Patient & Community Partnership for Education

informed and shared decision making

BRINGING PATIENTS AND SOCIETY BACK INTO THE SOCIAL ACCOUNTABILITY OF A MEDICAL SCHOOL

A project intended to help UBC, and other Canadian medical schools engage directly with the public and patients to fulfill their mandate of social accountability: to define and address the priority health concerns of the populations they have a responsibility to serve.

Funded by the Royal College of Physicians and Surgeons of Canada through the Royal College/Associated Medical Services CanMEDS Research Grant.

Special Considerations: Bringing Indigenous Patients and Public into the Social Accountability of Our Medical School

March 2022

REPORT 3

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THE UNIVERSITY OF BRITISH COLUMBIA

Office of the Vice-President, Health

UBC Health

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Bringing Patients and Society Back into the Social Accountability of a Medical School

Project Reports

Report 1	Patient and Public Engagement: A Review of Practical Guides	Created by: Cathy Kline, Patient & Community Partnership for Education
Report 2	An Environmental Scan of Methods for Patient and Public Engagement	Created by: Jordan Williams-Yuen, 4th Year Medical Student
Report 3	Special Considerations: Bringing Indigenous Patients and Public into the Social Accountability of Our Medical School	Created by: Alicia Liang, 4th Year Medical Student
Report 4	Patient and Public Consultations	Created by: Angela Towle & Cathy Kline, Patient & Community Partnership for Education and Kenneth Ong & Lucy Wang, 1st Year Medical Students
Report 5	Synthesis Report and Recommendations	Created by: Angela Towle, Patient & Community Partnership for Education

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Executive Summary

Indigenous peoples of Canada share a history of colonization that have resulted in significant health inequities between Indigenous and non-Indigenous peoples. As a medical school, engaging Indigenous peoples in a way that supports Indigenous self-determination and Indigenous health and wellness practices is central to healing this legacy of colonization, and is different from our approach to engaging patients and public more generally. Indigenous peoples in BC have expressed interest in being involved in the education of health professionals, recognizing the opportunity such involvement affords to unsettle stereotypes, address systemic racism, and transform the hearts and minds of future physicians to better serve Indigenous peoples. This report aims to identify and discuss wise practices for health professional school engagement with Indigenous patients and public to inform the next phase of our participatory research project, 'Bringing patients and society back into the social accountability of a medical school' funded by the Royal College of Physicians and Surgeons of Canada.

The following wise practices were identified from a targeted review of the academic and grey literature:

1. "Nothing about us without us" – the right to self-determination.
2. Preparation, critical self-reflection and cultural safety.
3. Engagement driven by sincere relationships that humanize, heal and foster trust and understanding.
4. 'Two-eyed seeing' that positions Indigenous and Western knowledges and worldviews as equal.
5. Appropriately incorporating Indigenous culture to make engagement more relevant and relatable.
6. Attention to Indigenous diversity.

The following wise practices were identified from interviews with five key informants with experience and expertise engaging with Indigenous peoples to advance the social accountability of health professional education:

1. Relationship-first
2. Reciprocity and mutual benefit
3. Restoring power; Indigenous self-determination
4. Preparation
5. Indigenizing spaces
6. Collaboration across communities, institutions, sectors and jurisdictions
7. Strengths-based
8. Diversity-focused
9. Recognizing tokenism as a barrier to Indigenous engagement.

The report includes a list of useful and important resources for engaging with Indigenous communities.

1. Introduction

Why do Indigenous patients and public warrant special consideration?

