PROJECT SNAPSHOT

Exploring Transferability of Indigenous Cultural Safety Training Programs within Ontario

Project Lead: Canadore College

Project Summary

There is an urgent need for Indigenous Cultural Safety (ICS) across health care settings that address systemic stereotyping and discrimination and that encourage opportunities to access and utilize strength based approaches to care with Indigenous populations (Allan & Smylie, 2015). Responding to this need are the Calls to Action identified through the Truth and Reconciliation (TRC). The TRC calls for increased skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism for health practitioners such as medical and nursing students and increased recruitment and retention of Aboriginal professionals on the healthcare field. Post-secondary education (PSE) is responding, with increased ICS initiatives, with substantial growth in the areas of staff and faculty training and the inclusion of ICS related content across curriculum.

Our project set out to identify and understand ICS programs happening across PSE, community and health organizations, and industry to explore potential pathway and transferability opportunities for learners. There is considerable ICS growth emerging from PSE Schools of Continuing Studies or Professional Development Centres, with four Micro-Credentials launched within the last year. Further, there is steady growth in community or health-based ICS training programs. The work happening in the area of cultural safety training targets Indigenous student and staff wellness and experience, faculty and staff skill development, retention of Indigenous learners by fostering culturally safety educational experiences and curricula, and the continued commitment of PSE to address the TRC calls to Action.

Literature highlights the inclusion of content relevant to ICS, such as Indigenous worldviews of health, healing, and wellness; history of colonization and assimilation polices and reflective practice in health science programs like nursing and medicine (Baba, 2013 & Royal College 2020). Understanding aspects of cultural safety currently included across curriculum and

programs will help us further understand transferability of such knowledge. Gaps highlighted include institutional awareness of ICS initiatives, the disconnection between ICS initiatives driven by student success services and those undertaken by academic programs, as well as limited knowledge on what constitutes cultural safety.

Emerging themes included:

1. Micro-credentials and professional Certificates through Schools of Continuing Education and Professional Development
2. The Inclusion of ICS Cultural Safety Learning Outcomes across curriculum, particularly within the health sciences, such as PGME and Nursing.
3. The impact of Regulatory Bodies in Driving Change
4. The impact and relationship of ICS growth to the TRC
5. The focus of ICS is on two main areas including retention of Indigenous learners in health programs in Canada and cultural competence curricula for Indigenous and non-Indigenous service providers who work with Indigenous peoples

Project Rationale

There is an urgent need for ICS across health care settings that address systemic stereotyping, discrimination, and that encourage opportunities to access and utilize strength-based approaches to care with Indigenous populations (Allan & Smylie, 2015). ICS includes cultural sensitivity, awareness, and competence, but also reflects history, racism, oppression, and marginalization as well as systemic long-term change (Baskin 2016). The well-established need for culturally safe healthcare aligns with recent Truth and Reconciliation recommendations to incorporate Indigenous knowledge in health practices and offer skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism for health practitioners (Churchill, Parent-Bergeron, Smylie, Ward, Fridkin, Smylie, and Firestone, 2017).

Literature on cultural safety suggests a focus on two main areas including retention of Indigenous learners in health programs in Canada and cultural competence curricula for Indigenous and non-Indigenous service providers who work with Indigenous peoples. The result is a focus on cultural safety education that either encourages Indigenous people to pursue health careers to ensure culturally safe care or encourages cultural safety education and awareness for existing human service providers to increase capacity – but little if any literature connects education and industry or explores long-term systemic change. There remains a broad consensus that cultural safety training programs will have little long-term impact on health care provider behaviours, patient outcomes, organizational transformation, and health inequities if they are developed and implemented without organization-wide and system-level support (Baba, 2013; Browne et al., 2015; Durey, 2010; Guerra & Kurtz, 2016).

The demand for ICS training continues to rise as major employers such as the Government of Ontario, child welfare agencies, justice and health sectors, and private organizations mandate ICS training for employees. Within the past five years, the Ontario Indigenous Cultural Safety Program has offered training to over 8,000 healthcare workers. In the past year alone, Canadore College has trained over 300 pre-and post-licensure professionals. Clearly, ICS is gaining momentum as worthwhile training in healthcare and beyond.

Our project responds to the need for training across multiple public health professions and the climate of reconciliation in PSE but also uniquely responds to the growing use of Inter-professional Education and simulation within health education. Controlled learning simulations have been directly demonstrated as positively impacting patient safety. Including the use of

simulated participants offer learners opportunities to collaboratively address common barriers identified by Indigenous populations when accessing health care, including but not limited to: lack of equal access to cancer screening and prevention programs, limited knowledge of Indigenous cultural healing and wellness practices among practitioners, and communication challenges in hospital settings (Ahmed & Episkenew, 2015; Shahid, Finn & Thompson, 2009). Exploring pathways between industry-based ICS professional development and PSE will provide an important snapshot of the current state of ICS arrangements that support the recognition/transferability of industry-based ICS training or professional development by PSE institutions. Our research will serve as a baseline for future comparisons and articulate the value of ICS competencies in PSE, for health organizations and professional bodies and others carrying out this valuable work.

