

Indigenous Health

An outline of the journey toward developing physicians who are grounded in Indigenous worldviews, responsive to community needs, and accountable to the populations they serve.

Immersion , Collaboration and Community Engagement

Walking the Path Together - connection, reciprocity, and co-learning with Indigenous communities.

- Community-based and land-based learning experiences in urban, rural, and remote settings
- Opportunities for collaborative learning alongside community Elders, Knowledge Keepers, and health providers
- Exposure to traditional healing and Indigenous models of wellness.
- Building long-term, reciprocal partnerships with Indigenous health leaders and organizations.

Reflection and Integration: Cultural Safety and Health Systems

Growth through reflection and relationship

- Reflective practice and examination of bias in patient care.
- Understanding Indigenous-specific racism and pathways to anti-racist practice.
- Understanding Canadian health systems serving Indigenous populations
- Applying cultural safety and humility in all areas of healthcare delivery.

Grounding in Indigenous History and Worldviews

Understanding the Past to Inform Healing

- History and legacy of colonization, residential schools, and intergenerational trauma.
- Introduction to Indigenous worldviews, values, and community-based wellness.
- Cultural safety, humility, and awareness of unconscious bias.
- Understanding Treaties, UNDRIP, and the Truth and Reconciliation Commission (TRC) Calls to Action.

Indigenous Health in University of Saskatchewan UGME Curriculum Inventory (2018)

This inventory reflecting current curriculum is formatted in alignment with the Truth and Reconciliation Commission Report: Calls to Action that are of relevance for undergraduate medical education. These would include items 19 and 22-24. Although individual learning experiences may be categorized related to one Call to Action, there is substantial overlap between these categories. Future curricular enhancements and planning within this theme will strengthen our response to the Calls to Action.



TRC- Call to Action #24:

We call upon medical and nursing schools in Canada to require all students to take a course dealing with Indigenous health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Indigenous rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Year 1:

- **Medicine & Society I:**
 - **Indigenous Peoples: History and Health**
 - Explain the terminology used to describe Indigenous people in Canada (along with some of the implications of this terminology).
 - Explain the value of the diversity of voices in our community of learners including the richness of the stories we each bring.
 - Explain the socio-cultural context of Indigenous peoples in Canada.
 - Explain some of the cross-cultural issues faced by Indigenous peoples in Canada and the implications for health promotion and medical practice.
 - **Indigenous Peoples: Strength, resilience, healing and wellness through the generations I & II**
 - Describe strength, resilience and healing.
 - Describe residential schools in Canada as well as the laws and rules that were used to ensure attendance and the connection between the residential school experience and health outcomes.

- Compare and contrast Indigenous child welfare today with that of the 'Scoop era' including examples and principles.
- Explain intergenerational trauma in the Canadian indigenous context and its effects on health.
- Explain cultural safety and the cultural responsiveness framework.
- Analyze specific instances of racism experienced by Indigenous people interacting with the health care system and discuss the impact.
- Using specific examples from Indigenous people's experience with health care in Saskatchewan, propose strategies for improving cultural safety and improving health outcomes.
- **Collaborative Care**
 - Describe the role of racism and oppression in our health care system, and the effect on patient encounters.
 - Discuss team membership and best practices for teams to work together to achieve appropriate and safe patient care.
 - Discuss differences between anti-racism and cultural safety in terms of patient context.
 - Describe approaches to identify levels of trauma and address care issues arising from that context.
- **Other course components** *(related but not specific to Indigenous Health):*
 - Bias workshop
 - Micro-aggressions workshop
 - Inter-cultural Development Inventory Completion
 - Description: Completion of the Inter-cultural Development Inventory (IDI) to assess both individual and group cultural competency.

TRC Call to Action #23:

iii. Provide cultural competency training for all health- care professionals.

Year 1

- **Medicine & Society I**
 - **Cultural Safety and Competency:**
 - Discuss the similarities and differences related to cultural awareness, cultural sensitivity and cultural safety.
 - Describe ways to apply these principles within patient, family, and community centered care.
 - Given a scenario involving First Nations, Inuit and Métis patients, families and/or communities, describe how to engage in culturally appropriate, evidence-informed care paying particular attention to ethical considerations and relationships.