Non-targeted engagement frequently overlooks populations that are more marginalized or 'difficult' to engage, which can reinforce existing power structures (Tremblay et al., 2020). Indigenous peoples of Canada share a history of colonization. Policies and processes were systematically introduced to secure access to traditionally Indigenous lands and resources, and to oppress, marginalize, exploit and assimilate Indigenous peoples, through displacement onto reserves, residential schools, Indian hospitals, experimentation, the Sixties Scoop, denial of rights, exclusion from national health surveys, commercialization of Indigenous art and plant knowledge without Indigenous peoples' consent or benefit, and more. These colonial practices led to significant loss of language, culture, teachings, traditional health and wellness practices, family and community ties and identity; intergenerational traumas; avoidance and wariness of powerful mainstream institutions; and widespread and systemic Indigenous-specific prejudice, discrimination and racism including in our health care system (Turpel-Lafond, 2020), resulting in significant health inequities between Indigenous and non-Indigenous peoples. As a medical school, engaging Indigenous peoples in a way that supports Indigenous self-determination and Indigenous health and wellness practices is central to healing this legacy of colonization (Jones et al., 2019), and is different from our approach to engaging patients and public more generally.

Indigenous peoples in BC have expressed interest in being involved in the education of health professionals, recognizing the opportunity such involvement affords to unsettle stereotypes, address systemic racism, and transform the hearts and minds of future physicians to better serve Indigenous peoples (Leeuw et al., 2021).

Background

In 2007, the General Assembly of the United Nations adopted the UN Declaration on the Rights of Indigenous Peoples (UNDRIP). This Declaration defined the rights of all Indigenous peoples, emphasizing above all the right to self-determination, to participate in developing policies and programs that impact their health and wellness (United Nations, 2007). The Truth and Reconciliation Commission's (TRC) Report and Calls to Action in 2015 increased public awareness about health disparities between Indigenous and non-Indigenous people in Canada, situated these as the persistent consequences of the Indian Residential Schools system, and recognized UNDRIP as the framework for Reconciliation (Truth and Reconciliation Commission of Canada, 2015). In 2019, the Government of British Columbia passed the Declaration on the Rights of Indigenous Peoples Act. In 2021, the Government of Canada passed Bill C-15, beginning the process of putting UNDRIP into law at the provincial and federal levels.

In 2006, the Association of Faculties of Medicine of Canada (AFMC) first partnered with the Indigenous Physicians Association of Canada (IPAC) on efforts to improve Indigenous health. In response to the TRC and UNDRIP, faculties of medicine across Canada have renewed their commitment to increasing the number of Indigenous health care professionals and educating students in Indigenous health issues, cultural safety and anti-Indigenous racism. In 2021, the UBC Faculty of Medicine published its response to the TRC Calls to Action (UBC Faculty of Medicine, 2021) which described the faculty's current state and future commitments with respect to social accountability for Indigenous health, building on actions recommended in the AFMC Joint Commitment to Action on Indigenous Health (Anderson et al., 2019).

Report Purpose

This report aims to identify and discuss wise practices for health professional school engagement with Indigenous patients and public and provide recommendations for the next phase of our participatory

research project, 'Bringing patients and society back into the social accountability of a medical school' funded by the Royal College of Physicians and Surgeons of Canada.

Planned engagement with Indigenous patients and public will contribute to the following UBC Faculty of Medicine responses to the TRC actions:

- The UBC Faculty of Medicine will work with Indigenous Nations, peoples, communities, and organizations to provide opportunities and resources needed to participate in all relevant activities, including the admissions processes, teaching, hosting learners, research and scholarship, and faculty development, among others.
- The UBC Faculty of Medicine is committed to its social accountability mandate with respect to Indigenous peoples and will work collaboratively with them and their Nations, communities and organizations to develop specific and achievable Indigenous health, education and research goals and to co-establish regular reporting mechanisms on progress.

2. Literature Review of Wise Practices

The following wise practices were identified from a targeted review of the academic and grey literature using key words 'indigenous', 'engagement', 'principles', 'methods', 'barriers' and 'toolkit'. Articles and reports were selected based on their relevance in guiding our planned Indigenous engagement. This literature was primarily descriptive in nature, but there was significant consensus on the following wise practices. Grounding in these will bring us closer to reconciliation.

