

Cultural Competency and Cultural Safety

Curriculum for Aboriginal Peoples



Aboriginal
Nurses
Association
of Canada
(A.N.A.C.)



Canadian
Nurses
Associaion
(C.N.A.)



Canadian
Association
of Schools
of Nursing
(C.A.S.N.)

Aboriginal Cultural Competency and Cultural Safety Curriculum
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Executive Summary

In recent years, Canadian universities and colleges have enjoyed a considerable boost in the numbers of First Nation, Métis and Inuit nursing students. This progress is being made in the face of the many challenges Aboriginal students face, such as family, community and work obligations; lack of funding to attend school; loneliness and separation from their home communities; and a general lack of cultural awareness in schools and institutional systems. Despite this increase in the enrolment of Aboriginal nursing students; however, there remains much work to do to retain these integral contributors to community well-being.

What is more, because many Aboriginal nurses are reaching retirement, we now face a critical gap in culturally informed health care providers. The cost of losing these new Aboriginal students capable of becoming qualified nurses is very high, both to the health care system as well as for the future economic loss of the individual. In addition, the lack of cultural safety knowledge in mainstream Canadian nurses is very costly to the health care system as a whole as Aboriginal clients, sensing they are not being treated with respect for them as individuals and/or for their beliefs in their traditional ways of knowledge, may only seek treatment in later stages of illness or there may be a lack of adherence to care plans as the holistic nature of their care is not taken into consideration.

Recognizing the need for culturally safe education, the Aboriginal Nurses Association of Canada (A.N.A.C.), the Canadian Nurses Association (CNA) and the Canadian Association of Schools of Nursing (CASN) collaborated to address issues of recruitment, retention and student success.

The purpose of the Cultural Competence and Cultural Safety in Nursing Education: A Framework for First Nations, Inuit and Métis Nursing is twofold:

- 1) To increase the recruitment and retention of Aboriginal nursing students by providing a welcoming and safe learning space; ensuring academic success through cultural appreciation; and seeing Aboriginal nursing students through to graduation.
- 2) To educate all nurses on First Nation, Métis and Inuit health issues, cultural considerations and traditional healing practices in order to foster confidence in the care received by health care providers.

In 2009/10 a pilot project was done with six Canadian universities and colleges. These schools are some of many who have expressed their commitment to fostering Aboriginal learning and cultural awareness on their campuses. These institutions were selected to represent a range of geographic locations and student populations, the various iterations of the model will be relevant in most nursing schools across Canada.

The participating schools were:

1. [St. Francis Xavier University](#) (Nova Scotia)
2. [Nova Scotia Community College](#)
3. [Laurentian University](#) (Ontario)
4. [Trent University](#) (Ontario)
5. [University of Alberta](#)
6. [Langara College](#) (British Columbia)

To date, our partner institutions have developed plans to incorporate specific and relevant First Nations, Métis and Inuit content in their respective curriculum. Integral to the learning materials is an emphasis on the colonization of Aboriginal people; distinct First Nation, Métis and Inuit customs and traditions; and an accurate understanding of our

shared colonial past. By incorporating culturally appropriate and relevant education into their curricula and institutions validates Aboriginal experiences and identities in their learning environments.

According to the National Aboriginal Health Organization (2008), the need for culturally safe care for First Nation, Inuit and Métis people is matched by the need for culturally safe learning to improve educational outcomes for Aboriginal students. Developing culturally safe learning environments benefit students, educators, educational institutions, and education systems. Students are more likely to respond positively to the learning encounter when they feel safe, respected and able to voice their perspectives.

- Cultural Competence and Cultural Safety for Nursing Education

In closing, it is not our aim to simply develop and implement the Cultural Competency Curriculum in select schools. Rather, we view this as the genesis for immense success rates of Aboriginal nursing students as well as the continued cultural enrichment of educational and health institutions nationwide.

Introduction

A vision of a better health care future for First Nation, Métis and Inuit peoples was the impetus behind a meeting of representatives from the Aboriginal Nurses Association of Canada (A.N.A.C.) the Canadian Nurses Association (CNA), the Canadian Association of Schools of Nursing (CASN) and a number of national Aboriginal organizations. From this initial meeting in 2007, the basis of the “Cultural Competence and Cultural Safety in Nursing Education: A Framework for First Nations, Inuit and Métis Nursing” was founded.

From the start, six Canadian nursing schools worked to integrate the spirit of the Framework into their nursing curricula and programs. The goal was two-fold: to increase the successful recruitment and retention of Aboriginal nursing students; and to educate non-Aboriginal students on how to interact with First Nation, Métis and Inuit clients in a culturally competent and safe manner. The guiding force behind the Framework is the recognition of Aboriginal rights and identities in the Charter of Rights and Freedoms. As a result, the Framework’s fundamental principles of cultural safety can be applied to a diverse range of cultural identities in Canada.

Purpose

Although Canadian nursing schools have made significant strides in nurturing cultural competency, many institutions stand to benefit from the findings and principles of the Framework. To this end, the Cultural Competence and Cultural Safety in Nursing Education: A Framework for First Nations, Inuit and Métis Nursing has been developed in a way that is adaptable to the respective needs of various universities, colleges and healthcare workplaces. Presently, the document is available in three languages (English, French and Inuktitut) and is available for download from the A.N.A.C., CNA and CASN websites.

We encourage all nursing schools to adopt this Framework as a means of building an inclusive, enriched and visible Aboriginal student population on their campuses and in their communities.

Background

Cultural Competence and Cultural Safety in Nursing Education

The Making it Happen: Strengthening Aboriginal Health Human Resources project is a major multi-year initiative being lead by the Aboriginal Nurses Association of Canada to support cultural safety in nursing education both to improve the health care delivery for Aboriginal clients as well as to support the recruitment and retention of First Nation, Métis and Inuit nursing students.

In 2007, the Aboriginal Nurses Association of Canada (A.N.A.C.) the Canadian Association of Schools of Nursing (CASN) and the Canadian Nurses Association (CNA), convened a meeting of key stakeholders and content experts, including representatives from various First Nation, Inuit and Métis organizations, to explore approaches that would encourage recruitment, retention and support of First Nation, Inuit and Métis nurses.

As a result in 2008, A.N.A.C. collaborated with the CASN and CNA on a project entitled “Making It Happen: Strengthening Aboriginal Health Human Resources”. This joint venture developed a Framework that addresses the education and skills of health professionals. This multi-phase cultural proficiency project utilizes and builds on existing research and is funded by the Aboriginal Health Human Resources Initiative (AHHRI), First Nations and Inuit Health Branch of Health Canada and whose support and encouragement are gratefully appreciated.

Two key documents were developed in 2009, “Cultural Competence and Cultural Safety in Nursing Education: A Framework for First Nations, Inuit and Métis Nursing” and “Cultural Competence and Cultural Safety in First Nations, Inuit and Métis Nursing Education: An Integrated Review of the Literature” and are available on the CASN, CNA and A.N.A.C.’s websites. The collaborating organizations are hopeful that this Framework will be used as a basis for implementing cultural safe practices into all Canadian Nursing Schools over time, so that all Nurses will provide optimal care for First Nation, Inuit and Métis clients. As the Framework is a free resource that can be adapted by the universities and colleges, its use can also be adapted by other health related faculties. The Indigenous Physicians Association of Canada had earlier developed their Framework for Cultural Competence in Medical Schools.[®]

The three collaborating organizations share a longstanding and deep concern about disparities in health status and access to care among Aboriginal Peoples. Representing more than 140,000 registered nurses and nurse educators, they realize that nurses can – and must have – a significant impact on health status, as well as access to care. This is particularly the case in many Aboriginal communities where nurses deliver the vast bulk of care and may be the only health professionals on site. The Framework tackles some of these vexing problems by directly addressing broad elements of cultural intersections that will enable nursing students and nurses to learn culturally safe nursing practices for all First Nation, Inuit and Métis clients.

In 2009/10, the Aboriginal Nurses Association of Canada (A.N.A.C.) continued to collaborate with the Canadian Association of Schools of Nursing (CASN) in a joint partnership for Phase 2 of the Making it Happen project as it directly pertained to schools of Nursing. This publication is a direct result of that project.

The Framework is now being used as the basis for the further development and implementation of new curricula in select Canadian Schools of Nursing and as a new continuing education course from the Canadian Healthcare Association, developed for health services delivery personnel. This important work could not have been done without the funding provided by the Aboriginal Health Human Resources Initiative, First Nations & Inuit Health Branch of Health Canada.



PROJECT HIGHLIGHTS

- October 2008 Consultant Fjola Hart-Wasekeesikaw hired by A.N.A.C. to do a literature review and draft the Framework. Overseeing this work were Steering Committee members, Rosella Kinoshameg, President of A.N.A.C., Ellen Rukholm, Executive Director of CASN, and Michael Villeneuve, Scholar-in-Residence, at CNA.
- March 2009 Final consultations were also held with representatives from National Aboriginal Organizations on the Advisory Committee. Presentations on Framework were also made to the Chiefs Committee on Health (CCOH) and National First Nations Health Technicians Network of the Assembly of First Nations.
- April, 2009 “Cultural Competence and Cultural Safety in Nursing Education: A Framework for First Nation, Inuit and Métis Nursing” and “Cultural Competence and Cultural Safety in First Nations, Inuit and Métis Nursing Education: An Integrated Review of the literature” were completed and available on websites at
 A.N.A.C.: <http://www.anac.on.ca/competency.php>
 CNA: http://www.cna-aiic.ca/CNA/documents/pdf/publications/Review_of_Literature_e.pdf
 CASN: http://www.casn.ca/en/Making_it_Happen:_Strengthening_Aboriginal_Health_Human_Resources_118/items/2.html
- June 11, 2009 Official launch of documents in three languages (English, French and Inuktitut) launched in an Honour Ceremony at the Canadian Nurses Association Annual General Meeting in Ottawa, ON. This day also marked National Reconciliation Day.
- July 2009 Steering Committee selected six projects from the “Call for Proposals” that had been issued based on geographic and program diversity criteria. The selected Schools of Nursing were:
- Langara College
 - University of Alberta
 - Laurentian University
 - Trent University
 - Nova Scotia Community College
 - St. Francis Xavier University

- July 22, 2009 Resolution to Assembly of First Nations to support Framework put forward. It was accepted on September 10, 2009. See Resolution 18/2009: <http://www.afn.ca/misc/Resolutions-2009-AGA.pdf>.
- March 1, 2010 Meeting in Ottawa, ON with the six Schools of Nursing, Curriculum Reviewers and Advisory Committee members to allow the Schools of Nursing to present their projects and get feedback from Advisory Committee before final submissions, due March 31, 2010.

CHA PARTNERSHIP

With all the work happening in the area of cultural competence and cultural safety in nursing schools, it was felt that attention needs to be paid to nurses and other professionals and paraprofessionals in the health delivery system. To this end, A.N.A.C. partnered with the Canadian Healthcare Association (CHA) - a leader in developing, and advocating for, health policy solutions that meet the needs of Canadians. The CHA Learning team has in-depth expertise in providing education opportunities to Canadian health service professionals, regardless of their geographic locations. This was very important to ensure reach from coast to coast to coast in Canada, as we wanted to make this course available by distance learning technology.

This joint project was funded by the Aboriginal Health Human Resources Initiative, First Nations and Inuit Health Branch of Health Canada and became available in September 2010.