- Clinical Experiences in the Community- various sites; Consists of one week clinical observership experience in a rural/remote or urban underserved community.
- Describe how various physician (CanMEDS) roles can contribute to the overall well-being and health of patients, families, communities, and populations.
- Explain how physicians can collaborate with community members to contribute to health-related needs and community initiatives.
- Discuss factors that impact patients and communities encountered during your experience.
- **Clinical Skills I**
 - **Introduction to Cultural Safety**
 - Describe a six-staged model of cultural proficiency most commonly used in health care setting.
 - Explain the ways in which cultural sensitivity and cultural safety articulate with this model.
 - Discuss implications of cultural safety in clinical practice.

Year 2

- **Clinical Skills II-IV**
 - Incorporate cultural safety in patient interviews

Year 3+4

- **Clinical Clerkship Options**
 - **Urban/Regional Family Medicine Rotation**
 - **Prince Albert**
 - **Rural Family Medicine Rotation**
 - **La Ronge** - Pinehouse, Stanley Mission (Lac La Ronge Indian Band), Wollaston Lake (Hatchet Lake First Nation), Southend (Peter Ballantyne Cree Nation).
 - **Ile a la Crosse** - Beauval, Buffalo River First Nation, Patuanak (English River First Nation), Buffalo Narrows.
 - **North Battleford**
 - **Meadow Lake**
 - **Longitudinal Clerkship**
 - **La Ronge (hybrid with North Battleford)**
- **Core Rotations in Clerkship: (the following Core Rotations objectives are aligned with the Program objective: Demonstrate culturally safe and respectful care of all patients including First Nations, Inuit and Metis)**

- o Demonstrate the skills and attitudes necessary to communicate with patients and families in a respectful, culturally-competent and sensitive manner.
- o Demonstrate an awareness of cultural and socio-economic issues that impact patient and population health.
- o Demonstrate professional behavior through punctuality, appropriate attire, and respectful attitudes to patients, families and other health care providers.
- o Recognize gender and cultural biases that exist personally, in others, and in the health care system.
- o Recognize and be sensitive to personal biases.
- o Participate in care of patients in a culturally safe and respectful manner.
- o **Selected Topics in Clerkship**
 - o **Indigenous Health**
 - Describe the diversity amongst First Nations, Inuit and Metis communities with consideration of their various perspectives, attitudes, beliefs and behaviours –
 - Describe the connection between the historical and current government practices towards First Nations, Inuit and Metis peoples and the intergenerational health outcomes that have resulted
 - Describe how the medical, social and spiritual determinants of health and well-being for First Nations, Inuit and Metis peoples impact their health
 - Describe the various health care services that are delivered to First Nations, Inuit and Metis peoples
- **Preparation for residency training**
 - **The Role of Practitioners in Indigenous Wellness**
 - o Identify how your background and culture influences both your health care experiences and the care you provide.
 - o Explore how cultural genocide led to intergenerational trauma that impacts the health and wellness for Indigenous peoples.
 - o Identify how the current health disparities and institutional experiences including racism faced by Indigenous peoples have their roots in historical colonialism and policy.
 - o Explain how reclaiming Indigenous culture and beliefs may allow for healing.
 - o Identify ways you can enhance your practice to ensure culturally responsive, anti-oppressive and anti-racist care for Indigenous Peoples.
 - o Develop communication strategies that promote culturally responsive health care for Indigenous Peoples in your area of practice.

TRC Call to Action #22

We call upon those who can effect change within the Canadian health-care system to recognize the value of Indigenous healing practices and use them in the treatment of

Indigenous patients in collaboration with Indigenous healers and Elders where requested by Indigenous patients.

Year 1

- **Foundations I**
 - **Mental, Social-Emotional, Cultural and Spiritual Health and Health Promotion/Illness Prevention**
 - Explain the ways and to what extent different cultural contexts and changes or losses of these contexts can affect child and adult health and wellness.
 - Identify opportunities to improve patient care with consultation of members of the interprofessional health care team.
- **Medicine & Society I**
 - **Indigenous Experience Sessions**
 - Experience Indigenous health cultural teachings including traditional medicine and healing traditions.

Year 2

- **Foundations of Clinical Medicine IV**
 - **Reproductive Health: Indigenous Birthing Health**
 - Assess the barriers to timely and adequate access of the Indigenous population to obstetrical services during regular and high-risk pregnancies.
 - Recognize the elements of relevant traditional birthing practices in First Nations and Métis communities.
 - Discuss culturally safe care, reviewing social determinants, cultural context and power differentials that occur in provision of health care and its effects/implications regarding care of the pregnant mother.