1. **"Nothing about us without us"** means that Indigenous peoples have the right to self-determination, to be informed about, and able to fully participate in, any policy, planning or program development that will impact them, and to own, control, access and possess their knowledge and data. Moreover, when approached for engagement, they have the choice to engage or not engage based on alignment with their values and priorities. The term 'stakeholder' should not be used when engaging Indigenous peoples because engagement is part of their constitutionally protected right to self-determination as Nations. Respecting Indigenous self-determination is essential to restore power, build capacity, and remedy the harms of colonization, a fundamental determinant of Indigenous health (Brunger & Wall, 2016; Cultural Safety Attribute Working Group, 2019; Shelter Support and Housing Administration, 2019; Turpel-Lafond, 2020; United Nations, 2007).

2. **Preparation** entails learning how history, policy and colonialism have impacted life, culture, health and healthcare for Indigenous peoples and critically self-reflecting on how to engage in a culturally safe way. **Critical self-reflection** requires developing the capacity to recognize how our social location, power and privilege impacts our relationships with Indigenous peoples, and to unlearn the colonial norms, values and biases acquired through our years living as settler-Canadians within colonial systems and structures. Uncritical Indigenous engagement can lead to engagement fatigue due to various groups approaching Indigenous peoples to ask similar questions and then leaving once they have the data, without providing participants with any benefits or solutions. It is important as part of our preparation process to canvas for any similar initiatives at UBC with which we may align to reduce the burden of engagement. **Cultural safety** means recognizing and striving to eliminate discrimination and power imbalances between Indigenous and non-Indigenous peoples to create an environment where Indigenous peoples feel safe, as determined by Indigenous peoples themselves. Cultural safety is promoted by involving, and compensating as appropriate, Indigenous people such as Elders and experienced facilitators, who can draw on cultural practices, protocols

and teachings, guide appropriate engagement design, screen for cultural unsafety, help non-Indigenous partners reflect on and remedy mistakes, facilitate introductions, and overall improve Indigenous participation by inspiring greater trust and anticipating and planning for Indigenous-specific engagement challenges (Allen et al., 2020; Brunger & Wall, 2016; Cultural Safety Attribute Working Group, 2019; Hudson & Maar, 2014; Jones et al., 2019; Lavallee et al., 2009; Leeuw et al., 2021; Turpel-Lafond, 2020).

3. Due to Indigenous peoples' experiences with mistreatment and exploitation, it is important for engagement to be driven by sincere **relationships** that humanize, heal, and foster trust and understanding. This allows for reciprocity and mutual benefit. Given our institutional positions of privilege, we must make a conscious effort to balance power in our relationships. This may involve: meeting Indigenous people in Indigenous spaces where we are the visitors; being transparent and upfront about how each will benefit from our engagement, and what our engagement can and cannot offer, allowing Indigenous people to make informed decisions about involvement; having Indigenous priorities and protocols guide overall direction and evaluation of success; keeping everyone updated on findings and what is happening, for example through a website or social media page; and inviting and being responsive to feedback, ideas and invitations throughout the process (Indigenous Research Support Initiative, 2018; Lavallee et al., 2009; Northern Ontario Medical School, 2003; Shelter Support and Housing Administration, 2019; Wilson, 2014).

4. **"Two-eyed seeing"**, a concept initially developed by Mi'kmaw Elder Albert Marshall and adopted by the Canadian Institutes of Health Research in 2011, involves embarking on a co- teaching and learning journey with Indigenous peoples that positions Indigenous and Western knowledges and worldviews as equal and weaves together their strengths to best address Indigenous health. This requires us to adopt a position of **cultural humility**, acknowledging that our way of knowing, doing and being is just one of many ways, and respecting the expertise of Indigenous peoples when it comes to their own experiences. **Strengths-based** means identifying, honouring and building on Indigenous expertise, capacity and successes as the starting point for engagement, to combat harmful stereotypes of Indigenous needs, gaps and deficits, and shift towards a more accurate and empathy-building representation of Indigenous peoples (Bartlett et al., 2012; Cultural Safety Attribute Working Group, 2019; Leeuw et al., 2021; Lewis & Prunuske, 2017; Sylliboy & Hovey, 2020; Turpel-Lafond, 2020).

