PROVIDING CULTURALLY SAFE HEALTH CARE TO INDIGENOUS PATIENTS IN NEWFOUNDLAND AND LABRADOR

A CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM FOR HEALTH CARE PROVIDERS

Heidi Coombs, Carolyn Sturge Sparkes, Robert Glynn, Cindy Whitton, Vernon Curran, Karla Simmons, and Anuj Charan, with individuals from the Innu Nation, Miawpukek Mi'kamawey Mawi'omi, Nunatsiavut, NunatuKavut, and Qalipu First Nation

Office of Professional and Educational Development
3 December 2019
CALL TO ACTION

23. We call upon all levels of government to:

   III. Provide cultural competency training for all healthcare professionals.
GOAL OF OUR PROGRAM

To provide cultural competency training for physicians, nurses, and nurse practitioners in NL in an effort to:

1) increase awareness and understanding of the historical trauma experienced by Indigenous Peoples in this province and the ways in which this trauma has impacted health and wellness for Indigenous Peoples;

2) educate health professionals about Indigenous cultures and healing.
PROVIDING CULTURALLY SAFE HEALTH CARE

Overview

- Online delivery method (e-module)
- 2 hours of content:
  - Historical background
  - Case studies
  - Videos
  - Discussions
  - Reflection activities
  - Pre/Post tests
- Funded by the College of Physicians and Surgeons of NL
- College of Family Physicians of Canada
- Royal College of Physicians and Surgeons of Canada
OVERARCHING QUESTION

What do non-Indigenous physicians, nurses, and nurse practitioners need to know in order to provide culturally safe health care to Indigenous patients?
ENGAGEMENT WITH INDIGENOUS COMMUNITIES

- Presentation to the Aboriginal Health Initiative (AHI) Advisory Board, Faculty of Medicine, Memorial University
  - December 2018
  - June 2019
  - November 2019

- Approached Indigenous communities in NL
  - Program Committees
  - Knowledge Keepers

- Guiding Committee and Planning Committee
DEVELOPMENT PROCESS

Guiding Committee (Indigenous community)

Planning Committee (Learner representation)

Program Team Recruitment

Needs Assessment

Develop Learning Objectives

Develop Content Outline

Develop Content and Activities

Develop Online Learning Materials

Review Online Materials

Rework Online Materials

File Accreditation Application

Launch Module
GUIDING COMMITTEE

- Represents the perspectives of Indigenous patients and what culturally safe health care means.

<table>
<thead>
<tr>
<th>Name</th>
<th>Community</th>
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<tbody>
<tr>
<td>TBD</td>
<td>Innu Nation</td>
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<tr>
<td>TBD</td>
<td>NunatuKavut</td>
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<tr>
<td>Katie Dicker</td>
<td>Nunatsiavut</td>
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<tr>
<td>Brenda Jeddore</td>
<td>Miawpukek</td>
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<tr>
<td>Sheila O’Neil</td>
<td>Qalipu</td>
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<tr>
<td>Valeri Pilgrim</td>
<td>Nunatsiavut</td>
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<tr>
<td>Solomon Semigak</td>
<td>Nunatsiavut</td>
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<tr>
<td>Michelle Wood</td>
<td>Nunatsiavut</td>
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</tbody>
</table>
PLANNING COMMITTEE

- Represents the target learners (health care providers) and what they need to learn to provide culturally safe health care.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fern Brunger</td>
<td></td>
<td>N/A</td>
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<tr>
<td>Joanne McGee</td>
<td>CFPC</td>
<td>Nunatsiavut</td>
</tr>
<tr>
<td>Ada Roberts</td>
<td>NP</td>
<td>Miawpukek</td>
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<tr>
<td>Eric Smith</td>
<td>CFPC</td>
<td>Qalipu</td>
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<tr>
<td>Carolyn Sturge Sparkes</td>
<td></td>
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<tr>
<td>Melanie van Soren</td>
<td>CFPC</td>
<td>N/A</td>
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<tr>
<td>Tracey Wentzel</td>
<td>RCPSC</td>
<td>Qalipu (unofficial)</td>
</tr>
</tbody>
</table>
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INDIGENOUS HEALTH IN CANADA

Discrepancy in health resulting from:

- Historical trauma of colonialism;
- Previous (and current) government initiatives;
- Individual and institutional discrimination;
- Impacts on traditional hunting and harvesting practices:
  - resource development;
  - climate change;
- Limited access to:
  - healthy and culturally preferred food choices;
  - clean water;
  - health and social services;
- Inadequate housing / living conditions;
- Substandard health care.
PRACTICE GAPS

What do physicians, nurses, and nurse practitioners need to know…

1. …about the language used to describe Indigenous Canadians?

