

# Indigenous Health

*As physicians and as a College of Medicine and a Health Care System we have an obligation to be socially accountable to the populations we serve, locally, provincially and more broadly.*

## **INDIGENOUS HEALTH:**

The University of Saskatchewan Indigenous Health specific curriculum is outlined in the framework of the **Truth and Reconciliation Commission of Canada: Calls to Action**. Students are encouraged to access this document at the link below.

[http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls to Action English2.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls%20to%20Action%20English2.pdf)

The 2018 curriculum inventory is detailed on pages 2-6 of this roadmap.

## **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 particular 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.

### **Medicine & Society I:**

- **Indigenous People: History (1 hour):**
  - 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.

### **Medicine & Society I**

- **Intergenerational trauma (3 hours):**

- 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'.
- Explain intergenerational trauma in the Canadian indigenous context and its effects on health.
- Explain colonialism and distinguish between examples and non-examples in the Canadian Indigenous context.
- Demonstrate an intention to work for change in health care and the determinants of health with (as opposed to for) Indigenous people(s) within a decolonizing framework.

### **TRC Call to Action #23:**

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

### **Medicine & Society I**

- **Cultural Safety/Competency (1 hour):**

- Discuss the similarities and differences related to cultural awareness, cultural sensitivity and cultural safety. (Medical Expert) (Communicator) (Health Advocate)
- Describe ways to apply these principles within patient, family, and community centered care. (Medical Expert) (Communicator) (Health Advocate)
- 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. (Medical Expert)

### **Clinical Integration II**

- **iPBL First Nations Culture, Health & Healing 1&2 (4 hours):**

- Discuss the challenges to maintenance of health with this client and the logistics of these challenges related to all of the relevant "Determinants of Health" with particular reference to socio-economic determinants of health.
- Investigate available community resources to assist in achievement of treatment goals.
- Determine useful communication approaches based on an understanding of the client's usual communication style and the implications for management.
- Identify the "gender, age and race issues" which may arise from interactions between health providers and persons from First Nations communities, and strategies to address these effectively.

### **Clinical Skills II-IV: Communication Skills:**

- Incorporate cultural safety in patient interviews

**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)**

- Demonstrate professional behavior through punctuality, appropriate attire, and respectful attitudes to patients, families and other health care providers.*
- Recognize gender and cultural biases that exist personally, in others, and in the health care system.*
- Recognize and be sensitive to personal biases.*
- Participate in care of patients in a culturally safe and respectful manner.*

**Selected Topics in Clerkship:**

- **Indigenous Health (2 hours)**

- 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*

**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.

**Medicine & Society I & II:**

- **Arts & Humanities—multiple stream options including: Wanuskewin**

- With the guidance of staff at Wanuskewin, students will explore cultural and historical perspectives of health and healing in an archeological setting. Students will be out of doors and on trails for some or all of these sessions.*
- Analyze the meaning of their interactions with patients' medical experiences using metaphor or other representational formats*
- Express his/her own experiences and responses to the influence of an arts/humanities experience on their perceptions of patient experience*
- Describe alternative perspectives of illness and healing*

**Foundations of Clinical Medicine III:**

- **Reproductive Health:**
- **Indigenous Health (1 hour):**

- Assess the barriers to timely and adequate access to obstetrical services during regular and high-risk pregnancies.
- Recognize the elements of relevant traditional birthing practices in First Nations and Métis communities and where appropriate, incorporate these into patient care.
- To consider 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.

### **Clerkship Electives in Indigenous Health**

- **All Nations Healing Hospital**
  - *Fort Qu'Appelle*
    - *This unique elective places you in an interdisciplinary team of health care providers and engages you in patient-centered care in a rural community. All Nations Healing Hospital also has a holistic healing center (White Raven Healing Center) dedicated to residential school outcomes, addictions, abuse, family counseling, and crisis interventions.*
    - *Areas of the facility and grounds have been reserved for traditional health and wellness activities, including a Ceremony Room (where smudge and other ceremonies can take place), a Winter Lodge (where sweat lodge ceremonies are held several times a week), a Medicine Room (where traditional medicines can be processed and shared), and an Elders' Suite (where Elders may hold ceremonies, or simply rest while they are on site).*
- **Whitecap Health Center**
  - **Whitecap Dakota First Nation**
    - *At Whitecap Health Centre students will work with the NP, mental health specialist, school staff, and community members to learn about Indigenous community health programs and initiatives.*

### **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.**

### **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

- **Lecture Panel: Addictions**

- Explain the range of addictions in human life and the field of health care using concrete examples
- Given a patient situation, recognize addictive behaviour compared to non-addictive
- Explain the similarities and differences between addiction to substance abuse and other types of addictions
- Explain the potential modalities for treatment of and healing from addictions
- Explain the principles of substance abuse treatment programs
- Explain the common etiology of substance abuse or dependence

### **Medicine & Society III**

- **NIHB and Indigenous Health Issues (1 hour)**

- 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

### **Medicine & Society IV (Term 3):**

- **Health Care in Canada (1 hour)**

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

### **Medicine & Society II**

- **Health Equity and Social Determinants of Health (2 hours)**

- Define health equity/inequity, describe its measurement and examples.
- Explain how populations may encounter barriers with respect to health services and good health.
- Explain how social determinants of health influence health status.

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

- Currently the only undergraduate certificate in Global Health in Canada
- Northern Rural/Indigenous Health Component
- Course and Experiential Components:
  - CHEP 402/403 Global Health I & II
  - CHEP 410 Inner City Practicum
  - CHEP 411 Northern Saskatchewan Practicum
  - CHEP 415 International Practicum