5. Appropriately incorporating Indigenous **culture** can help make engagement more relevant and relatable. This may include: artwork and material culture that signal welcome for Indigenous peoples; Elder-led opening and closing ceremonies that ground the engagement in traditional teachings; longer traditional narrative introductions that locate ourselves, who we are, where we are from and what brings us to this shared space; learning circles hosted by an experienced Indigenous facilitator following traditional protocols to promote open, organic and inclusive dialogue; and providing participants with traditional foods from Indigenous-owned restaurants (Allen et al., 2020; Northern Ontario Medical School, 2003; Sheedy, 2022; Turpel-Lafond, 2020; Wilson, 2014).

6. Attention to Indigenous **diversity** is necessary to counter the dehumanizing tendency to pan-Indigeneity, generalizations and stereotyping. Indigenous Nations differ in their languages, cultures, histories, priorities, resources and more. Indigenous people differ in their identities, interests, levels of cultural connection, perspectives on history and more. We must acknowledge and honour these differences and create a safe space for all (Aboriginal Strategic Committee, 2008; Bartlett et al.,

2012; Northern Ontario Medical School, 2003; Shelter Support and Housing Administration, 2019; Tremblay et al., 2020).

Resources

- A critical reflection tool for Indigenous engagement: https://afmc.ca/sites/default/files/pdf/IPAC-AFMC_Health_Critical_Reflection_Tool_EN.pdf
- Indigenous Engagement and Cultural Safety Guidebook. See Appendix A for a (very) useful list of contacts who may be able to connect us with Indigenous patients and public for engagement: https://www.pcnbc.ca/media/pcn/PCN_Guidebook-Indigenous_Engagement_and_Cultural_Safety_v1.0.pdf

3. Environmental Scan of Wise Practices

The following wise practices were identified from interviews with key informants with experience and expertise engaging with Indigenous peoples to advance the social accountability of health professional education. Potential interviewees were identified through my process of reviewing the literature, online searches, and snowball sampling through contacts of initial informants. I contacted 19 potential key informants by e-mail of whom five (three indigenous and two non-indigenous, from two universities, representing perspectives of staff and faculty, from medicine and pharmacy) were available within the two-week interview timeframe. The interviews took place via Zoom and were individual, semi-structured, and lasted approximately an hour. These interviews were recorded, and I identified the following themes through multiple listenings to the recordings. Themes from the interviews were submitted back to informants to corroborate for accuracy. These themes significantly overlap with the wise practices identified from the literature review.

1. **Relationship-first**
   "I visit them, sit, chat, and have coffee or lunch together, then put on my [university] hat."
   Informants expressed the importance of prioritizing their relationship with their Indigenous partners by listening and learning about their priorities first, laying a foundation of mutual understanding, being responsive to feedback, and *"allowing the partnership to drive the project, not the project to drive the partnership"*.

2. **Reciprocity and mutual benefit**
   "The second year of our placement, we knew we'd hit the ball out of the park. I received a phone call from a health director in a fly-in remote community and he was ecstatic. He said, 'You know these young people you sent in? They engaged with our youth to the point where when they left the community, that Monday morning, I got a knock on my door and two Indigenous high school students in my community said that their involvement with the medical students encouraged them to the point where they wanted to get into the health field.'"
   Informants expressed the importance of reciprocity and mutual benefit and used several strategies to *"equalize the playing field"* between institutional actors and Indigenous community members. These strategies included being upfront and transparent about the purpose of engagement, careful not to overpromise on potential community benefits, and honest about any bad news, all of which allow potential partners to make an informed decision about whether they wish to engage. They further emphasized the importance of maintaining longitudinal two-way communication with existing partners, both inviting input and sharing back the impact that the input had (e.g., actions, findings, transformed understandings).