Methods

We used a combination of web searches and informational interviews with staff at those institutions that currently offer ICS (along with any program documents these individuals can provide). We also included a survey to overcome the challenge of limited responses during COVID.

We also collected information for the environmental scan from web pages, fact sheets, reports, Publications, and other gray literature resources that are freely available to the public.

Information sources include:

- Ontario PSE websites
- Government agency websites
- Public health organizations
- Professional association websites
- Aboriginal health advocacy/ organization websites.

Limitations

- The project occurred during COVID-19. Because staff were transitioning to working from home, as well as transitioning into the summer layoff period for many support staff, there was poor uptake. Further, there appeared to be an extraordinary turnover of staff, as many first point of contacts were in Indigenous support services.
- Limited to those who responded, which was not always necessarily the most knowledgeable in cultural safety
- The continuum of cultural safety definitions across institutions
- Contacts were not familiar with the ICS related learning outcomes within courses
- Responses were not received from every invitation. This resulted in data gaps, despite sending an interview request and numerous other attempts to connect.
- Web-based searches were often limiting, producing information that primarily focused on student experience of cultural safety (e.g., training for faculty or staff).

Research Findings

There is an abundance of work happening in the realm of cultural safety across Ontario PSE. We noted considerable ICS growth in Schools of Continuing Studies or Professional Development Centres with four Micro-Credentials offered. The work happening in the area of cultural safety training is targeting Indigenous student and staff wellness and experience, faculty and staff skill development, retention of Indigenous of PSE to address the TRC calls to Action.

Literature highlights substantial growth in the inclusion of content relevant to cultural safety (Indigenous worldviews of health, healing and wellness; history of colonization and assimilation polices, reflective practice, to name a few) in the areas of health sciences, such as nursing and medicine (Baba, 2013 & Royal College, 2020). Exploring learning outcome pertaining to ICS across curricula will help us further understand transferability of such credits. However, institutional awareness of ICS initiatives and a disconnection between student success services and initiatives happening across academic programs remain significant barriers to identifying and tracking this information.

Overall, five key themes emerged from the environmental scan, including:

1. Growth in Micro-Credentials and professional Certificates through Schools of Continuing Education and Professional Development
2. The Inclusion of ICS learning outcomes across curriculum, particularly within the health sciences, such as PGME and Nursing.
3. The relationship of ICS to Regulatory Bodies
4. The TRC as a driving force in ICS work
5. The focus of ICS is on two main areas including retention of Indigenous learners in health programs in Canada and cultural competence curricula for Indigenous and non-Indigenous service providers who work with Indigenous peoples.

Of the ICS programs reviewed, zero had prerequisites, 4 had micro-credentials, 3 had certificates of completion, and one had an Indigenous Health Specialization. The length of programs varied from 3 to 14 hours with the larger cultural safety programs such as San'yas for example being 8-10 hours of online self-directed learning. Course instructors delivered the Micro-credentials, while the majority of community health driven programs were delivered through online self-directed modules. The Pilot Micro-credential programs secured additional funding to explore the development and implementation of micro-credentials.

Wise practice literature on Cultural Safety Curriculum suggest that programs:

1. Need to be evaluated
2. Need detailed program descriptions in order to be consistently and reliably implemented and evaluated
3. Would benefit from curriculum that focuses on power, privilege, and equity; is grounded in decolonizing, anti-racist pedagogy; and is based on principles from transformative education theory
4. Must be led by trained facilitators
5. Must be offered in effective learning spaces that both challenge resistance from non-Indigenous peoples, and support non Indigenous peoples to learn from their discomfort
6. Need to prioritize support for Indigenous learners
7. Cannot work in isolation

Literature indicates that cultural safety training programs "must be grounded in decolonizing, reflexive, anti-racist pedagogy to enable critical self-reflection and orient the curriculum towards the root causes of Indigenous health inequities" (Churchill; Parent-Bergeron; Smylie; Ward, Fridkin, Smylie, and Firestone, 2017).