Year 4

- **Indigenous Health Electives**
 - Regina
 - Wellness Wheel
 - MACSI
 - First Nations and Metis Health
 - All Nations Healing Hospital (Fort Qu'Appelle)
 - Qu Appelle Valley Friendship Center
 - All Nations Hope Network
 - Newo Yotina Friendship Centre
 - Saskatoon
 - First Nations and Metis Health
 - MACSI
 - Saskatoon Tribal Council Health Centre
 - First Nation Health Ombudsperson Office

- Prince Albert
 - MACSI
 - Sturgeon Lake Health Centre/Victoria Hospital
 - Prince Albert Indian Metis Friendship Center
- La Ronge

TRC Call to Action #19:

We call upon the federal government, in consultation with Indigenous peoples, to establish measurable goals to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities, and to publish annual progress reports and assess long- term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and **the availability of appropriate health services.**

Year 1

- **Foundations I**
 - **Mental, Social-Emotional, Cultural, and Spiritual Health and Health Promotion/Illness Prevention**
 - Describe pros and cons of using the concept of ‘milestones’ in child development.
 - Describe the potential lasting impact of adverse childhood experiences.
 - Discuss how physical and cognitive-emotional changes through childhood to aging have implications for medical practice.
 - Explain the ways and to what extent different cultural contexts and changes or losses of these contexts can affect child and adult health and wellness.
 - Identify opportunities to improve patient care with consultation of members of the interprofessional health care team
 - Human Life Course and Biopsychosocial
 - Explain how historical, social, economic, and cultural backgrounds affect families (contexts, functions, roles, size, form) and health.
 - **Health Promotion/Illness Prevention**
 - Apply at an introductory level, the basics of health promotion/illness prevention and have an approach to patient education around health promotion/illness prevention.
 - Examine the roles of the interprofessional team and how they might best contribute to safe, efficient, and equitable delivery of patient care.
 - **Endocrine: Diabetes – Specific Populations**
 - List and describe unique diabetes management considerations in the Indigenous population.
 - **Social Determinants of Health**

- Recognize social determinants of health and potential impact on health promotion and illness prevention.
 - Describe age and culturally appropriate approaches to counselling patients/caregivers towards anticipatory care.
 - Describe roles for physicians in connecting patients with community resources.
- **Medicine & Society I:**
 - **Lecture Panel: Suicidality**
 - Explain some of the theories that explain suicide
 - Explain the major risk and protective factors related to suicidal and the implications for medical practice
 - Explain intervening or lowering suicide risk
- **Medicine & Society II:**
 - **Ethics: Racism and Prejudices in Healthcare**
 - Explain the ethical and legal requirements pertaining to Indigenous health and Equity Deserving Groups.
 - Describe how ethical values and principles can be in tension or conflict and how biases can impact decisions and outcomes in Indigenous Health and Equity Deserving Groups.
 - Demonstrate proficiency in analytic reasoning and critical thinking to justify a perspective and course of action in the management of Indigenous Health and Equity Deserving groups.
 - **Health Equity and Social Determinants of Health**
 - Define health equity/inequity, describe its measurement and examples.
 - Explain how populations may encounter barriers with respect to health services and good health integrating these factors in approaches to patient care.
 - Define social determinants of health and explain how they influence health status with examples.
 - Explain how social determinants of health influence health status: Effects and interventions related to selected determinants of health.
- **Medicine & Society IV:**
 - **Lecture Panel: Advocacy and Leadership in Addictions Medicine**
 - Explain the range of addictions in human life and the field of health care using concrete examples
 - Given a patient situation, recognize addictive behavior compared to non-addictive
 - Explain the similarities and differences between substance use disorder and other types of addictions

- Explain the principles and modalities of substance use treatment programs including harm reduction.
- Explain the common etiology of substance use disorder or dependence
- Describe how physicians can advocate for patients with addictions.

Year 2

○ **Medicine & Society III**

○ **NIHB and Indigenous Health Issues**

- Review Indigenous Healthcare legislation
- Describe the gap between health status and health care among indigenous people and the rest of Canada
- Understand the importance of traditional medicine and knowledge for primary care among indigenous communities
- Discuss the challenges related to access to healthcare to remote/rural communities

○ **Health Care Systems in Canada**

- Explain the role of the federal government, the provinces and territories, health regions, and WCB
- Discuss the implications for health care delivery and reform
- Explain **Jordan's Principle** and implications for interagency coordination.
- Review the history of Medicare.

○ **Making the Links/ Global Health Certificate**

- CHEP 402/403 Global Health I & II
- CHEP 410 Inner City Practicum
- CHEP 411 Northern Saskatchewan Practicum
- CHEP 415 International Practicum

