

BUILDING ALLIES IN HEALTH EDUCATION 2017-18
Catherine Boudreau & Mary Wabano

Indigenous Leadership in Health Education: Creating a Culturally Safe IPE SIM Model

Our Team



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Partners

NFN

NBRHC

SIM-one

NOSM

CIHR Catalyst grant for development of this emerging model

Traditional Territory Acknowledgement



We want to acknowledge that we are located on the traditional territory of the Kootenay, Stoney, Blood, Peigan, Siksika and Tsuu T'ina First Nations peoples.

<http://native-land.ca/>

<http://www.thecanadianencyclopedia.ca/en/article/banff-national-park/>

Presentation Objectives



- Gain knowledge regarding the **inclusion of Indigenous Ways of knowing and being and the inclusion of Indigenous concepts of wellness and healing** in IPE scenario development.
- Acquire more knowledge surrounding **simulated participant scenarios** that **foster skills and attitudes for culturally safe practice**.
- **Learn about the application of the CIHC National Interprofessional Competency Framework** as a guiding document for collaboration among educators and those who support health care and human service students

Narrative as a Starting Point



Project Objectives



1. Acknowledge the context in which **colonization impacts the health and well being of Indigenous peoples** and is a factor in accessing healthcare services, quality of care and in the interaction between indigenous persons and healthcare professionals.
2. **Create and assess the impact of Indigenous based IPE and cultural safety within an Indigenous based research paradigm**, Indigenous Ways of knowing and being and on Indigenous concepts of wellness and healing in scenario development.
3. **Documenting and highlighting the process leading to the development of a model that is the interaction between all three (context, impact and process)** culminating in a culturally safe learning simulation with outcomes of skills and attitudes for culturally safe practice for both pre and post licensure learners.

Our Framework Anishinabe Medicine Wheel

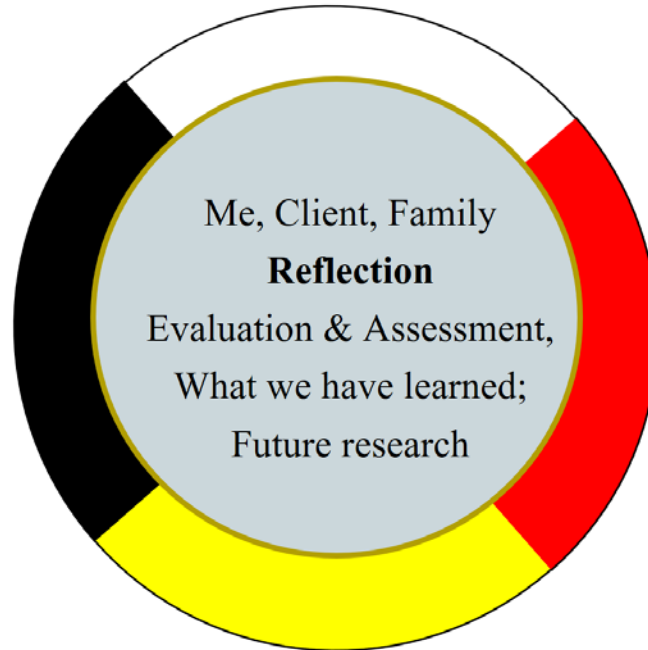


Reasoning

Why is CS in IPE essential?
Lack of Indigenous voice, space
in health education
Limited capacity of institutions
Health disparities continue to
rise

Time/Relationships

Literature Evolution – cultural
safety continuum
Evolution of IPE to Sim for
IPE/C
Sim for cultural safety and IPC
Reconciliation in healthcare



Movement

Methods – development of IICSTM
Simulation scenarios
Sharing Circles
Cultural Events
Preparation of SIM participants

Vision

Impact statement through an Indigenous lens
Cultural safety and addressing power
imbalances, colonization, racism in
healthcare
Indigenous methodologies/wellness
Interprofessional with simulation
Response to the Calls to Action

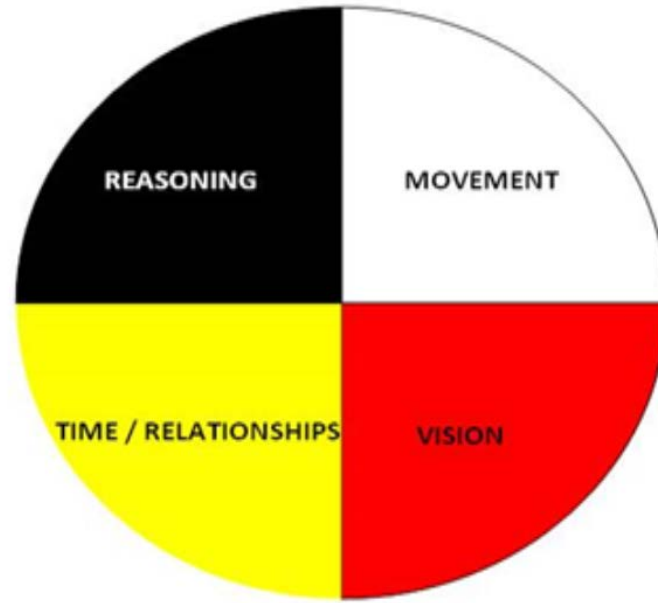
Our Framework:



- Situating **Indigenous Knowledges as the foundation** of this work, prioritizing and honouring IK
- Building a model that is **responsive to the needs** of Indigenous peoples'
- Wholistic (wholeness)
- Indigenous based
- Inclusive and culturally safe
- **Conducive to bridging worlds and ways of Knowing**
- Required framework with built in checks and balances -also allowed for flexibility
- Positions the **lived experience of Indigenous peoples at the center / focal point and as experts**



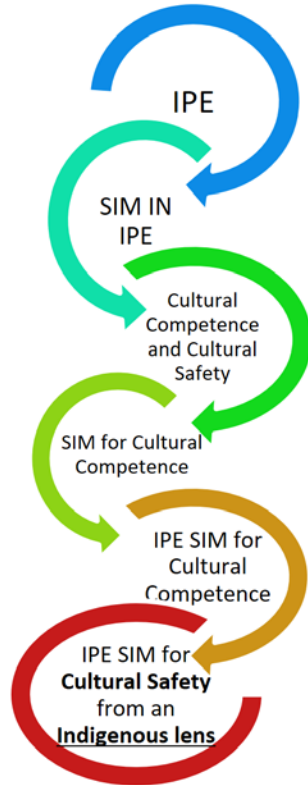
The Medicine Wheel as Framework





- Aimed at addressing the growing health disparities between Indigenous and non-Indigenous people in Canada with a **view to improve health outcomes for Indigenous peoples**
- Indigenous led process, **grounded in Indigenous Ways of Knowing** such as **Two-eyed seeing** (Martin,2012) and **Anishinabe medicine wheel teachings** (Wabano, 2014)
- With **Cultural Safety as core**, we are bridging tenets of **Interprofessional Collaboration** within the **National Competency Framework** that are conducive to cultural safety outcomes preparing pre/post licensure professionals and addressing power imbalances inherent in healthcare and other professions

Bridging Cultural Safety and IPE



Literature reviewed demonstrates this has explored from these perspectives.....

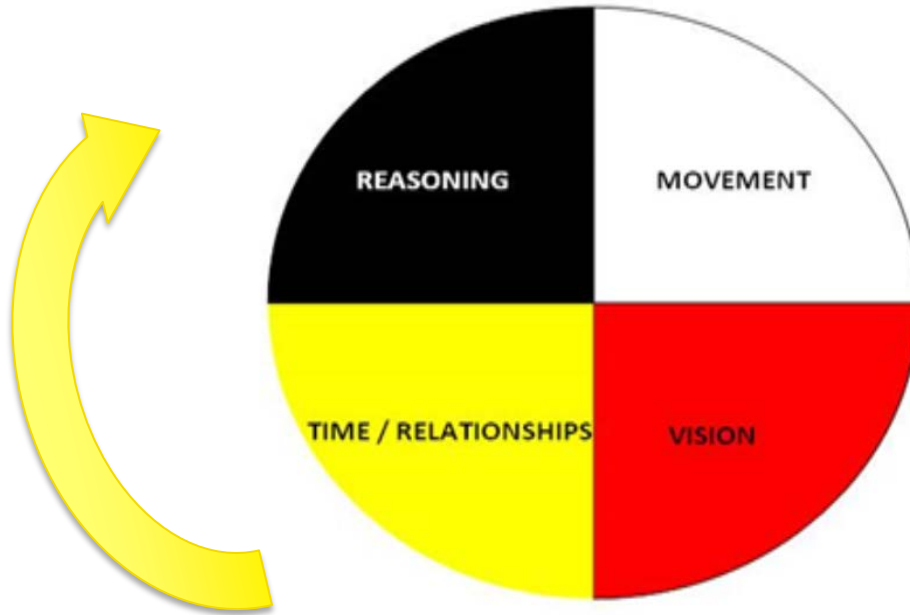
To the best of our knowledge this has not been explored