Example content/modules of current programs reviewed included:

1. Indigenous People of Canada and Terminology
2. Major Historical Events from Indigenous Perspectives
3. Impacts of the Indian Act, Indian Residential Schools and the Sixties (60s) Scoop
4. Self-Awareness of Inter-generational Trauma

5. Colonization, Past and Present
6. Indigenous Worldviews and Wellness Practices
7. Respect and Reconciliation in Health Care
8. Indigenous Teachings and Advocacy in Health Care System Transformation
9. Existing Trends and Socioeconomic Conditions Impacting Indigenous Communities
10. Indigenous Determinants of Health
11. Creating Self Awareness that will Support in Establishing Relationships with Indigenous
1. Communities
12. Resources that will Support Further Self-directed Learning
13. Exploring the Health Impacts of Racism
14. Cultural Safety in the Classroom: Addressing Anti-Indigenous Racism in Education Settings
15. Addressing Anti-Indigenous Racism in Health Care: Strategies for Implementing System-level Change
16. Indigenous Health Equity: Examining Racism as an Indigenous Social Determinant of Health
17. Critical Race Theory and its Implication for Indigenous Cultural Safety
18. Deconstructing Racism Strategies for Organizational Change
19. Racism, Reconciliation, and Indigenous Cultural Safety
20. Setting the Context for Indigenous Cultural Safety: Facing Racism in Health

Future Research

Continued work is needed to support institutional and system level ICS initiatives and vision. ICS initiatives need to connect to academic programs, student and staff services, and strategic directions and mandates within and between institutions as well as to industry. A strong ICS landscape will uncover and promote uncharted student pathways and transfer opportunities related to ICS.

This project highlights the importance of cultural safety being incorporated within all aspects of PSE. ICS needs to be clearly defined and connected to driving forces such as the TRC and regulatory bodies and acknowledged within institutional strategic plans and policies. We need culturally safe, informed employees and learners. We need to ensure stakeholders across the PSE sector have a unified ICS vision that supports institutions undertaking this important work. Further exploration into the link between ICS and the increased recruitment, retention and success of Indigenous learners and faculty is also recommended to understand further benefits of ICS.

A more in-depth understanding of ICS within PSE is needed, including case studies that connect ICS PSE initiatives to industry and that profile lived experiences of Indigenous learners, staff and faculty and Indigenous communities. Further, creating a common ICS pathway /specialization for Indigenous learners offers a unique pathway opportunity for Indigenous learners and responds to the TRC.

Student Outcomes

Last, ICS learning outcomes overlap greatly with the content of many Indigenous health and social welfare programs, such as Indigenous worldviews of healing and wellness; Indigenous histories; the present day contexts of colonization; Indigenous medicines, helpers and healers; Indigenous determinants of health to name a few etc. As one example, many of the learning outcomes found within Canadore College's Indigenous Wellness and Addiction Prevention program map to Biigiiweyan's Cultural Safety Training program learning

outcomes.

There is untapped potential for Indigenous learners, if we can harness ICS relevant course content to Indigenous undergraduate programs, having learners come out with ICS credentials or specialization. Mapping ICS content across Indigenous health, wellness and social service programs offers opportunities to support Indigenous learners in coming out with additional ICS credentials/specialization that are increasingly being expected at the industry level. Further, there is also potential to harness ICS for Indigenous student retention and pathways in health science programs, starting from Indigenous preparatory programs, to undergraduate programs, to professional programs in PGME, to graduate programs and employment.

Programs such as the University of Toronto's Collaborative Specialization in Indigenous Health is an example of this approach at the graduate level. Graduate students receive the notation "Completed Collaborative Specialization in Indigenous Health" on their transcript and parchment and graduating students will have received knowledge of Indigenous health issues, ways of knowing, and understand cultural safety as well as connect with Indigenous knowledge holders and experts.

Institutional Outcomes

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Sector/System Implications

Cultural safety is closely related to other concepts commonly referred to in the delivery of culturally appropriate healthcare and is "positioned at one end of a continuum that begins with cultural awareness, moves through cultural sensitivity and cultural competency, and ends with cultural safety as a step-wise progression" (Churchill et al., 2017, p. 3). Individually, cultural awareness, cultural sensitivity, and cultural competence are important; however, none account for systemic obstacles that promote inequity (Browne et al., 2009).

Whereas cultural competence emphasizes "a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that

system, agency, or those professionals to work effectively in a cross-cultural situation" (Cross, Bazron, Dennis, & Isaacs, 1989, p. 28), cultural safety moves beyond a focus solely on the role of the practitioner to examine the structural power imbalances inherent to helping relationships between patients and health practitioners, and indeed the health care system as a whole. Accordingly, cultural safety "shifts power and authority to the Indigenous patient receiving care, who is given the ultimate say in whether care provided was culturally safe or not" (Yeung, 2016, p. 4). To this end, cultural safety includes factors such as history, racism, oppression and marginalization, and the experiences and needs of Indigenous populations (Baskin 2016).

Continued work is needed to support institutional and system level ICS initiatives and vision. ICS initiatives need to connect to academic programs, student and staff services and strategic directions and mandates within and between institutions, as well as to industry. A strong ICS landscape will uncover and promote uncharted student pathways and transfer opportunities related to ICS.