Work on dissemination and enhancing course materials and resources is 2010/11.

http://www.learning.cha.ca/educ/management/cultural_competence_safety.aspx



1

Langara College

Integration of the Cultural Competence Cultural Safety Framework into the Langara College Bachelor of Science in Nursing (BSN) Curriculum

Statement of Agency Capacity

The Langara College BSN program is honored to have been chosen as one of the schools to implement the Aboriginal Nurses Association of Canada (A.N.A.C.) Cultural Competence Cultural Safety Framework for First Nation, Inuit, and Métis Nurses (CCCSF). Langara College is situated on traditional Musqueam Territory and located close to the Squamish and Tsleil-Waututh Territories. The College is well positioned politically and geographically to implement this project. For further information about Langara College please see the website at <http://www.langara.bc.ca/administrative-services/marketing-communication/community-report.html>.¹

A nursing program has been offered at Langara College since 1974. It is a highly respected program and graduates are well received in the community. Prior to beginning work on incorporating the CCCSF, the curriculum was reviewed and it was found that there was a deficit of material related to Aboriginal health and cultural safety. It was at this point, that the journey towards incorporating cultural competence and cultural safety within the Langara BSN program began. The Langara College Nursing Faculty are committed to providing all students the best opportunity to achieve their academic potential in an environment that facilitates complete access, participation and success. The Nursing Faculty are committed to enhancing the existing BSN curriculum as well, learning about cultural safety and Aboriginal health.

Please note that all materials related to this project and included in this report continue to be in development. All examples are in draft form at this time.

Purpose and Objectives

The overall purpose of this project was to integrate the Cultural Competency Cultural Safety Framework and the core competencies of postcolonial understanding, communication, inclusivity, respect, indigenous knowledge, and mentoring and supporting students for success into the Langara College BSN curriculum.

The project objectives were:

- Enhance faculty and student nurses' understanding of cultural safety and Aboriginal health;
- Increase the comfort and safety of Aboriginal student nurses in the program;
- Build working relationships with the Aboriginal community.

Work Flow Chart	
Students	
Presentations to Nursing students on Aboriginal health	Over the year, the Nursing Department Aboriginal Health Educator, Michelle Su has been a guest speaker in a number of Langara College nursing classes to discuss the topic of Aboriginal health and cultural safety. The presentation focused on the following concepts: <ul style="list-style-type: none"> • Diversity • Demographics • Colonization • Social determinants of health A recommendation would be to have an Aboriginal leader or elders speak as well.

Student Project in Community Health Clinical Practice	<p>Two third year student nurses have been working on a community health project focusing on increasing the knowledge of nursing students related to Aboriginal health and cultural safety. These students explored concepts of cultural safety, stereotyping and racism, strengths of Aboriginal people, colonialism, residential schools and traditional medicine. A learning needs assessment was created by the students and administered to a third year nursing class. Using the information from this assessment, a presentation was developed and presented to their classmates on March 8, 2010. An evaluation conducted following the presentation indicated an increased knowledge of the topics.</p> <p>Another component of this project involved working in partnership with an Aboriginal nursing student to create a Langara College foyer window display on diversity of the Aboriginal people of British Columbia, colonialism, as well as complementary and traditional medicine. This activity is to assist the students to learn about creating partnerships and working collaboratively with the Aboriginal community, as well to increase their knowledge about Aboriginal health. See Appendix A for picture of foyer window display.</p>
University of Victoria Online Cultural Safety and Aboriginal Health Modules	<p>On November 12, 2009, two fourth year student nurses completing a change project, with assistance from Michelle Su and Pat Woods introduced the University of Victoria School of Nursing online cultural safety teaching module to first year student nurses.</p> <p>The module Dick, S., Duncan, S., Gillie, J., Mahara, S., Morris, J., Smye, V., & Voyageur, E. (2006). Cultural safety: Module 1: People's experiences of colonization may be retrieved from http://web2.uvcs.uvic.ca/courses/csafety/mod1/index.htm</p> <p>The goal of the project was to assess the first year students' knowledge of cultural safety and Aboriginal health before and after using the learning module. The students completed a survey prior to working on the module and then completed a survey immediately after. The initial survey results showed that students had modest knowledge related to issues such as colonization, residential school and Aboriginal health. The post-module survey results showed an increase in awareness and understanding. Recommendations arising from this exercise with the first year students highlight the importance of adding cultural safety and Aboriginal health information to the BSN curriculum.</p>
Faculty	
Faculty Focus Groups	<p>On October 20 and 21, 2009 members of the Nursing Department Aboriginal Health Committee conducted two focus groups with some members of the nursing faculty to ascertain priorities and learning needs around Aboriginal health and cultural safety. Fifteen faculty participated in the groups. The following questions were asked:</p> <ol style="list-style-type: none"> 1) Can you share with us the experiences you have had interacting with aboriginal people- they can be in clinical, in the classroom or personally? 2) Have you ever taught aboriginal content in the classroom or in clinical and what have been your experiences with it? 3) Can you share with us your understanding of the term cultural safety? 4) What is your understanding of the concept of social justice or any related concepts? 5) Have you ever witnessed racism and or discrimination in the clinical setting and how did you respond to it? 6) What kinds of support or tools would best help to equip you to teach topics of Aboriginal health and cultural safety in the classroom and clinical setting?
	<p>The result was an interesting discussion indicating current practice. The discussion also revealed that faculty were seeking ways to introduce Aboriginal health in a culturally safe manner, and were looking for direction and assistance on how to approach relevant topics. The information gained from these groups has provided direction for further student, faculty and curricular activities.</p>
Cultural Safety and Aboriginal Health	<p>The Faculty Development Committee (FDC) organizes professional development education sessions and has been planning a Faculty</p>

Faculty Development Workshop	<p>Workshop for April 19, 2010. The focus of this workshop is to increase faculty awareness of cultural safety and provide some strategies to assist faculty to incorporate cultural safety and Aboriginal health into their teaching practice. Dr. Colleen Varcoe from the University of British Columbia will speak on the importance of understanding cultural safety as health care professionals and how this relates to Aboriginal health. Gerry Oleman, an elder and speaker from the Residential School Survivor Society will also speak about colonialism, the strengths and resiliency of Aboriginal people and offer some tips for health care professionals working with Aboriginal people. Pre-reading on cultural safety and Aboriginal health provided to faculty include:</p> <p>Browne, A., & Varcoe, C. (2009). Cultural and social considerations in health assessment. In C. Jarvis, A. J. Browne, J. MacDonald-Jenkins & M. Luctkar-Flude (Eds.), <i>Physical Examination and Health Assessment: First Canadian Edition</i> (pp. 35-50): Elsevier.</p> <p>Varcoe, C., & McCormick, J. (2007). Racing around the classroom margins: Race, racism and teaching nursing. In L. Young & B. Patterson (Eds.), <i>Learning Nursing: Student-centered theories, models, and strategies for nurse educators</i> (pp. 439-446). Philadelphia: Lippincott, Williams & Wilkins.</p>
Ongoing Education For Faculty Development	FDC provides ongoing educational support for faculty and is committed to assisting with the continuation of this work. FDC has indicated that a major initiative for this year will be to increase faculty knowledge related to cultural safety. Faculty input has supported this initiative. A list of speakers is being developed to address cultural safety for regularly scheduled education sessions for 2010/2011 academic year. Some of the speakers include Dion Theverage, Team Leader of the Aboriginal Patient Navigator Program at Vancouver Coastal Health, the Teaching and Academic Growth team from UBC, and Gerry Oleman from the Residential School Survivor Society.
Faculty Communication	Regular updates on Aboriginal project work have been distributed to faculty using the Department list-serve and at Faculty meetings. The Aboriginal Health Committee meets regularly to work on various projects such as DMNP Framework, learning activities, and case stories.
Faculty Resources	<p>A link to the electronic repository of resources related to Aboriginal Health and Cultural safety originally located on the library webpage has been transferred to an internal drive. Resources are now more easily accessible to Nursing Faculty both on campus and remotely. The resources representing accurate and current perspectives are organized according to following concepts:</p> <ol style="list-style-type: none"> 1) Introduction to Cultural safety, Race, Culture and Ethnicity 2) Stereotyping 3) Strengths of Aboriginal people 4) Colonialism/Post colonialism 5) Indian Act, Indian Hospitals, Reserve, Residential Schools 6) Complimentary and Traditional Medicine 7) Mental health and Cultural safety 8) Mental health and Gender Issues 9) Maternal Child and Cultural safety 10) Community and Cultural safety 11) Political Action and Cultural safety. <p>Some seminal articles have been included for historical value.</p> <p>The resources on this drive constitute an evolving tool. The Aboriginal Health Committee will annually review, via survey, to track the usage and efficacy of this resource.</p>
Curriculum	
A.N.A.C. Ottawa Presentation	March 1, 2010, Michelle Su presented the work being conducted with the Langara College BSN curriculum in relation to the Cultural Competence Cultural Safety Framework (CCCSF) in Ottawa. A copy of the slides to the presentation can be found in Appendix B.
Decision Making for Nursing Practice Framework	<p>The prime method for integrating the CCCSF into the BSN curriculum was the incorporation of the CCCSF into the existing Decision Making for Nursing Practice Framework (DMNPF) - a tool developed by nursing faculty to assist nursing students with the decision making process in their nursing practice.</p> <p>The CCCSF core competencies have been embedded into various sections of the DMNPF. The focus of the DMNPF now incorporates the three domains of the CCCSF-- faculty, students and curriculum --to ensure participation of students, faculty, and curriculum activities in the development of culturally safe client centered care.</p> <p>The Program Operations and Development Committee (POD) reviews and makes recommendations regarding curricular issues. An initial draft of the combined CCCSF and DMNPF was presented to members of POD and the Langara Aboriginal Health Committee for feedback.</p>

	A second draft was created from the feedback received. The second draft will be further discussed at POD on April 8, 2010. Once the Framework is approved the process of implementing the revised tool will begin. A section of the revised DMNPF can be found in Appendix C.
Aboriginal Health/ Cultural Safety thread throughout the curriculum with related learning activities development	<p>Learning activities with related resources that correspond to the cultural safety and Aboriginal health thread are under development. Two examples of learning activities, Introduction to Cultural Safety, and Cultural Safety and Mental Health can be found in Appendix D.</p> <p>Implementation of the learning activities will be facilitated by a case story. This original approach allows students to come to know a group of clients in a personal way. The families identified in the case story will be the same in every term. The health challenges experienced will change for the members of the case story and students will plan and discuss care based on the changing health status. See Appendix E for a sample of the case story.</p> <p>Concepts related to cultural safety and Aboriginal health are being incorporated into all terms/courses of the BSN curriculum. Many nursing educators have worked together to create a cultural safety and Aboriginal health thread that will flow throughout the program. An example of this thread can be found in Appendix F.</p>
Post Colonial Theory	Faculty has agreed to include post-colonial theory as a foundational concept in the curriculum. Ways to incorporate post-colonial theory throughout the curriculum is currently under discussion.
Aboriginal Studies course as elective or mandatory requirement	The investigation to include a course offered by the Aboriginal studies program at Langara College, either as an elective or mandatory course is currently under discussion.
Culture and Health elective as a mandatory course	The investigation to require the current nursing elective Culture and Health course as a mandatory course is currently under discussion.
Building Community Connections	
Attendance at Aboriginal conferences and Forums	A number of conferences and forums related to Aboriginal health have been attended. Attendance at these events has provided excellent networking experiences and opportunities to share information.
Advisory Committee Meeting	On November 30, 2009 a Langara College BSN Program Aboriginal Advisory Committee meeting was held. This Advisory Committee is composed of both internal and external stakeholders. This meeting facilitated a sharing of information and ideas to help us move forward with the project work, as well the terms of reference were reviewed and finalized. All participating members were thanked for providing input and another meeting is planned for late March, 2010.