3. **Restoring power; Indigenous self-determination**
   "You cannot have an institution telling Indigenous people how to act Indigenous." [referring to an attempt to include Indigenous standardized patients in the medical curriculum]
   Informants expressed the importance of respecting Indigenous self-determination due to the significant harms that many Canadian institutions, including child welfare, justice, health and education, have caused and perpetuated, which make them fundamentally unsafe spaces for many Indigenous peoples. Self-determination means allowing Indigenous peoples to use their resourcefulness and rebuild their own economies, systems, languages and cultures to heal the effects of systemic exclusion, disempowerment and marginalization. In this context, informants endorsed the importance of having Indigenous engagement be Indigenous-led and releasing control for Indigenous peoples to engage on their own terms and in ways that they see fit, including access to real power to influence decision-making at all levels.

4. **Preparation**
   "Well, if I'm an Indian and I'm sick and I need to heal, it begs the question, 'How sick were the people who set up the [residential schools] and what are they doing about their sickness?'" [in response to the establishment of the Healing Fund in 1994]
   Informants expressed the importance of demonstrating responsibility for and commitment to reconciliation through good preparation because the burden of healing from colonization has been and continues to be overwhelmingly borne by Indigenous peoples. Good preparation entails learning the history of colonization and ongoing impact of colonial systems on health and wellbeing; spending time with Indigenous peoples, attending events and learning about life in Indigenous communities and how to engage respectfully; and critically self-reflecting and debriefing with Indigenous partners throughout the engagement process.

5. **Indigenizing spaces**
   "We had forgotten that side of who we are because we've all been assimilated." [a community partner's reported reflection on the success of involving Elders and traditional means to resolve a conflict during engagement]
   Informants conveyed the power of Indigenizing spaces to promote trust, understanding, cultural safety and healing. Having Indigenous people lead Indigenous engagement (e.g. as facilitators, community liaisons, cultural mentors), having visible symbols of inclusion (e.g. language, hand drums, material culture representing traditional teachings) and having traditional ceremonies, practices and protocols (e.g. circles, storytelling) demonstrate a respect for Indigenous ways of knowing, doing and being that invites a shift towards more safe and healing relationships.

6. **Collaboration across communities, institutions, sectors and jurisdictions**
   "If we are to put a dent in the data around rates of suicide, addiction, all of it, [an isolated initiative] isn't going to do anything."
   Informants expressed that any Indigenous engagement intended to address Indigenous health should demonstrate commitment to collaboration. Substantial impact becomes possible when resources and efforts are aligned across systems and upstream for Indigenous health.

7. **Strengths-based**
   "…instead of me parachuting in from an ivory tower and being like 'don't worry, UBC here.'"
   Informants expressed the importance for Indigenous engagement to be strengths-based because negative portrayals in media and broader society promote a paternalistic view of Indigenous

peoples. This perspective can be balanced by centering engagement on Indigenous peoples' resilience (including how they already take care of themselves), wealth of traditional knowledges and skills, and existing successes. Honouring Indigenous peoples' expertise also means making an offering, gifting and compensating as appropriate (see second bullet under Resources section below for UBC protocols).

8. **Diversity-focused**
   "Always ask the person that you're assigned to in the community what's appropriate [there]." [talking about lesson learned about preparing students for Indigenous diversity after a student committed a cultural faux pas by offering a tobacco tie to an Elder in a highly Christian First Nation]
   Informants expressed that Indigenous engagement should recognize and try to represent Indigenous diversity by making a conscious effort to include participants from different geographic areas, levels of advantage and rurality, and personal and professional backgrounds, not just including Indigenous people who are closest to our mainstream culture and the 'easiest' to engage. In the absence of such conscious effort, it is all too easy to perpetuate a harmful hidden curriculum of pan-Indigeneity.