- **Indigenous Knowledge Keepers Circle inform the design, development and assessment** - community-based **partnerships** with
 - First Peoples' Centre, Canadore College
 - North Bay Indian Friendship Centre
 - Nipissing First Nation
 - North Bay Regional Health Centre
 - Northern Ontario School of Medicine
 - SIM-one
- Utilizes **interprofessional education and use of simulation using simulated participants (SPs)**
- **Pre and post licensure** health professionals and improve cultural safety for clients
- **Skill acquisition is measured using culturally based simulated** participant IPE simulations (Owens, Brashers, Peterson, Blackhall & Erikson,2012)
- **PD** -for project staff to **establish a culturally safe space and place**
- **PD** -Faculty/staff for **scenario development** (Livesay Lau, McNair & Chiminello,2017 ; Ewen Pitama, Robertson, Kamaka, 2011)



The Medicine Wheel as Framework





Critical considerations stemming from the literature:

- The training of healthcare workers **historically perpetuated stereotypes within health care systems** (Allan & Smylie, 2015)
- Is a **priority in addressing health disparities faced by Indigenous peoples** in Canada (Truth and Reconciliation Canada, 2015)
- **Indigenous peoples continue to report racism, lack of cultural awareness, and available cultural services**, and that their Indigenous health beliefs are discounted as viable healthcare options (Bainbridge, Mc Calman, Clifford, & Tsey, 2015).

Reasoning Continued



- **Limited understanding of the connection between historical and contemporary trauma** continues to negatively impact Indigenous peoples' health - **perpetuating colonialism** (Evans-Campbell & Walters, 2006).
- **Interacting with Indigenous knowledge and practices** can help **transform non-Indigenous institutions and people**, fostering awareness of Indigenous ways of knowing and doing (Battiste, 2002).
- Cultural safety is rooted in Indigenous Knowledge (Baskin, 2016)



Locally, educators recognize that many health and human service practitioners are **not adequately prepared** to respond to Indigenous peoples, such as:

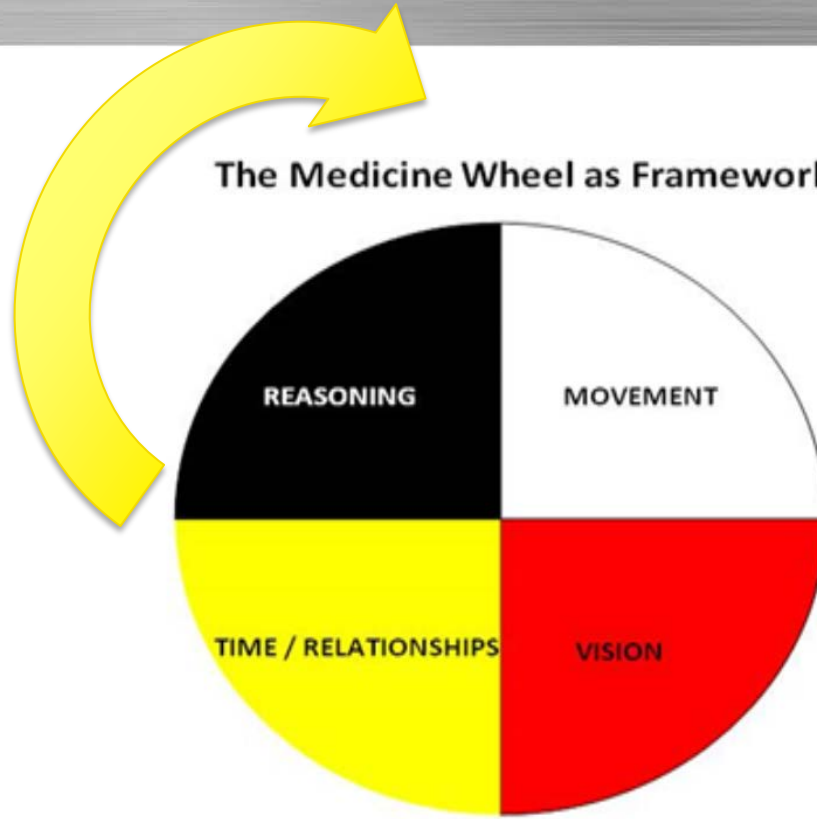
- **identifying and accessing Indigenous healing** practices or services,
- operating within a **trauma-informed** lens that respects **intergenerational trauma** or offering ultimately culturally safe healthcare,
- **are not aware or recognize their place of power and privilege**
- And that **health education lacks Indigenous voice, space and leadership to affect systemic change**

(Allan & Smylie, 2015; Baskin,2016;Battisite,2002 ; Browne, Varcoe, Smye,Reimer-Kirkham, Lynam,& Wong,2009 ; Hunt, 2015)