Appendix A
Aboriginal Health Awareness Display



Appendix B
Aboriginal Nurses Association of Canada:: Ottawa Presentation

**A Journey Towards Cultural
Competence and Cultural Safety
within the Langara College BSN
Program**

Langara College BSN Program
Presented by Michelle Su (Métis) RN, MSN
March 1, 2010

Purpose

Discuss how the Cultural Competencies and Cultural Safety Framework (CCCSF) is being incorporated into the Langara College BSN Curriculum

Langara College

100, West 49th Avenue
Vancouver BC



Langara College BSN Program

- Langara Nursing Department Background
- Aboriginal Nursing Student Numbers
- Situated on Traditional Musqueam Territory and near Squamish, and Burrard Territory



Current Work

CURRICULUM

- Integrating the Cultural Competence Cultural Safety Framework (CCCSF) and the Langara College Decision Making For Nursing Practice Framework (DMNPF)
- Integrating concepts of Cultural Safety/Aboriginal Health throughout the curriculum
- Adoption of Post-colonialism theory as a guiding philosophy for curriculum development

FACULTY:

- Focus Groups
- Faculty Workshop
- Ongoing Educational Sessions

STUDENTS:

- Recruitment
- Retention

Coming to Know the Client

The student with faculty support within a culturally safe curriculum comes to know the client by learning of the client's lived experience of health and healing through in-depth, culturally safe, caring interactions.

STUDENT	FACULTY	CURRICULUM
The Student will: <ul style="list-style-type: none">• ask questions designed to draw out the client's unique story• respect the client's culture, age, and beliefs• recognize that he or she brings his or her own culture and attitudes to the relationship• communicate competently with the client in that person's social, political, linguistic, economic, and spiritual realm• pay close attention to and accept verbal and non-verbal information that clients provide• recognize and utilize complementary resources to ascertain the client's story	The Educator will: <ul style="list-style-type: none">• role model culturally safe practice• support the student by respecting the client's and the student's culture and attitudes• Integrate the theory of the concepts of the core competencies into clinical practice.• Guide students to collect all pertinent information	The curriculum concepts and content supports students and faculty to engage in culturally safe practice

Proposed Cultural Safety and Aboriginal Health Curriculum Theme

Aboriginal Health and Cultural Safety as a Thread (DRAFT)				
Year	Learning Outcomes	Concepts/ Content	Resources	Assignments
Year 1				
Term 1 (Wellness)	Examine the process of cultural safety. Explain how cultural safety can be achieved. Describe how this process relates to a population's health	Differentiate between the concepts of race, ethnicity and culture. Begin to understand cultural awareness, cultural sensitivity, cultural competence, cultural safety	Browne, A. J., & Varcoe, C. (2006). Critical cultural perspectives and health care involving Aboriginal peoples. <i>Contemporary Nurse</i> , 22(2), 155-167.	Case study approach, Reading circle approach

Strengths that Support Change

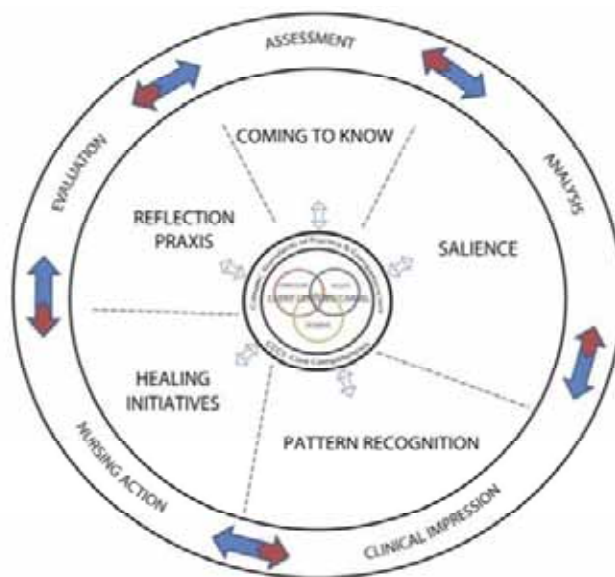
Supportive Nursing Administration team
 Large Nursing Faculty
 Increasing Level of Awareness Among Faculty of Issues
 Student Population Eager to Learn About Aboriginal Health and Cultural Safety

Future Directions

- Continue to:
 - support student and faculty development of culturally safe knowledge and practice
 - support student and faculty development of knowledge related to Aboriginal health
 - revise and formalize our new decision making framework
 - develop the Aboriginal Health and Cultural Safety curricular thread
 - build relationships with the Aboriginal community

Appendix C

Decision Making for Nursing Practice Framework (Draft)



Decision Making for Nursing Practice Framework (DMFNP)

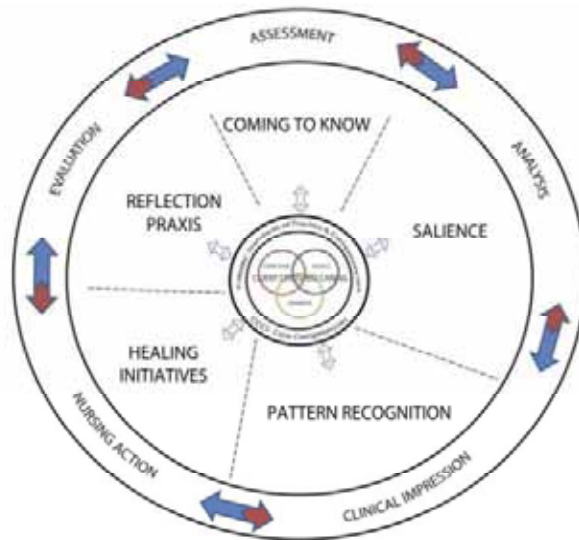
The Decision Making for Nursing Practice (DMFNP) Framework has been developed for Faculty and the Nursing curriculum to facilitate student nurses' decision making within the realm of their developing nursing practice. The Framework ensures that decision making in nursing is visualized through the lens of cultural safety. Incorporated into the Framework are the philosophies that are evident within the Langara College BSN curriculum. The Nursing curriculum is informed by: humanistic, phenomenological, social critical, feminist, and post-colonial philosophical perspectives. This provides a solid foundation to guide student nurses' critical thinking and decision-making within their nursing practice.

The Decision Making for Nursing Practice Framework is a combination of the Decision Making for Nursing Practice Framework of the Collaborative Nursing program (2006) and The Cultural Competence, Cultural Safety in Nursing Education – A Framework for First Nations, Inuit and Métis Nursing (CCCF), (Aboriginal Nurses Association of Canada, 2009).

These two documents provide substantial content to create the new Framework. The original Decision Making for Nursing Practice Framework (2006) is an interactive, reciprocal, caring process in which the nurse and client actively participate in the creation of an action plan to achieve mutually desired health outcomes. The Framework supports student learning and application of the complex skill of decision making in practice, however did not include a culturally safe perspective. This Framework's diagrammatic model closely aligns with the revised DMFNP Framework model.

The document Cultural Competence, Cultural Safety in Nursing Education: A Framework for First Nations, Inuit and Métis Nursing (2009), describes educational core competencies and foundational concepts for Aboriginal nursing. The Framework was developed in collaboration with the Aboriginal Nurses Association, the Canadian Association of School of Nursing (CASN) and the Canadian Nurses Association (CNA). The purpose is to assist educators to foster cultural competence and cultural safety within the nursing curriculum, the faculty members, and the students, particularly First Nations, Inuit, and Métis (p. 3, 2009).

The Components of the Decision Making for Nursing Practice Framework



Client centered Caring – the core of the Framework

The large circle or central core of the Decision making for Nursing practice Framework is Client Centered Caring. Within this centre of the Framework are three distinct domains of the Nursing education core competencies for Aboriginal nursing.

These domains are:

1) Curriculum/program 2) Faculty and 3) Aboriginal and non-Aboriginal students.

The three domains are represented by three intersecting smaller circles, within the large Client Centered Circle. Each domain includes the core competencies of post-colonial understanding, communication, inclusivity, respect, indigenous knowledge and mentoring and supporting students for success. The outer rim surrounding the central core encompasses the CRNBC Standards of Practice and Competencies, as well as core competencies from the Cultural Competency and Cultural Safety Framework (CCCSF).

Outcomes for the core competencies include:

1. Postcolonial understanding
 - The graduating student will demonstrate compassionate, culturally safe, relationship-centered care.
 - The graduating student will be able to identify the determinants of health of Aboriginal populations and use this knowledge to promote the health of First Nations, Inuit, and Métis clients, families and communities.
2. Communication
 - The graduating student will demonstrate effective and culturally safe communication.
3. Inclusivity
 - The graduating student will demonstrate a commitment to engage in dialogue and relationship building.

4. Respect

- The graduating student will identify health care approaches that places First Nations, Inuit and Métis clients, families, and communities at risk for cultural harm, and describe measures to rectify these approaches.
- The graduating student will demonstrate the skills of effective collaboration with both Aboriginal and non-Aboriginal health care professionals, traditional/medicine peoples/healers in the provision of effective health care.
- The graduating student will be able to describe approaches to optimize First Nations, Inuit, and Métis health through a just allocation of health care resources, balancing effectiveness, efficiency and access, employing evidence based and Indigenous best practices.
- The graduating student will be able to contribute to the development, critical assessment of knowledge/practices and their dissemination to improve the health of First Nations, Inuit, and Métis in Canada.

5. Indigenous Knowledge

- The graduating student will describe First Nations, Inuit, and Métis ontology, epistemology and explanatory models as they relate to health and healing, and the graduating nurse will describe First Nation, Inuit, and Métis cosmologies.

6. Mentoring and Supporting Students for Success

- The graduating student will have experienced teaching learning environments where she/he felt safe to freely express ideas, perspectives, and critical thoughts.
- The Curriculum and the Faculty support and facilitate the Aboriginal and non Aboriginal students successful acquisition of the core competencies. The concepts of constructivist understanding of culture and cultural safety underpin the core competencies and are vital to successful implementation of the Framework. Faculty establishing and managing a culturally safe curriculum creates a culturally safe learning environment not only for Aboriginal students but for all nursing students.

The outside rim of the large circle of the Framework delineates the nursing activities of assessment, analysis, clinical impressions, nursing actions and evaluation. When addressed within the beliefs and values of the curriculum philosophy, the nurse's activities occur within the context of authentic relationships and the process of engagement with the client is reflected in COMING TO KNOW, SALIENCE, PATTERN RECOGNITION, HEALING INITIATIVES AND REFLECTION/PRAXIS.

A constructivist understanding of culture is conceptualized as extending well beyond notions of cultural beliefs and practices. Smye and Browne (2002) explain, although descriptions of cultural characteristics and practices can be useful to health care practitioners and researchers, they can also reinforce stereotypes and simplistic views of particular ethnocultural groups as outsiders, as different, and as 'other'. (p. 45)

Culture in the constructivist sense takes into consideration of how race, class, and gender intersect, and is conceptualized as being embedded in a historical and socio-political context. Cultural Safety provides for a new way of working with patients who are culturally different from the dominant population in the health care setting; an emphasis is placed on power imbalances and institutionalized racism in the health care system, while incorporating postcolonial perspectives into nursing practice and education (Browne, Smye & Varcoe, 2005). Implementing notions of cultural safety helps the nurse reflect on his/her own social, economic, and political positioning in relation to the person or group with which he/she is working. The nurse must acknowledge that he/she is a bearer of culture (Ramsden, 2000) and how his/her assumptions affect relationships with patients.

The outside circle of the Framework depicts Assessment, Analysis, Clinical impressions, Nursing actions and Evaluation which are further broken down to COMING TO KNOW, SALIENCE, PATTERN RECOGNITION, HEALING INITIATIVES AND REFLECTION/PRAXIS.

COMING TO KNOW:

The student with faculty support within a culturally safe curriculum comes to know the client by learning of the client's lived experience of health and healing through in-depth, culturally safe, caring interactions.