9. **Recognizing tokenism as a barrier to Indigenous engagement**
   "Checking the box"
   Interviewees described how institutional actors frequently exhibited performative engagement, for example by collecting 'two cents' from Indigenous advisors without the intent to change institutional policy or procedures, hiring one or two Indigenous staff or faculty but then providing them with no support in their work, and jumping on the bandwagon of Indigenous health to obtain grant funding without taking the time or effort to critically self-reflect and build a foundation with Indigenous peoples.

Resources

- Indigenous Affairs at the Northern Ontario School of Medicine Principles of Engagement: See Appendix A of this report. These principles were co-created with NOSM's Indigenous partner communities.
- UBC protocols for gifting and compensating Indigenous partners: https://irsi.ubc.ca/sites/default/files/inline-files/Indigenous%20Finance%20Guidelines%20-%2012-10-2021_1.pdf. These Indigenous Finance Guidelines were co-created by the UBC Indigenous Research Support Initiative, Indigenous partners, Elders and Knowledge Keepers, and stakeholders across UBC.
- Over the course of my interviews, the following individuals and organizations were identified as potentially being able to facilitate introductions and/or provide information on Indigenous patient and public engagement considerations and protocols: Indigenous learners at UBC, Indigenous communities who currently host UBC students, First Nations Health Directors Association, each regional health authority's Indigenous health program, local Aboriginal Friendship Centres, Métis Nation of BC's Health Ministry, Carrier Sekani Family Services, UBC Faculty of Medicine Centre for Excellence on Indigenous Health, National Collaborating Centre for Indigenous Health, UBC Faculty of Medicine Office of Respectful Environments, Equity, Diversity and Inclusion Indigenous Initiatives Advisor, UBC Faculty of Medicine Indigenous Student Initiatives Manager, and UBC Indigenous Research Support Initiative.

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Appendix A: Indigenous Affairs at the Northern Ontario School of Medicine Principles of Engagement (Internal Document – Granted Permission to Use)

The following Principles of Engagement were developed as a guide for all future NOSM engagement of Indigenous Community Partners

Principles developed for establishing partnerships between the Northern Ontario School of Medicine and Indigenous communities include:

1. Being clear about the purposes of the engagement effort and potential partnership. While NOSM and Indigenous communities may each see different benefits over both the short and long term from these partnerships, each must understand the overall purpose of the potential project or initiative.
2. Becoming knowledgeable and understanding of each other (the school and the communities). This understanding needs to include things such as related goals and objectives, economic conditions, political structures, norms and values, history, previous experience with engagement efforts, and perceptions of each other.
3. Establishing relationships, building trust, working with the formal and informal leadership, and seeking commitment from community organizations and leaders. This is necessary to identify or create processes for mobilizing the community as required for the overall purpose of the project or initiative.
4. Understanding and accepting that community self-determination is the responsibility and right of all people who comprise a community.
5. Partnering with the community to identify or create the necessary support to achieve the project purpose. This partnering must include identifying and mobilizing NOSM and community assets, as well as developing capacities and resources.
6. Recognizing and respecting community diversity. Generating awareness of the various cultures of a community and other factors of diversity, including within NOSM, must be paramount in a successful community engagement approach.
7. Accepting and being prepared to release control of actions or interventions to the community and be flexible enough to meet the changing needs of the community. Community partners must have the appropriate control over decision-making and actions relating to their role and contributions to the overall purpose.
8. Understanding that community collaboration requires long-term commitment by NOSM and community partners.

A successful engagement and relationship-building process may result in a situation where:

1. In the short-term, School may be more concerned with completing the process and outputs, and Communities may be more concerned with future outcomes. Both share many desired long-term outcomes.
2. Successful partnerships engender future successful engagement between partners on subsequent initiatives (i.e., Adopt-a-Faculty).
3. Successful on-going community relationships / projects are a path towards avoidance of conflict or events detrimental to the long-term relationship.