Towards a Model



The Medicine Wheel as Framework



Our process



- **Organic**
- **Indigenous led** – PI, Steering Cte, IKKC, FPC, Project Coordinator, Indigenous Researcher
- **Continuum of Cultural awareness, sensitivity, competency to cultural safety** training with project resource staff
- Preparation and training for the Steering Committee – Terms of Reference, roles, scope
- Preparation and training for the Indigenous Knowledge Keepers Council, Terms of Reference, roles, scope
- Overarching road map and strategic areas of focus
 - Operationalization of vision
 - Relationship building
 - Establishing principles, processes, transparency, accountability
 - 7 Grandfather teachings
 - Operating from principles of OCAP (Ownership, control, access and possession)(NAHO, 2005)



- **Grounded in local Indigenous knowledges** through the guidance of the Indigenous Knowledge Keepers Council
- **Cultural safety is tantamount throughout the research process**
- **Culturally based simulation** will be developed with local Indigenous knowledges and lived experience to create learning labs that are culturally safe
- List of behaviors, skills, attitudes will be developed with input from the Elders and local Indigenous community- Extending the work of Owen, Brashers, Peterson, Blackhall & Erikson (2012)



Experiential Learning & Self Reflection

- Experiential learning- moving beyond a didactic, classroom experience (Morgan and Reel as cited in Klopp & Nakanishi, 2012)
- **Self reflection-** essential for cultural safety (Klopp & Nakanishi, 2012; Brascoupe & Watters, 2009; Ramsden, 2002 – **Need for Deconstruction- prior** (Sjoberg & McDermott, 2016)
- and integral to IPE (Oandassan & Reeves, 2005; Olson, Bidewell, Dune & Lessey, 2017)
- Learners will experience the simulation after a series of activities (exposure, Immersion, mastery)
- These activities- culturally based
 - Feasts
 - Sharing circles (assessment, data collection and evaluation)
 - Cultural teachings- life process- birth to death
 - Sweat lodge



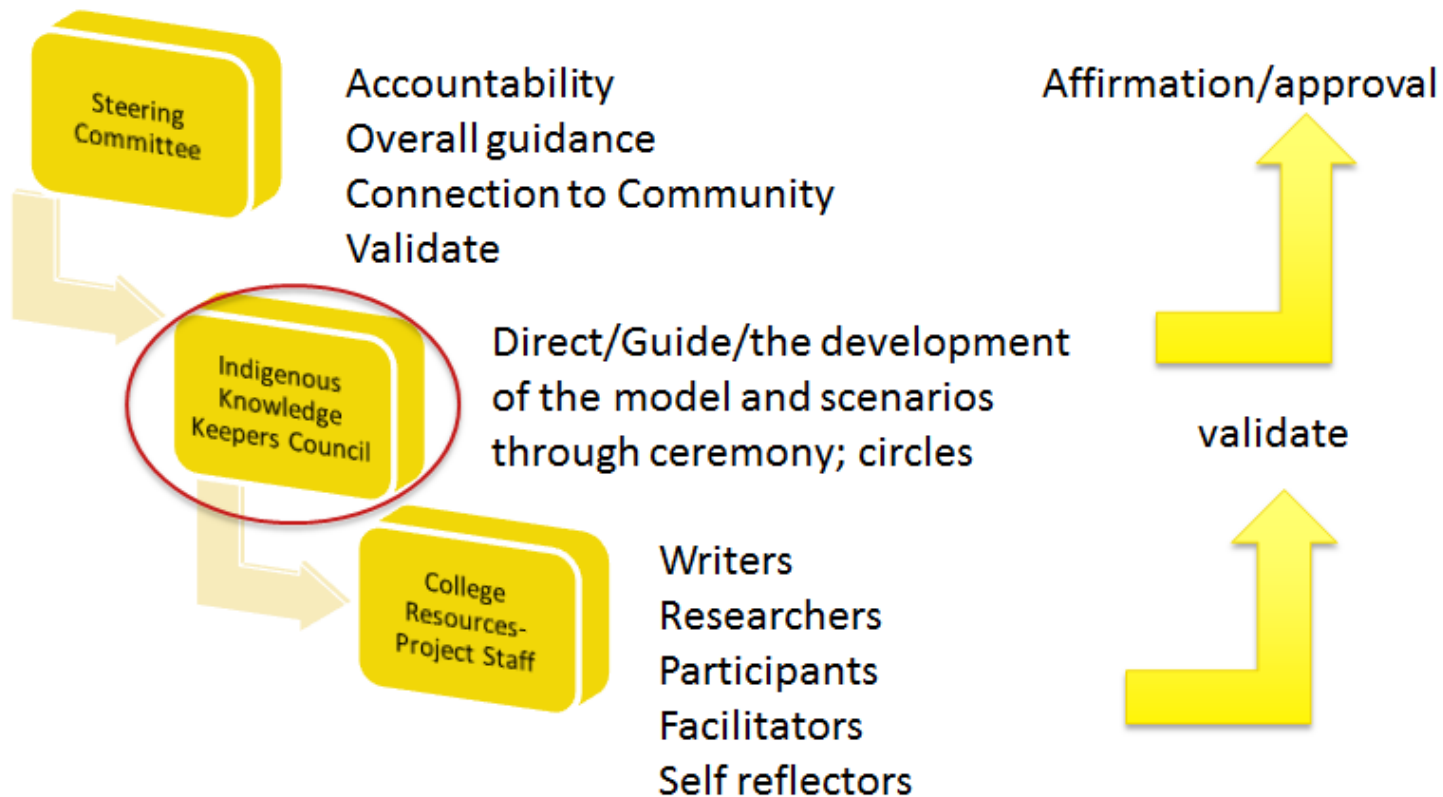
Lafrance & Nichols, 2009- **research and evaluation interlaced**