STUDENT	FACULTY	CURRICULUM
The student will: <ul style="list-style-type: none"> ask questions designed to identify what is important in this situation and most relevance for client. Respect and assist the client to identify strengths. Recognize information needed by client to build on strengths. Identify with the client the challenges in this situation. Eg: family member attend a residential school? Ask client what other resources would be useful. Ask what else needs to be known or learned (e.g. social or ethical issues, theories, symptoms, A&P, diagnostics, or treatments). Ask if there are any challenges within the health care team or the organization that prevents culturally safe care. 	Educator questions: <ul style="list-style-type: none"> Reviewing examples showing a strength based approach working with clients. Identifying what is important for the client. Discussing a specific plan for care working in collaboration with client and family. Discussing own learning needs. Providing examples of critical thinking in order to ask the client the critical questions. Identifying appropriate resources that the client feels would be helpful. 	The curriculum: <p>The curriculum concepts and content supports students and faculty to identify salience and to assist the student to apply different ways of knowing.</p>

PATTERN RECOGNITION

Pattern recognition refers to the process of thematic development by both the client and the student within the context of cultural safety. This involves the ability to see how relevant events and information fit together as a complex whole (CCGBC revised 2004). The identification of health issues by the client and student are based on pattern recognition and knowing what is salient in the situation through critical analysis of knowledge gained through the previous phases (CCGB revised 2004).

STUDENT	FACULTY	CURRICULUM
The student will ask questions of the client: From the client's perspective: <ul style="list-style-type: none"> What do you think are the key health related concerns? Do you see any patterns related to these concerns? What are your patterns of wholeness/health? What are the patterns of disruption? What do you see as the apparent themes? Can you identify one or two main concepts that impact the patterns? Do you see any power imbalances that are affecting your care? Do you have ideas on how we could take measures to minimize these imbalances? 	Educator questions: Have I questioned the student about: <ul style="list-style-type: none"> Reviewing the factors about health issues based on pattern recognition through the client's perspective. Identifying the specific concepts that many impact the patterns. Reviewing examples of power imbalances and to review measures to minimize. 	The curriculum: Will include concepts and content: <ul style="list-style-type: none"> Post-colonial understanding - thematic development within the context of cultural safety. Communication Inclusivity – trusting relationship. Power imbalances and impact on health. Respect - capacity building and strength based approach to relational care, client centered caring. Indigenous knowledge-identifying resources. Mentoring and supporting students for success- Critical thinking, problem solving

HEALING INITIATIVES

Healing initiatives arise from the nurse assisting the client to recognize and understand both the client's potential for health and healing and specific health issues of concern. It includes the implementation of specific therapeutic, preventive and health promotion modalities, utilizing interdisciplinary collaboration, along with multiple resources and services, or using harm reduction strategies to reduce client vulnerability. Most importantly, healing initiatives need to result in the empowerment of clients to gain control, expertise and autonomy in decision making that influences their health and healing. Because this is an ever-evolving process, health initiatives are non-static and change in response to the health and healing of the client (CCGBC). The client and the nurse together develop a prioritized and individualized plan of care.

STUDENT	FACULTY	CURRICULUM
<p>The student will ask questions of the client: From the client's perspective:</p> <ul style="list-style-type: none"> • What are your short and long term health goals you would like to see? • Who would you like to be involved now? • What are your initial and long term actions? • What resources, referrals/advocacy would be useful or acceptable to you? What are your implementation issues or problems? • What is the evidence based knowledge that is guiding my nursing practice? • What do you feel should be included in your plan for discharge? 	<p>Educator questions: Have I questioned the student about:</p> <ul style="list-style-type: none"> • Reviewing examples on working collaboratively with clients to identify their short and long term health goals. • Identifying evidence on working with the client to identify resources that would be useful. • Reviewing examples of the collaborative process for planning discharge. • Discussing the standards of practice and how they relate to client care. • Identifying examples of using evidence based nursing practice. • Discussing approach to assessment of client's care plan. 	<p>The curriculum: Will include concepts and content:</p> <ul style="list-style-type: none"> • Post-colonial understanding - thematic development within context of cultural safety. • Communication – identifying implementation challenges. • Inclusivity – continue with trusting relationship, power imbalances and impact on health, goal setting. • Respect - capacity building and strength based approach to relational care, client centered caring, advocacy. • Indigenous knowledge-identifying resources. • Mentoring and supporting students for success - • Critical thinking, problem solving, standards of practice, evidence based practice, discharge planning, evaluation of nursing care.

REFLECTION/PRAXIS

Praxis and critical reflection are central to decision making for nursing practice (CCGBC). The client should be given the opportunity to also reflect and evaluate whether his or her health goals were achieved.

STUDENT	FACULTY	CURRICULUM
<p>The student will ask questions:</p> <ul style="list-style-type: none"> • Did I involve the client in planning his/her care? • Were short and long term goals outlined, achieved and were they realistic and measurable? • Did the plan address my client's needs and expectations? How would I know this? • What ways of knowing did I use in planning the care with my client? • Was my nursing care effective for the client? • What evidence based practice did I use? How did I know it was relevant to the care needed by the client? • Was the outcome of care measurable and is it what the client expected to see? • Which nursing interventions does the client feel needs to change and why? • What have I learned from this process of evaluation? • How would this experience influence my future practice? 	<p>Educator questions:</p> <p>Have I questioned the student about:</p> <ul style="list-style-type: none"> • Outlining evaluation plan to meet the client's short and long term goals • Identifying specific ways of working collaboratively with client to evaluate the plan of care. • Identifying ways of knowing and how it connects with nursing practice. • Discussing the plan to evaluate the evidence based practice and the relevance to client's care. • Identifying specific ways to make care measurable and what can be expected. • Discussing how evaluation of nursing practice influences future nursing practice. 	<p>The curriculum:</p> <p>Will include concepts and content:</p> <ul style="list-style-type: none"> • Post-colonial understanding - thematic development within the context of cultural safety, ways of knowing. • Communication – identifying implementation challenges. • Inclusivity – power imbalances and impact on health, goal setting. • Respect - capacity building and strength based approach to relational care, client centered caring, advocacy. • Indigenous knowledge- identifying resources. • Mentoring and supporting students for success • Critical thinking, problem solving, standards of practice, evidence based practice, evaluation of nursing care

PLEASE NOTE: Appendix (currently in development) included will be a case study providing examples for each part of the CSDMNP Framework to facilitate understanding.

References

Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing & Canadian Nurses Association (2009). Cultural Competence and Cultural Safety in Nursing Education, A Framework for First Nations, Inuit and Métis Nursing. Ottawa, ON: Author.

Browne, A.J., Smye, V., & Varcoe, C. (2005). The relevance of postcolonial theoretical perspective to research in Aboriginal health. CJNR, 37(4), 16-37.

Langara College Nursing Department (2006). Decision Making for Nursing Practice. Vancouver, BC: Author.

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Young, L.E. & Paterson, B.L. (2007). Teaching nursing: Developing a student-centered learning environment. Philadelphia, PA: Lippincott Williams & Wilkins.

Learning Activities

Introduction to Cultural Safety (Draft)

Concepts:

Race, ethnicity, culture, cultural awareness, cultural sensitivity, cultural competence, cultural safety

Entry-Level CRNBC Competencies reflected in this Learning Activity

Standard(s)	Competency(ies)
Professional Responsibility and Accountability	3. Recognizes limitations of practice and seeks assistance as necessary.
Knowledge Based Practice: Specialized body of knowledge	28. Has a knowledge base in social sciences, the humanities, and health-related research (e.g., culture, power relations, spirituality, philosophical, and ethical reasoning). 30. Demonstrates knowledge of population health research, population health issues and social determinants of health
Ethical Practice	88. Identifies effects of own values, beliefs and experiences concerning relationships with clients, and uses this self-awareness to support compassionate and culturally safe client care.
Service to the Public	103. Demonstrates awareness of the impact of organizational culture on the provision of health care and acts to enhance the quality of a professional and safe practice environment.

OVERVIEW

Over the past two decades, the Canadian health care system has provided care for an increasingly culturally diverse population of clients. “Traditionally, nurses were educated not to recognize people’s differences in the provision of nursing care” (Papps & Ramsden, 1996, p. 493). As the diversity of the client population increased, changes needed to be made in order to address the client population’s needs and an emphasis on culture resulted (Papps & Ramsden, 1996, Doane & Varcoe, 2005). These changes however, have not always been successful for those of the non-dominant population. Frequently in health care, the concept of culture is applied narrowly and the significance of power relations are diminished (Browne & Varcoe, 2006). When this occurs, culture is trivialized and attention is focused only on traditions that differ from the dominant norm. Attention is turned away from the webs of social and political influences that also compromise culture (Doane & Varcoe, 2005). In addition, Doane and Varcoe explain “with a narrow understanding of culture, broader contextual issues are overlooked, and at the same time, problems that arise from those broader contexts are associated with the culture of the individuals” (p. 305). Ultimately, this can lead to the misguided implementation of nursing care, which borders on exclusionary practice and discrimination. A critical approach needs to be taken when addressing the concept of culture while engaging with clients in order to prevent care based on stereotypes and assumptions (Browne & Varcoe).

Cultural safety, is an emerging perspective in the Canadian health care setting, and provides for a new way of working with clients who are culturally different from the dominant population. Implementing notions of cultural safety assists practitioners to reflect on their social, economic, and political positioning in relation to the person or group with which they are working. An emphasis is placed on power imbalances and institutionalized racism in the health care system, while incorporating postcolonial perspectives into nursing practice and education (Browne, Smye & Varcoe, 2005).

This learning activity is intended to facilitate students developing a critical understanding of culture, the perspective of cultural safety, and how this relates to a population’s health.

LEARNING OUTCOMES

Discuss the difference between the concepts of:

- Race
- Ethnicity
- Culture

Explore the relevance of a critical cultural approach related to Aboriginal peoples' health

Explore how ideas about culture have the potential to become problematic in nursing practice with Aboriginal peoples

Identify the difference between:

- Cultural awareness
- Cultural sensitivity
- Cultural competence
- Cultural safety

Describe how the process of cultural safety relates to a population's health

Consider some of the limitations of ideas that often underlie cultural sensitivity in relation to health care involving Aboriginal peoples

Identify how this knowledge can impact how you relate to others

Identify four ways a health care professional can ensure they are being culturally safe with their client

Identify ways that an organization can become more culturally safe

IN PREPARATION**Required Readings:**

Browne, A., & Varcoe, C. (2009). Cultural and social considerations in health assessment. In A.J. Browne, J. MacDonald-Jenkins & M.

Luckar-Flude (Canadian Eds.), Physical examination and health assessment by Carolyn Jarvis (1st Canadian Edition) (pp. 35-50): Toronto: Elsevier.

Browne, A. J., & Varcoe, C. (2006). Critical cultural perspectives and health care

involving Aboriginal peoples. *Contemporary Nurse*, 22(2), 155-167.

Doane, G.H. & Varcoe, C. (2005). Chapter 9. Family Nursing as Relational Inquiry: Developing Health Promoting Practice. Philadelphia: Lippincott.

Online Resources:

Please see Aboriginal Nurses Association Cultural Competence Cultural Safety Framework for a definition of culture as well as an understanding between the differences of cultural awareness, cultural sensitivity, cultural competence, and cultural safety. See link below:

<http://www.anac.on.ca/competency.php>

IN CLASS/PRACTICE/LAB

- Discuss concepts of race, ethnicity, culture, and cultural safety in a reading circle
- Discuss Aboriginal health Case Story
- Discuss reading circle approach (to be implemented in later learning activities)
- View Video “Race: The Power of an illusion” (First volume: Science) by PBS

IN REFLECTION

The information you have been introduced to in this learning activity can be used to begin to develop a critical understanding of culture and help you provide culturally safe care to clients. Take five minutes to discuss with a classmate how this deepening knowledge of cultural safety will impact your future nursing practice.

REFERENCES

- Browne, A.J., Smye, V., & Varcoe, C. (2005). The relevance of postcolonial theoretical perspective to research in Aboriginal health. *CJNR*, 37(4), 16-37.
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- Doane, G.H. & Varcoe, C. (2005). *Family Nursing as Relational Inquiry: Developing Health Promoting Practice*. Philadelphia: Lippincott.
- Papps, E., & Ramsden, I. (1996). Cultural safety in nursing: The New Zealand experience. *International Journal for Quality in Health Care*, 8(5), 491-497.

