Cultural Competence**
   From there, cultural competence focuses on the healthcare provider's skills and attitudes
4. **Cultural Safety and Humility**
   Cultural safety and humility include the skills of the previous phases, but are different in that there is a self-reflection component. Cultural safety and humility begin with healthcare providers and requires them to become aware of the personal and professional assumptions and beliefs that they bring in to every healthcare relationship. They are distinct as they require that healthcare providers treat patients with the understanding that not all individuals in a group act the same way or have the same assumptions and beliefs. True cultural safety and humility is the experience felt by a patient when the healthcare provider:
   - Communicates in a respectful and inclusive way
   - Empowers the patient in decision making regarding their own care
   - Builds a balanced and effective healthcare relationship with the patient

Watch the video of Jack Moher, a registered nurse who works in urgent care and one of the content contributors for the "Indigenous Healthcare Education and Practice: A Community-Led and Community-Informed Collaborative Initiative" module series, discuss their experience with the continuum of care (4:14).

TRC CTA: Culturally Safe Healthcare

Start of Video Transcript:

So something that I also sort of experienced, going from my nursing education into kind of the real world of practice is, there's a stark difference between what I understand to be called cultural awareness versus cultural competence.

I think in nursing school, the concepts that we learned were closer more to that idea of cultural awareness, which in my mind is sort of being aware of different cultures, and how they're different from you, and how you can kind of accommodate them. Which it is helpful and valuable in some way but I think it has a lot of limitations.

So for example when I was studying for my nursing licensing exam, there were a lot of questions about specific cultures and how they may need accommodations in some way. So it would maybe say something like, referring to how, in general, people who are Jehovah's Witnesses don't agree with the idea of blood transfusions.

Or for example, a devout Muslim who may want to have themselves covered, or may not want to deal with a male practitioner. And this is like fine to kind of be aware of this in general, but I feel like it could sometimes lead to stereotyping or grouping, where someone -- two people from the same cultural background may not have the same norms or beliefs about how they want their care to be.

So I think it's important to kind of keep that in mind, and not just sort of think of cultures or religious groups as kind of monolith groups of people who have all the same features and facets. Something that I kind of learned about in my research for content production for this project was this idea of cultural competence, which focuses more on being reflective of your own biases, and your own cultural background, rather than thinking about other people. It's a much more inwardly focused approach. And I think that's, it's kind of more, -- I think in my mind, it would be more effective, where you're kind of thinking about your biases, and taking time to reflect after interactions with people, and sort of saying, "Wow! How did my," so for me, for example, just like "How did my, generally like -- white background, and norms brought onto me by my parents and by, like, my community, sort of influence me in that situation? Like, why did I kind of approach them in this way? Why did I, like, ask them to do this in a certain way that didn't really work out well?"

And I think that's kind of, maybe, a more difficult thing to do. And you have to kind of be humble and willing to be critical of yourself and that's not always easy, especially when, in my case, when you're kind of running around, doing a lot of things for a lot of people at a quick pace. But I think it's a little more valuable than just kind of having a little list in your head of, like, "Oh! This person's from this background. Oh! They're from China. So I'm going to, I'm going to make all these assumptions about them."

I think it's kind of important to treat each person as an individual who has their own individual values and beliefs, and to just kind of approach them in that way where you're sort of open to anything. And of course,

like, I think the first number one rule is to treat everyone with respect. But it's just, -- how can you facilitate the best quality care for that person? And how do your own biases influence the care that you are providing?

End of Video Transcript.

Cultural Competence versus Cultural Safety and Humility

As you just learned, cultural competence relates to the healthcare provider's skills and attitudes towards people of varying cultures. This term gained popularity in the 1960s and 1970s following the civil rights movements with the assumption being made that greater knowledge about a specific culture will result in greater practice in competence.[32] However, this assumption can:

1. Lead to stereotyping and bias as it suggests there is distinct or definite knowledge a person can attain about an entire group of people.

2. Suggest that there is an endpoint to becoming fully culturally competent.[32]

These shortcomings have prompted the shift from cultural competence frameworks to cultural safety and humility frameworks. As noted earlier in this module, developing and practicing cultural safety and humility is a dynamic and lifelong process that emphasizes the importance of self-reflection and acknowledging one's own biases. Further, this strategy recognizes that there is no endpoint due to the complex and ever-evolving nature of patients' experiences and identities.[32]

Watch the video of Bailey Brant, a current healthcare learner of mixed Indigenous (Mohawk) and settler ancestry and one of the content contributors for the "Indigenous Healthcare Education and Practice: A Community-Led and Community-Informed Collaborative Initiative" module series, discuss their advice and outlook on practicing cultural humility (5:17).

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End of Video Transcript.

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End of Culturally Safe Healthcare and Education

MODULE CONCLUSION

In this module, you learned about culturally safe healthcare and what this means for Indigenous Peoples in Canada. You also explored some of the barriers to accessing healthcare professional education. Finally, you learned about the continuum of care, which ranges from cultural awareness to cultural sensitivity, then to cultural competence, and finally to cultural safety.

You have completed one of the seven learning modules within the series "Indigenous Healthcare Education and Practice: A Community-Led and Community-Informed Collaborative Initiative." The modules within this series aim to increase your awareness and knowledge of Indigenous healthcare education and practice. These modules explore how Indigenous Peoples' health outcomes have been negatively impacted by colonial policies and practices, and how the health and well-being of Indigenous Peoples can be improved through the inclusion of traditional healing practices and by addressing biases, racism, and discrimination within the healthcare system.

Acknowledgements

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