Image retrieved September 18th, 2017 from <http://goo.gl/BNJrzL>



- Is an **emerging model**- continual introspection –**self, project team**
- Have had cause to **pause, rethink, regroup and refocus**
- **Reflective learning for all** involved
- Indigenous research is process oriented, **built on relationships and is guided by Spirit work** – the immeasurable, unseen and is foundational
- **Western knowledge permeates all research paradigms** and without careful and deliberate pulse taking, **can and does adversely impair Indigenous led research** (Hart, 2002)

Project Flow

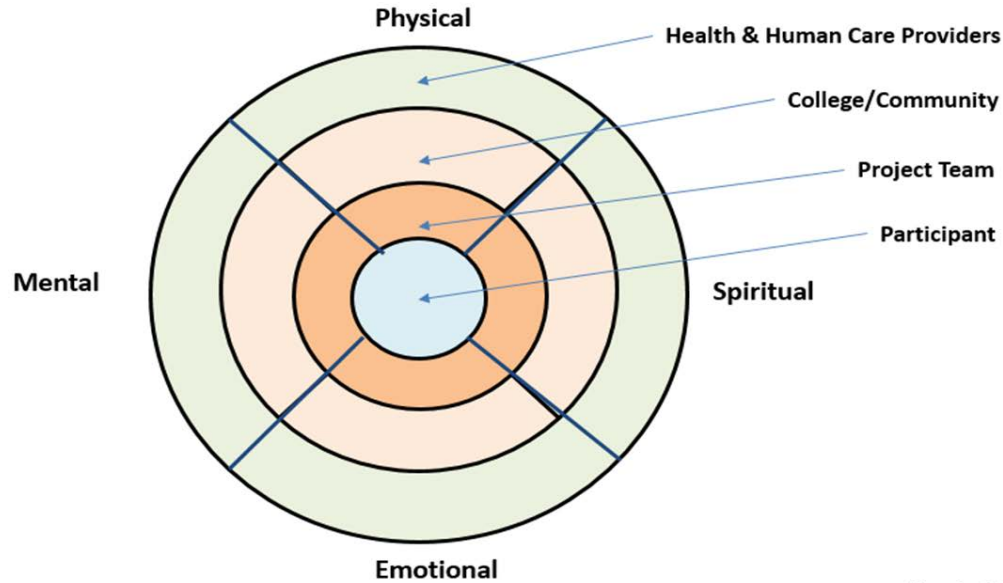




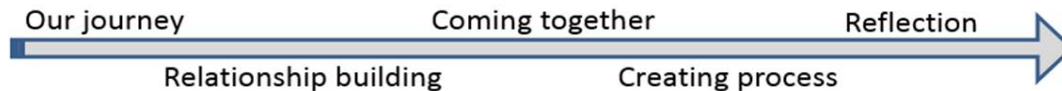
This project will lead to **further evaluation and improvements to a model -transformative in health and interprofessional education**

- IPE across the schools of health and human services
- Serve as a model for further IPE Simulation/scenarios across other disciplines
- **“The Village” intergenerational living centre, Indigenous cultural centre, home to simulation labs, student led clinics, bridging western, eastern and Indigenous knowledges**

Continual Introspection- evolution - growth



Hart, 2002





“When I enter other institutions, I see the focus on the mind. When I enter Canadore, I see the focus on the heart”

LORRAINE LIBERTY-WHITEDUCK, Grandmother-in-Residence

Thank You/ Miigwetch



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