Learning Activities**Cultural Safety and Mental Health (Draft)****Concepts:**

Mental health, client advocacy, cultural safety, communication

Entry-level CRNBC Competencies reflected in this Learning Activity

Standard(s)	Competency
Knowledge Based Practice	Has a knowledge base in social sciences, the humanities, and health-related research (e.g., culture, power relations, spirituality, philosophical, and ethical reasoning). Demonstrates knowledge of population health research, population health issues and social determinants of health.
Ethical Practice	Identifies effects of own values, beliefs and experiences concerning relationships with clients, and uses this self-awareness to support compassionate and culturally safe client care.
Service to the Public	Demonstrates awareness of the impact of organizational culture on the provision of health care and acts to enhance the quality of a professional and safe practice environment.

Overview

Students will have the opportunity to build on their previous knowledge of cultural safety and apply this understanding to their mental health nursing practice.

Aboriginal peoples experience a high incidence of mental health problems, such as depression, suicide, drug and alcohol abuse and family violence. Recognition of the historical, socioeconomic, and political circumstances of Aboriginal people in Canada is necessary to fully understand how historical and other sociological factors have influenced the mental health problems or disorders faced by this group of people (Wilkinson & Boyd, 2008, p.29).

Aboriginal peoples' experiences with mental health services require special mention because of the powerful influence of colonization and current forms of colonialism on their mental health. It is becoming apparent that that mainstream mental health programs and services are ineffective and, in some cases, harmful to Aboriginal individuals (Dick, Duncan, Gillie, Mahara, Morris, Smye & Voyageur, 2006).

Collaborative, culturally safe services that integrate clinical approaches with traditional Aboriginal healing have been hailed as promising approaches to ameliorate the high rates of mental health problems in Aboriginal communities in Canada (Maar, Erskine, McGregor, Larose, Sutherland, Graham, Shawande & Gordon, 2009).

This learning activity is intended to provide students with a rich learning experience about mental health, client advocacy, communication and cultural safety. The students will be provided direction to maximize learning and understanding of the challenges that Aboriginal people face in accessing mental health services, the strategies, strengths and challenges related to collaborative Aboriginal mental health care, as well as increase awareness about the Nurses' role in assisting Aboriginal people to meet their mental health needs.

Learning Outcomes

-
- Students will consider the unique culture of Aboriginal peoples in Canada and their mental health beliefs.
 - Student will gain an awareness of some of the mental health issues caused by the powerful influence of colonization and current forms of colonialism.
 - Student will gain awareness that mainstream mental health programs and services are ineffective and, in some cases, harmful to Aboriginal individuals.
 - Student will gain an awareness of the challenges to accessing mental health services for Aboriginal people.
 - Student will gain an awareness of Aboriginal mental health support programs available for Aboriginal people.
 - Students will reflect and describe how the knowledge of cultural safety and mental health will impacted their future nursing practice.

In Preparation

The student will pre-read the supplied articles.

Read:

Maar, M., Erskine, B., McGregor, L., Larose, T., Sutherland, M., Graham, D., Shawande, M., & Gordon, T. (2009). Innovations on a shoestring: a study of a collaborative community-based Aboriginal mental health service model in rural Canada. *International Journal of Mental Health Systems*, 3 (27), doi:10.1186/1752-4458-3-27.

Kent-Wilkinson, A. & Boyd, M.A.(2008).The Context of Mental Health Care in W. Austin & M.A. Boyd, M.A. (Ed.), *Psychiatric Nursing for Canadian Practice*.(pp.27-38). Philadelphia, PA: Lippincott.

In Practice

The student will:

- Engage as a learner by sharing experience with their peers.
- Apply cultural safety knowledge gained in the mental health practice as opportunities becomes available.
- Take initiative in maximizing the learning opportunity
- Reflect in action, recognizing learning needs.

In Reflection

The knowledge gained from this learning activity can be used to care for future Aboriginal clients. Take five minutes to discuss with a classmate how this deepening knowledge of cultural safety and mental health will impacted your future nursing practice.

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Bernick, L, Grinberg, A, Holynaty, L., Rodgers, M. (2001). Caring for survivors of the Holocaust. *The Canadian Nurse*. 97(3) 25.

College of Registered Nurses of British Columbia, (2006). Competencies in the context of entry-level registered nurse practice in British Columbia. Vancouver: Author (Pub 375) Retrieved November 25, 2009 from: www.crnbc.ca/downloads/375.pdf

Dick, S., Duncan, S., Gillie, J., Mahara, S., Morris, J., Smye, V., & Voyageur, E. (2006). Cultural safety: Module 3: People's experiences of colonization in relation to health care. Retrieved February 22, 2010 from <http://web2.uvcs.uvic.ca/courses/csafety/mod1/index.htm>

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CASE STORY (DRAFT)*

Long long ago, when I was a little girl in Prince Rupert way up on the North Coast of British Columbia , I was at home. We shared stories about a long line of Tsimshian ancestors. It is now the year 2010 and I am 26 years old. I am going to tell you about my story about attending university. I have never done this before so I will just tell it the way I remember it; nothing fancy and I will keep jumping in and out. Why am I writing this? I have held back far too long. I am the only one that knows what happened to me and how an education changed me...

My mother was a social worker and my father a high school teacher and we shared many stories. Both were residential school survivors and this impacted our family history in so many ways. They are now retired and live where they have for many generations with my sisters, grandparents, aunts, uncles, great aunts and great uncles, nephews, nieces, cousins and elders. My grandmother has outlived three husbands: her childhood sweetheart, the neighbor and the white storekeeper.

My community is celebrating a birth today, a new existence. My younger sister who lives in Prince Rupert has a new baby, and I am not present to witness the celebration. I begin to question if leaving my home for an education has been worth it. I question which has greater importance, family life or education and if they can be combined. Who has the answer to such life transitions? I have always wanted a baby. I feel like I am missing so much. My heart aches to be back with everyone in the comfort of my community. I remember that I too am like my sister; I also possess the special gift of giving birth and assisting Mother Earth in her gift of life. Why do I question this at all? I close my eyes and dream....

I feel physically alone in the dark rainy city...

I have met many friends who are interested in traditional healing practices. I find it interesting at how little they understand and how it gets labeled “new ways of healing”. My grandmother has shared these ways of healing with me and my sisters since I was young. They work. They lower my stress level in the city, reduce the occurrence of the foggy in my head and help me contemplate the newly found racism that I am experiencing. I started out loving the time spent teaching my new found friends how to look twice at the world. First look at the leaf on the ground with all its’ intricacy and symmetry of nature and life force but then look again. This time , look at everything around the leaf at its’ very edge. I try to apply this analogy to racism...I am discomforted with what I see.

I find myself at university in Surrey because my mother nurtured in me a life long love of books, stories and learning. She used her love of learning to spark her interest in furthering her education and hoped it would be a good path for me. She wanted to give me an education; An education that would give me the knowledge to understand, to be proud of myself, along with the knowledge to understand the world around me.

My mother and her sister started with nothing more than the desire for a say in their daughters’ education. Their organized ideas resulted in conversations among other parents, planned meetings, classes in basements, band proposal writing, partnering with the federal government officials and then ultimately a new school on the reserve for all of us. Somehow my mother knew that schools operating on an Indian philosophy had a high success rate in the nineties. Other schools that followed the “mainstream” philosophy had a higher drop out rate. The tendency has been to look at individuals (such as my cousin Jared when he dropped out) rather than the Framework of education or the rules he had to follow. Because of this, people felt something must be wrong with him, not with the education.

I am so proud of my mother. My grandmother looks on and wonders why we have to do any of this since in the past our ancestors never had to ask how to teach their own children.....it was what the community did. My aunt thinks that we need to change the system not the children. My grandmother only smiles when her grandchildren tell her they taught the teacher something in school today. She says if teachers stop talking long enough to listen they may hear things that the exact sciences cannot answer. In such utterances as these, and many, many others, there is a clarity and a quiet beauty that is stunning. I wonder if it is this beauty of a vision of existence more universal than the western world that makes our way of living so fascinating to people today.

Sometimes I feel like there are voyeurs into my culture.

My grandmother’s sister, Edith, tells the story of how, in her day, every person shared the responsibility for seeing that each child learned all he needed to know in order to live a good life. The wisdom of our ancestors showed in their

concern not only for present life but also for future generations. I begin to wonder what I will learn in university that I could pass on to my children. Do any of my instructors have concern for my unborn children? Perhaps it is not fair to compare teachers. I am now on the receiving end of many different methods of education mostly European value driven. All my instructors seem to be telling a different story. They say there is strength in diversity. I wonder??

I have a fascination with my father's father who really seemed to embrace life. He became my mystery man and motivated me. He instilled in me the desire to search and wonder about life. I am studying history to examine why my father's father seemed to embrace life in every way and why my father is the opposite. My great grandfather knew different languages, fished, survived without a TV or cell phone and was satisfied and at peace with his life. He felt most at home when he was free to lay back on the earth and watch the clouds move. He was blessed with a swiftness and pride. He was my great grandmother's sweetheart.

This is not the picture of my father.

My father is different. He is often engulfed in the everyday battle of survival, a survival that took on a very dark meaning early in his life. He was removed from his parents' home at the age of 5 years along with his 4 brothers and sister. He was the oldest. His mother had 3 miscarriages which were attributed by the Doctor to be from the chronic poverty, inadequate housing, over crowding, polluted drinking water, nutrition and crude waste disposal methods on the reserve. I think my father has had innumerable false starts in his life with discouraging results. Is anything real to him? I don't know. My sister seems to understand him best.

He grew up with a constant sense of not knowing where his family would be and how long they would be there. It was too painful to establish any roots. My mother calls it bonding. She accepts his ways with such ease. She is such a role model for me. This fear of loss leads my father to decide he will not let himself feel close to anyone. His family was not whole. His voice is silent. I long to hear him speak. He speaks little... so when he does speak every one listens. His family of blood lines tried to give him the care, protection and security he needed, but the government officials denied his family the right to care for him and his siblings. The government workers thought that the family did not invest enough into safety.

My Dad did his best in parenting and teaching at the High School. He retired at age 55 from the school. He retired at age 21 from parenting.

Today he spoke for the first time about.....

My name is Sophie McDonald... and I am a 26 year old woman. Only here in university do I say that I am First Nations or Tsimishian tribe of Lax Kw'alaams. I am quickly finding out that to be First Nations at university is not only to be politically incorrect but also socially unacceptable. I struggle at how to identify myself in this new place. I seemed to know and was comfortable with who I was back home. In fact everyone seemed to know who I was. SOPHIE, just Sophie and it came with the understanding that I was also daughter of Rose and Charlie MacDonald, Charlie from Gitlan Tribe and Rose from up the Skeena river, the granddaughter of Bob, Ruth, Gavin, and Terry from the George family. The Tsimchian nation consists of fourteen bands and has nine tribes. I know someone from each place and they all know me. But then again there are a total of 10,000 Tsimishian people throughout Northern BC and Alaska and at the University there are 26,000 students all from different programs but geographically all in the same place.

It is only here I struggle with identification. I am now Sophie MacDonald student #12899187710. Does that mean that I didn't know before who I really was? Do I know now?

The first time I was in the hospital the nurses asked me my name and the second question was "Was I allergic to anything?" I remember thinking that this information seemed to be very important as the nurses' focus was pretty intense. Again that intense focus and importance has resurfaced. This time the importance is placed on "your student number". It doesn't appear that anything can go forward without this information. Am I reading too much into the situation?? This is all they appear to want to know about me. Not one person asks my clan. I have the uneasy feeling that bringing that up would take the conversation to a place that would bring comfort and pride only to me. I decide to remain silent but with the pride of knowing my distinguished ancestry.

This was a turning point for me as I choose to remain silent....after that moment I realized that this became my way of being.... How will I remember who I am in 4 years after I graduate? I remember hearing the phrase that “unlearning something is harder than learning something.” I am finding this out.