2. …about Truth and Reconciliation and Canada’s colonial history, and how colonialism continues to impact Indigenous health in Canada?

3. …about cultural competence and cultural safety, in order to provide culturally safe health care to Indigenous Canadians, many of whom reside in rural and remote communities?
“Identifying the differences between cultural competency and cultural safety was very helpful and significant.”

- Guiding Committee
CONTINUUM OF CULTURAL COMPETENCE DEVELOPMENT

Stage 1
Cultural Awareness
OBSERVER

Stage 2
Cultural Sensitivity
OBSERVER

Stage 3
Cultural Competency
OBSERVER

Stage 4
Cultural Humility
OBSERVER

Stage 5
Cultural Safety
OBSERVED

How do I act upon my cultural awareness and sensitivity?

How open am I as a learner to understand someone else’s experience?

How safe, comfortable, and affirmed do my patients feel while being tended to in the clinic?

How are others the same and different from me?

How do my own cultural values influence what I see?
RELATIONSHIP-BUILDING

“I did see the importance of relationship building on a couple of occasions in the document which is great. I feel that the development of relationships with Indigenous Peoples and communities is essential for the foundation to working towards reconciliation.”

- Guiding Committee
“Elders have been the knowledge keepers and distributors for healing until assimilation brought with it diseases that were never prevalent among aboriginal people. This causes a struggle within the aboriginal population to the extent where elder knowledge has been threatened in not being able to alleviate their peoples needs especially in the medical field.

Sharing circles, between the elders of the reserve, and the respective Health care professionals would allow understanding, knowledge, and wisdom to be shared. This would give the Health care system a glimpse of aboriginal values and a means to start healing in these communities. These circles build trust and equality and thus advice and guidance will be the end result.”

- Guiding Committee
OVERALL PROGRAM

“In the development of the online module, I do hope that you are able to provide as much real-life content as possible, using videos, for example.

While I understand the necessity of using this medium, learning about Indigenous Peoples through online modules can be quite two-dimensional, and lacking in the richness of real experience.”

- Guiding Committee
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Program Team Recruitment ➔ Needs Assessment ➔ Develop Learning Objectives ➔ Develop Content Outline ➔ Develop Content and Activities

Needs Assessment ➔ Develop Learning Objectives ➔ Develop Content Outline ➔ File Accreditation Application ➔ Launch Module

Develop Online Learning Materials ➔ Review Online Materials ➔ Rework Online Materials

✓

✓
DRAFT LEARNING OBJECTIVES*

1. Summarize the Truth and Reconciliation process and the impact of colonialism on the health of Canada’s Indigenous Peoples.

2. Describe the health status of Indigenous communities in NL.

3. Discuss culture and how it relates to the concepts of body, health, and healing.

4. Outline Indigenous knowledge/s of the body, health, and healing.

5. Develop strategies for improving communications with Indigenous Peoples in a clinical setting.

* 21 November 2019
The first learning objective should be focused on the Indigenous Peoples and communities in NL: who they are; where they live; etc.
- Include a map of Indigenous communities in NL.
- Use positive language; don’t approach the module in terms of Indigenous health as deficient; highlight good things happening in the communities.
- Be more specific about the different models of health/healing for each of the different Indigenous groups.
  - Holistic Lifelong Learning Model (Inuit)
  - Medicine Wheel (First Nations)
- Defining cultural safety should be a learning objective.
- Structure around common themes and pull out different perspectives.
- Overall message should be humility.
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✓ ✓ ✓
NAKUMMEK!

TSHINASKUMITIN!

WELA’LIN!

THANK YOU!