Perhaps the study of history will give me some clues to all these questions. However, that is putting a great deal of emphasis on school study for the answers to life. I feel like I am being transformed already, looking for answers in the books and from the written words of others. What would my grandmother think of this new way of being? I can't wait to go home and sit around the fire to sit and talk. I feel as fragile as the potted plants I have in my dorm room and certainly not filled with the strength I used to feel in the bush with a Cedar tree on the Nass river which flourished with the winds. The winds at school seem to be based in fear .

In school we spend a good deal of time taking apart a problem in history, trying to identify all aspects of the pieces and not looking at the whole. At home we look at the whole and see how the parts are identified or interact with the whole. The closest I can come to explaining the difference is that we analyze everything at school and we synthesize everything at home.

I can remember hearing many stories of my cousin on my father's side who left Prince Rupert to go to university in Vancouver. She came back with stories that only the strong survive....I guess I will find out what she meant by that.

Back home I played many sports and encouraged the younger children to join in. At the university things appear to be competitive and I do not seem to fit in, whereas at home there was a place for everyone on the team. It is not the first time I am experiencing this feeling of not fitting in, but is the first time that I feel out of place.

Racism is only a word to some and to some it is a feeling. I was once proud that I was accepted into the university but since I arrived I have learned that everyone is proud, but some more than others. It appears that some students have the belief that I got in to university easy because I was First Nations and that I don't have to pay for my education. If they only knew what the cost was to my personhood. Does everyone think this way? I often search out my teachers to talk with then but feel shut down as they are running off to other classes. They say “send an email”. I guess I will try....but I don't seem to find the motivation to push “send”. I am beginning to understand what the phrase “caught between two worlds” means.

We are one country, one province, and so many different lives. I go in search of a community who will understand. I search for other aboriginal students who share the same thoughts as me, but when I find them, we only seem to talk about the negatives ...not ways to make things better. I find myself in a fight of wills against myself....I am fighting the urge to drink and smoke. I have been brought up seeing the destruction of my people, the internal struggles and tremendous journeys that have had to overcome in their lives. Please... don't let it happen to me... I tire quickly with the pale imitation of camaraderie in the group.

I struggle in class, as the teacher emphasizes that we are here to learn how to be better readers, writers and thinkers. End of story. For me, the story is just beginning and there is so much more to share.

Thank you for being part of my story and my life adventure. My great uncle said that all stories should have some instruction in them... something that the listener can put to use in life. I hope you find something in my story.

Sophie

Family Study

1. Genogram
2. Epidemiological map
3. Psychiatry – attachment/detachment theory, violence, residential schools, addictions, coping
4. Communication styles
5. Social Activism- empowerment, feminism
6. Advocacy – psychological, emotional, social,
7. Foster care system

- 8. Family, tribal and ancestral values and beliefs
- 9. Student empowerment/support groups
- 10. Cultural beliefs

*** Developed by: Jekanovich, Rosentreter, Redmond, Su(2010). Langara College Nursing Department, Aboriginal Health Committee**

APPENDIX F

Aboriginal Health and Cultural Safety Thread (Draft)

Year	Learning Outcomes	Concepts/Content	Resources	Assignments
Year 1				
Term 1 (Wellness)	Examine the process of cultural safety. Explain concepts of: race, ethnicity and how cultural safety can be achieved. Describe how this process relates to a population's health	Differentiate between the concepts of: race, ethnicity and culture. Begin to understand: cultural awareness, cultural sensitivity, cultural competence, cultural safety	<p>Browne, A., & Varcoe, C. (2009). Cultural and social considerations in health assessment. In A.J. Browne, J. MacDonald-Jenkins & M. Luctkar-Flude (Canadian Eds.), <i>Physical examination and health assessment</i> by Carolyn Jarvis (1st Canadian Edition) (pp.35-50): Toronto: Elsevier.</p> <p>Browne, A. J., & Varcoe, C. (2006). Critical cultural perspectives and health care involving Aboriginal peoples. <i>Contemporary Nurse</i>, 22(2), 155-167.</p> <p>Doane, G.H. & Varcoe, C. (2005). Chapter 9. <i>Family Nursing as Relational Inquiry: Developing Health Promoting Practice</i>. Philadelphia: Lippincott</p> <p>Papps, E., & Ramsden, I. (1996). Cultural safety in nursing: The New Zealand experience. <i>International Journal for Quality in Health Care</i>, 8(5), 491-497.</p>	Case survey approach, reading circle approach
Term 2 (Chronicity)	Examine how the process of cultural safety relates to the individual and family	Stereotypes, assumptions, racism, discrimination, colonialism, post-colonialism, Aboriginal strengths, awareness of difference among Aboriginal people	<p>Doane, G.H. & Varcoe, C. (2005). Chapter 9. <i>Family Nursing as Relational Inquiry: Developing Health Promoting Practice</i>. Philadelphia: Lippincott.</p> <p>Smylie, J. & Anderson, A. (2006). Understanding the health of Indigenous peoples of Canada: Key methodological and conceptual challenges</p> <p>Waldram, J. B., Herring, D. A., & Young, T. K. (2006). Chapter 1. <i>Aboriginal health in Canada: Historical, cultural, and epidemiological perspectives (2nd ed.)</i>. Toronto, ON: University of Toronto Press.</p> <p>Kelm, M. (1998). Colonizing bodies: Aboriginal health and healing in British Columbia 1900-50. Vancouver: University of British Columbia Press.</p> <p>Online Resources</p> <p>Aboriginal Health Glossary. (2004). <i>Aboriginal health and cultural diversity online glossary</i>. Compiled by A. Kent-Wilkinson (assistant professor) & technology by M. Tomtene (programmer analyst). College of Nursing, University of Saskatchewan, Saskatoon, SK. Available from http://www.usask.ca/nursing/aboriginalglossary</p> <p>UBC Xwi7xwa Library (pronounced whei-wha). This is one of the only publicly accessible First Nations libraries in Canada. On their home page, http://www.library.ubc.ca/xwi7xwa/, you can link to their database of Web and Internet Sites (A-Z). It provides a list of external resources.</p> <p>National Aboriginal Health Organization (NAHO): http://www.naho.ca/english/. This organization is dedicated to advancing the health of Aboriginal people using knowledge-based strategies. Designed and controlled by Aboriginal people, NAHO fosters the participation of Aboriginal people in the delivery of health care, and protects traditional healing practices. Additional links can be found at: http://www.naho.ca/english/links.php.</p>	Case survey approach, reading circle approach
Term 3 (Medical)	Examine how complementary and alternative medicine relates to a culturally safe healing experience	Indian Act, residential school system, Indian Hospitals, reserves, Indigenous knowledge, smudge, sweat lodge, elders /respect for Aboriginal peoples		Case survey approach, Reading circle approach
Year 2				
Term 4 (Surgical)	Examine the health discrepancies experienced by some of the Aboriginal population and understand why these health discrepancies exist	New epidemics in the 20 th century: Injuries, violence, diabetes, HIV/AIDS	Adelson, N. (2005). The embodiment of inequity, health disparities in Aboriginal Canada. <i>Canadian Journal of Public Health</i> , 96, 45-61.	Case survey approach, reading circle approach
Term 5 (Mental Health)	Describe how mental health challenges intersect with culture	Health care access, mental health	Waldram, J. B., Herring, D. A., & Young, T. K. (2006). Chapter 4. <i>Aboriginal health in Canada: Historical, cultural, and epidemiological perspectives (2nd ed.)</i> . Toronto, ON: University of Toronto Press.	Case survey approach, reading circle approach
Term 6 (Gender/Maternity)	Explore gender issues within various cultures, Explore maternal/child health experiences through the lens of cultural safety	Health experiences of women and children		Case survey approach, reading circle approach
Year 3				
Term 7 (Community)	Explore the relationship between community and culture	Aboriginal community health initiatives, urbanization	Newhouse, D., & Peters, E. (2003). Not Strangers in these Parts. Urban Aboriginal Peoples. Policy Research Initiative, Canada.	Case survey approach, reading circle approach
Term 8 (Global)	Explore the politics of culture	Revisit Indian Act, residential school, post colonialism		Case survey approach, reading circle approach
Term 9 (Graduate)				

2

University of Alberta Embracing Indigenous Ways of Knowing

Resource Manual - A Work in Progress

Nohtâwinân kinanâskomitinân
Emiyiyâhk ôma kisikâw
Emiyomahcihoyâhk
Saweyiminân nohtâwinân
Kanaweyiminân 'tahto kîsikâw
Kinanâskomitinân kisâkihiwewin ohci ekwa Kikisewâtisiwin
Wîcihinân kananahitâhk Ekosi eyisinitotamâtâhk Kiwîhowinihk ohci
Ay/ay Amen
(Emily Hunter, 2009)

Indigeneity is to Spirituality as Nursing is to Community.
(L. Bourque-Bearskin, 2008)



Acknowledgments

This project came to be through a partnership between the following individuals and agencies. We thank all team members of the organizing committee for their dedication, passion and insights kinana'skomitina'wa'w

Patricia Goodwill-Littlechild, Executive Director, Maskwachees Cultural College

MaryMoonias, Elder, Maskwachees Cultural College

Pam Tailfeathers Buffalo, Home Care Coordinator, Maskwacis Health Services

Rose Martial, Elder, University of Alberta

Lisa Bearskin Bourque, University of Alberta

Brenda Cameron, University of Alberta

Vera Caine, University of Alberta

Jackie Mitchell, University of Alberta

Leanne Delaney, University of Alberta

Anna Leah King, University of Alberta

Kari Meneen, University of Alberta

kinana'skomitina'wa'w to those who are joining us in our activities, who guide our clinical learning experiences, who will continue to contribute to our understandings in multiple ways and who contributed financially to our project.

kinana'skomitina'wa'w to all our students, tutors and community members who have come to learn with an open heart and mind.

1. Welcome

As part of their clinical experience in their first year, nursing students will engage in a cooperative education experience and will be part of an innovative and creative experiential learning opportunity connecting both the theory and practice of cultural safety. While the experience will create the opportunity for students to explore and implement the concept of cultural safety in general, the course focuses particularly on the historical, political, institutional and practical forces that shape the life and well-being of Aboriginal peoples, specifically the life of Plains Cree people in Alberta. Situating this experience in a larger clinical course which focuses on Primary Health Care and health equity engages students in the exploration of practices which foster relationships for collaboration and change. The overall aim is to enable students to begin to provide cultural safe, as well as socially just and equitable nursing care.

In partnership with Maskwachees Cultural College (Patricia Goodwill-Littlechild), Maskwacis Home Care Department (Pam Tailfeathers Buffalo) and Co-leaders from the Faculty of Nursing (Community Associates Rose Martial, and Mary Moonias, Dr. Brenda Cameron, Dr. Vera Caine and R. Lisa Bourque Bearskin, Western Region Director Aboriginal Nurses Association of Canada, and PhD Student) we have been given an opportunity to implement a pilot project aimed at developing a specific initiative titled, *Embracing Indigenous Ways of Knowing*. This initiative will address the dearth of Indigenous knowledge in the current nursing curricula. The goal is to create a culturally unique learning experience guided by Indigenous knowledge with a particular emphasis placed on transforming the ways students learn about culture, which is imperative to reach the goal of culturally safe nursing graduates.

The project will take place during the week of February 2-5, 2010 in a variety of locations beginning with a Formal Presentation Session Tuesday February 2, 2010. We will hold an Indigenous pedagogies symposium at the Nechi Institute February 3, 2010. Clinical learning experiences in a variety of locations will occur on February 4, 2010. An Aboriginal Nursing Symposium at Bernard Snell Hall at the University of Alberta will happen on February 5, 2010.

In the spirit of education and health, welcome!

2. Background Information

This project is built on core values of respectful and reciprocal relationships with community partners, faculty, and students. We are structuring this three day symposium on the key values of humanness, indigeneity, compassion and reflexivity. Each day will have a different focus that will take us from cultural beginnings to current realities in Aboriginal health care practice.

The project was funded by the Aboriginal Nurses Association of Canada, who received funding from Health Canada, the Faculty of Nursing, University of Alberta and the NEAHR Centre, which is funded the Institute of Aboriginal Health Research, CIHR.

Below are links to background documents, one which includes the Framework for the projects and the other one is a detailed literature review:

<http://www.anac.on.ca/Documents/Making%20It%20Happen%20Curriculum%20Project/FINALFRAMEWORK.pdf>

<http://www.anac.on.ca/Documents/Making%20It%20Happen%20Curriculum%20Project/FINALReviewofLiterature.pdf>

Nationwide six projects are funded; please see the following press release that was made by the Aboriginal Nurses Association of Canada:



Aboriginal Nurses Association of Canada

FOR IMMEDIATE RELEASE

NURSING SCHOOLS DEVELOPING CULTURAL SAFE CURRICULUM

The Aboriginal Nurses Association of Canada (A.N.A.C.), together with its partner, the Canadian Association of Schools of Nursing (CASN), have selected six Canadian Schools of Nursing as representative schools for the implementation of new Nursing curriculum based on cultural safety competencies. This work will be inclusive of all the competencies in the new A.N.A.C. Framework, entitled *“Cultural Competence and Cultural Safety in Nursing Education: A Framework for First Nations, Inuit and Métis Nursing.”*

The Framework was the result of a joint partnership between the Canadian Nurses Association, The Canadian Association of Schools of Nursing and the Aboriginal Nurses Association of Canada. It was formally launched on National Reconciliation Day, June 11, 2009, and is the result of a project – made possible by \$405K in funding from Health Canada’s Aboriginal Health Human Resources Initiative (AHHRI) – called ‘Making it Happen: Strengthening Aboriginal Health Human Resources’.

“Health Canada is delighted to support this project, which demonstrates our commitment to culturally competent practices, which aim to improve the experience of First Nation, Métis and Inuit in health care settings,” said Minister of Health Leona Aglukkaq.

“Such practices also promote the recruitment and retention of Aboriginal nursing students, and support a healthy work environment, essential to both the well-being of nurses, and of their patients,” she added.

After a Call for Proposals, the selection committee made their decision on the representative schools based on differing geographic regions and program format as well as having both and representatives from both university and college programs.. The six nursing schools selected are: Nova Scotia Community College, St Francis Xavier University, Trent University, Laurentian University, the University of Alberta and Langara College. Five of the six nursing schools are Bachelors of Nursing programs while the sixth, Nova Scotia Community College, is a Practical Nursing program.

The schools will implement the Framework competencies into their existing curriculum for all their students in the nursing program. This will be done by a number of differing strategies, including curriculum mapping of objectives, program adaptations of theoretical and/or clinical components or the creation of entirely new courses. These differing models as well as the documentation of their process will be published for all other Canadian Schools of Nursing to utilize as templates in the coming years as CASN will be incorporating them into their accreditation standards.

The President of A.N.A.C., Rosella Kinoshameg highlighted that “The sharing of the templates with other universities and colleges will touch Aboriginal students on a broader basis. The incorporation into accreditation standards by CASN will strengthen the commitment of nursing schools to implement the competencies. The end result of these two initiatives will “make it happen”.

A.N.A.C. and CASN are optimistic that successful implementation of the cultural competency Framework will serve not only to improve the health care experience for First Nation, Métis and Inuit clients as well as promoting the recruitment and retention of Aboriginal nursing students.

While these cultural safety competencies have been developed specifically to support the health needs of Canada’s Aboriginal peoples, the commitment to culturally competent practices works to eliminate discrimination and disparity in the system by actively engaging in activities and strategies designed to maximize health, economic and social benefits for all. The use of cultural competencies supports a healthy work environment for nurses which is essential to the well-being of clients and the recognition and respect of cultures enhances quality patient outcomes.

To further support the use of these cultural safety competencies in the workplace, A.N.A.C. will be working with the Canadian Healthcare Association on a related curriculum course for health service delivery managers and professionals that is expected to be implemented as distance learning course in the fall of 2010.

Background

The Framework is the result of a project – funded by the Aboriginal Health Human Resources Initiative (AHHRI), First Nations and Inuit Health Branch, Health Canada – called ‘Making it Happen: Strengthening Aboriginal Health Human Resources’. These new curriculum development projects form the second phase of this initiative, entitled ‘Strengthening Aboriginal Health Human Resources: Making it Happen: Curriculum Development and Getting the Word Out’. The Framework can be found at <http://www.anac.on.ca>.

For more information, please call Audrey Lawrence, Executive Director, A.N.A.C., at 613-724-4677, ext. 23, or send an e-mail to alawrence@anac.on.ca.

3. Required Readings

Dion Stout, M. & Downey, B. (2006). Nursing, indigenous peoples and cultural safety: So what? Now what? *Contemporary Nurse*, 22 (2), 327.

Gonzalez, L. O. (2008). Understanding each other: Communication and culture. In J. Balzer Riley (Ed.). *Communication in nursing* (6th ed., pp. 46-62). St. Louis: Mosby.

King Blood, R. & Roberts, R. A. (2008). Aboriginal Clients. In L. L. Leesberg Stamler & L. Yiu (Eds.). *Community health nursing: A Canadian perspective* (pp. 320-330). Toronto: Prentice Hall.

Papps, E. & Ramsdent, I. (1996). Cultural Safety in Nursing: The new Zealand Experience. *International Journal for Quality in Healthcare* 8(5), 491-497.

4. Additional Resources

Electronic Resources:

Aboriginal Nurses Association of Canada: <http://www.anac.on.ca/>
 National Aboriginal Health Organization: www.naho.ca
 Health Canada: <http://www.hc-sc.gc.ca/fniah-spnia/index-eng.php>
 Residential Schools: <http://www.wherearethekids.ca/>
 Aboriginal Health Foundation <http://www.ahf.ca/>

Radio/Film Media:

CBC Radio (excellent radio program called ReVision Quest):
<http://www.cbc.ca/radiosummer/revisionquest/>
 National Film Board of Canada:
<http://onf-nfb.gc.ca/eng/directing-co-producing-film/aboriginal-filmmaker-program.php>

Additional Readings:

Cagle, (2006) Students’ Understanding of culturally and ethically responsive care. *Nursing Education Perspective*, 27, (6) 308-314.

Canadian Nurses Association. (2004). Position statement: Providing culturally competent nursing care. Ottawa, ON: Author

Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing*, 13, 3 181-184.

Calgary Capital Health Region (2005). Enhancing Cultural Competency: A Resource Kit for Health Care Professionals Capital Health Region, Calgary, Alberta. Retrieved February 20, 2007 from http://sacyhn.ca/media/pdf/Enhancing_Cultural_Competency_Resource_Kit.pdf

Cross T., Bazron, B. Dennis, and M. Isaacs. (1989). Towards a culturally competent system of care. Vol. 1. Washington, DC: Georgetown University Child Development Centre
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Cultural Safety, the Treaty of Waitangi, and Maori Health in Nursing Education and Practice (2005). Retrieved February 19, 2007 from <http://www.nursingcouncil.org.nz/Cultural%20Safety.pdf>

Johnstone, M & Kanitsaki, O. (2006). Culture, language and patient safety: Making the link. *International Journal of Quality in Health Care*, 18(5), 383-388.

Gray, P., & Thomas, D. (2005). Critical reflections on culture in nursing. *Journal of Cultural Diversity*, 13 (2) 76-82.

Richardson, F., & Carryer, J. (2005). Teaching cultural safety in a New Zealand nursing education program. *Journal of Nursing Education*, 44, pp 201-208.

Ryan, M., Twibell, R., Brigham, C., & Bennett, P. (2000). Learning to care for clients in their world, not mine. *Journal of Nursing Education*, 39(9), 401-408.

Spence, D. (2005) Hermeneutic notions augment cultural safety education. *Journal of Nursing Education*, 44, 409-414.

5. Schedule of Activities

Times	Tuesday February 2	Wednesday February 3	Thursday February 4	Friday February 5
		Indigeneity Symposium	Experiential Learning Community Agencies	Indigenous Nursing Symposium
		Nechi Institute	Various Locations	Bernard Snell Hall
0900		Opening Ceremony	Overview of Sites	Opening Ceremony
		Mary Moonias	Four Nations- Hobbema	Rose Martial
0915		Diversity of Aboriginal People Indigenous Worldviews & Philosophies	Home Care College	Aboriginal Health/ Social Determinants of Health
			Paul Cree Nation	Pam Tailfeathers Buffalo
1000	100 to 1050 Fixed Resource Session: Cultural Safety Framework	Bruce Cutknife	Alexander Cree Nation	Traditional Medicine in Nursing
			Aboriginal Health Program: Alberta Health Services	Kathy Bird
1015		BREAK (15 min)	Aboriginal Diabetes Wellness Centre	Break (15 min)
1030		Historical context of Aboriginal people in Canada	Nihgi Metis Center	Traditional Medicine in Nursing
		Bruce Cutknife	Bent Arrow Traditional Healing Society	Kathy Bird
1200		Lunch		Lunch
1300		Circles of learning 1) Moss Bag Teachings 2) Significance of Tobacco & four sacred medicines	Ben Calf Robe Society	Nursing Panel
			Nechi/Poundmakeres	Four Ps of Practice: Politics, Policies, Pedagogies, & Practice
1400			Boyle McCauley Health Center	Break
1415		3) Residential Schooling 4) Sixties Scoop & Child Welfare Policies	Mustard Seed	Songs & Healing
			Jasper Place School	Anna Leah King
1600		5) Roles of Men 6) Roles of Women	Prince Charles School	Closing Ceremonies
				Mary Moonias

6. Core Competencies & Learning Outcomes

Culturally Safety Competencies

Postcolonial Understanding

- The graduating student will demonstrate compassionate, culturally safe, relation-centered care with First Nation, Inuit, and Métis clients, their families or communities.
- The graduating student will be able to identify the determinants of health of Aboriginal populations and use their knowledge to promote the health of First nation, Inuit, and Métis clients, families, and communities.

Respect

- The graduating student will identify health care approaches that place First Nation, Inuit, and Métis clients, families, and communities at risk for cultural harm, and describe measures to rectify these approaches.
- The graduating student will demonstrate the skills of effective collaboration with both Aboriginal and non-Aboriginal health care professionals, traditional/medicine peoples/healers in the provision of effective health care for First Nation, Inuit, and Métis clients, families, and communities.
- The graduating student will identify health care approaches that places First Nation, Inuit, and Métis clients, families and communities at risk for cultural harm, and describes measures to rectify these approaches.
- The graduating student will be able to describe approaches to optimize First Nation, Inuit, and Métis health through a just allocation of health care resources, balancing effectiveness, efficiency and access, employing evidence based and Indigenous best practices.
- The graduating student will be able to contribute to the development, critical assessment of knowledge/practices, and their dissemination to improve the health of First Nation, Inuit, and Métis in Canada.

Inclusivity

- The graduating student will demonstrate a commitment to engage in dialogue and relationship building with First Nation, Inuit, and Métis peoples, cultures and health practices.

Indigenous knowledge

- The graduating student will describe First Nation, Inuit and Métis ontology, epistemology, and explanatory models as they relate to health and healing and the graduating student will describe First Nation, Inuit and Métis cosmologies.

Communication

- The graduating student will demonstrate effective and culturally safe communication with First Nation, Inuit, and Métis clients, their families and peers.
- Establish a sound understanding of culturally safe care.
- Locate themselves culturally, recognising that culture is dynamic and changing.
- Mentoring and supporting students for success
- The graduating student will have experienced teaching learning environments where she/he felt safe to freely express ideas, perspectives, and critical thoughts.
- Graduating students will have experienced a supportive nursing programs as they journey towards degree completion and their place as registered nurses within the profession.

Learning Outcomes

- Establish a sound understanding of cultural safety theory.
- Recognising that culture is complex, dynamic, and forever changing.
- Develop an awareness of the impacts of colonisation as expressed by Aboriginal peoples themselves. As well as situate this knowledge within historical and current policy contexts.
- Explore and appreciate Aboriginal culture, grounded in contemporary and traditional ways of life for Aboriginal peoples.
- Explore how professional practice and institutions frequently privilege mainstream societies values and practices, and what role beginning nurses can play in shifting this practice.

Fixed Resource Session

- Develop an awareness of concept of cultural safety. Explore how this concept relates to one's own life experiences.

Further examine how this concept applies to nursing practice.

- Wednesdays and Friday
- Create a sound base for understanding the experiences of Aboriginal peoples in Canada.
- Develop an awareness of the impacts of colonisation as expressed by Aboriginal peoples themselves. As well as situate this knowledge within historical and current policy contexts.
- Explore and appreciate Aboriginal culture, grounded in contemporary and traditional ways of life for Aboriginal peoples.
- Explore how professional practice and institutions frequently privilege mainstream societies values and practices, and what role beginning nurses can play in shifting this practice.
- Explore traditional health practices.
- Clinical Learning Experiences (Thursday for Students in Nursing 191)
- The aim of this one day observational learning experience is to enhance understanding of Aboriginal Peoples from cultural beginnings to current realities in nursing practice.

7. Clinical Experiences (for students enrolled in Nursing 191)

Your clinical tutor will have the detailed locations and times for your clinical learning experiences.

Please remember that in many settings you will hear stories, come to know peoples and be privy to often very personal information. It is important to always maintain confidentiality.

8. Required Activities (please note there are three parts to this)

a) Assessment – please complete the assessment through the following link <http://erc.msh.org/mainpage.cfm?file=1.1.1.htm&module=providerquiz&language=English> prior to FRS on February 2nd, 2010.

b) Evaluation (please complete this for each day as indicated)

Wednesday

- What have you learnt about Aboriginal Peoples that was new for you?
- How do you think this information will help you in your practice?
- What part of the day did you enjoy most?
- Was there any part that made you feel uncomfortable? Or sad?
- Have you, or has someone you overheard, ever said, “I don’t notice race, I treat everyone the same.” If you think about cultural safety, when might treating everyone equitably, but differently be appropriate?
- Are you more aware of your own assumptions, biases, prejudice and stereotypes that you hold about Aboriginal People?
- Add any comments or thoughts.

Thursday

Before coming to your learning experiences, take some time to think about the following questions and or exercises that will help you to know yourself and what you do and do not know.

- List some ideas or phrases that you think of when you hear “Cultural Safety” in the field of Nursing.
- What comes to mind when you think of inequalities in Nursing?
- Think about yourself. What are some of your key characteristics that make up your own identity? What makes you who you are?
- How does your identity differ from your parents, friends, colleagues?
- How do you think others perceive you? Why do you think this? What are the assumptions they may be making of you?
- What would you say is your cultural identity?
- Brainstorm some ideas of things you have in common with someone that has the same ethnicity as yourself. Then do the same for someone who has a different ethnicity as yourself. Look at the similarities and differences. What conclusions can you make from this?
- What kind of rewards do you think there are to providing culturally safe nursing? Who do you think these rewards will benefit?

- What are the main strengths and weakness that your clinical experience is providing when it comes to Cultural Safe Nursing?
- Where can you as a nurse seek support to achieve culturally safe nursing?

When you are finished this day answer these questions again and see how your answers have changed?

Friday

- What have you learnt about Culturally Safe Nursing?
- Has your definition of culture changed over the past three days? Please describe.
- How do you think participating in this pilot project will help you in your practice?
- Would you recommend other Nursing Students to participate in this project in the future?
- What was the most valuable aspect of this project to you?
- How do you feel this project could be improved?
- Any final comments or thoughts?

c) Reflective Questions – please choose two reflective questions for your journal

- What was a significant learning moment this week? What was a moment or an experience that stayed with you or troubled you?
- Has this experience helped you explore your own cultural background recognizing your biases, prejudices and assumptions about people? Could you give some examples?
- What are the underlying philosophical assumptions (the differences) of cultural competence and cultural safety?
- What is the relationship of culture to health and the significance of culturally competent nursing practice? Can you think of examples from your clinical practice?
- Why is cultural, racial and ethnic diversity often regarded as a quandary for the nurse rather than a cause or impetus for embracing, and affirming differences?
- Why is it so important for nurses to become active participants in promoting cultural safety in nursing education and what are we doing about it and what can we do. How do we recognize our lack of cultural safety in our practice? Can you think of examples from your clinical or personal experience?
- What are some of the benefits and challenges to implementing cultural content into nursing practice and the nurse-client experience?

3

Trent University

A.N.A.C. “Cultural Competence and Cultural Safety in First Nations, Inuit and Metis Nursing Education Project”

Objectives

1. To identify points in at least one classroom course per semester where selected elements of the Framework competencies will be implemented;
2. To integrate and implement all of the competencies identified in the Framework;
3. To build the required lecture and seminar materials to support this integration;
4. To identify the clinical practice settings and post-clinical conference sessions that most effectively support the integration of learning into practice for each of the identified competencies in the Framework

Deliverables	Progress Towards Achievement	Comments/Examples
<ul style="list-style-type: none"> A clearly identifiable curriculum map across the full curriculum, incorporating the six core competencies identified in the Framework document and demonstrating the CASN guiding concepts of relevancy, relatedness, uniqueness and accountability 	<ul style="list-style-type: none"> review of current curriculum completed to determine opportunities within 2, 3, 4th year for content delivery-gap analysis done review of new curriculum complete with identification of opportunities for content identified - discussion with faculty re: cultural competencies and opportunities for presentation of information have reviewed all draft course outlines in new curriculum and inserted content to match the competencies –including teaching resources (community contacts) and supporting articles or reference material work with curriculum committee as new course outlines are created education for current faculty re: project 	<ul style="list-style-type: none"> BIO1005- introduction of “Eating Well with Canada’s Food Guide: First Nations, Inuit and Métis” in nutrition component of class with option for basis for assignment –good uptake by students NURS300H- integration of Cultural Competency #2 into Community Nursing Course –use of “Where are the children? Healing the Legacy of the Residential Schools -NURS301H-Cultural Competency #1 and #2 –guest lecturer Shirley Williams Professor Emeritus, Indigenous Studies March 18, 2010 NURS 400H – Nursing concepts and at-risk groups NURS1000- Introduction to Cultural Competency #1 and 2 – Class week 11- Martha Calbeck from Hiawatha Health Centre as guest lecturer NURS2020H Community Nursing were possible we are inviting in guest lecturers to deliver the content

Deliverables	Progress Towards Achievement	Comments/Examples
	<ul style="list-style-type: none"> preliminary Indicator Identification Worksheet Developed to determine which structural, process and outcome indicators will be used to measure success developed a reference manual of community agencies and contact people to assist in delivery of core competency content have developed partnerships with local agencies for student placements for community nursing clinical course- have an updated list of other agencies and have initiated discussion of students for fall 2010 	<ul style="list-style-type: none"> next education session April 19th, 2010 presentation of PowerPoint as delivered to recent A.N.A.C. meeting by Cyndi and May Zaw (student) review of NURS1000 exam questions that reflected content on cultural safety to determine uptake by students available for faculty May 2010 examples: Nijkiwenddidaa Anishnaabe-Kwewag ; Nogojiwanong Friendship Centre; Hiawatha Health Centre – see attached photos of student posters (See Appendix A) –also student assigned to this Curriculum Project –May Zaw who also attended meeting in Ottawa
<ul style="list-style-type: none"> A minimum of two abstract submissions by the project lead for the purpose of dissemination related to the project, one of which will be a CASN annual conference 	<ul style="list-style-type: none"> reviewing conferences as they come up to determine a good fit writing of papers in progress 	
<ul style="list-style-type: none"> Preparation and submission of a manuscript for publication in a Canadian nursing journal, detailing the specific implementation plan utilized for the incorporation of the Framework into the curriculum 	<ul style="list-style-type: none"> preliminary work started 	
<ul style="list-style-type: none"> Exploration and establishment of internal and external partnerships to enhance faculty capacity 	<ul style="list-style-type: none"> have met with numerous faculty and staff in Faculty of Indigenous Studies- developing key advisory committee members dissemination of A.N.A.C. Competencies document discussions with faculty members in School of Nursing re: current curriculum content and potential fit with new curriculum in each year making contact with stakeholders student representatives identified 	<ul style="list-style-type: none"> i.e. Shirley Williams, Chris Furgal, David Newhouse (faculty), Joanne Argue and Vern Douglas (cultural advisors)

Deliverables	Progress Towards Achievement	Comments/Examples
	<ul style="list-style-type: none"> cultural advisor at Trent met with her and she has offered her support stakeholder assessment completed New aboriginal Enrolment Advisor announced for Registrar's Office (will meet with him when he is on board (see Appendix) To collaborate with Trent Communications to advertise and assist with recruitment of nursing students and Indigenous nursing students Collaborating with New Student Advising/Orientation staff and Academic Advisors to assist with advising nursing students to bring awareness that 'Indigenous Health' have reviewed cross appointed courses and potential electives for students- this information will be delivered at orientation as options 	<ul style="list-style-type: none"> database of community agencies and current contact people created future work- to discuss options for a safe environment for students to embrace their culture and declare their status- what can we in nursing do to support this next New Student Orientation planning underway- July 2010 and then same message in Nursing orientation sessions ISW week in September 2010 Future work: To plan out accessibility and ability of nursing students to obtain a minor in INDG studies –awareness and support for doing this INDG 3750Y (Indigenous People's Health and the environment) is currently available for 3rd year nursing students to take it as an elective. INDG 1001Y -elective –content of this course supports competencies INDG/NURS 4200Y is currently an advanced topic in Indigenous People's Health and the Environment available for 4th year nursing students NURS – BIOL 3560H – Advanced pathophysiology and pharmacology current students have focused their learning in Diabetes among Indigenous people
<ul style="list-style-type: none"> Development of knowledge translation materials for external use 	<ul style="list-style-type: none"> preliminary work on collecting student project work i.e. pamphlet development for Nijkiwenddidaa Anishnaabekwewag bulletin board in department to raise awareness of current event on campus and development of electronic (WebCT) version as well 	<ul style="list-style-type: none"> weekly Traditional Teachings, annual Elder's Conference, opportunities for membership in A.N.A.C

Summary of achievements of goals and achievements: see PowerPoint Presentation: (www.ANAC.on.ca)

It becomes evident when you review the attached presentation that this is a multifaceted project that truly is in its initial stages. The Trent/Fleming School of Nursing is committed to supporting this work on an ongoing basis. This includes ongoing work to embed these core competencies into the curriculum, to develop individual course content and reference lists, to deliver faculty education and to initiate the development of program evaluation processes. Awareness by nursing faculty, of support systems within the university, adds to their comfort in providing a culturally safe environment for students to learn.

The Trent community has been very receptive and actively involved in discussions of sustainability and support for this work. The Faculty of Indigenous Studies, the cultural advisors, student orientation representatives and individual students are supportive of increasing awareness for all nursing students and offering the supports necessary for success by aboriginal nursing students. We expect to be able to continue and indeed develop new supports for this project as we tap the new resources in the Registrar's Office.

Partnerships with community agencies have been developed in order to provide service-learning opportunities as well as offer sage advice as we further develop the curriculum. In addition, members of the community have committed their time to delivering course content, telling their stories and making the course content live.

Enablers, Challenges and Barriers and Lessons Learned

The first enabler identified for this project was the support offered by both the Director of the program and other faculty within the School of Nursing. The concepts of cultural safety and cultural competence are ones that have been embedded in our curriculum in the past. Faculty were keen to see this expanded. The second very important piece for success was the launch of a new curriculum and the timing around that. Clinical course outlines were already being reviewed, updated and altered. This made it easier to introduce new content or expand upon old. Thirdly, we are very fortunate to have a large and supportive Faculty of Indigenous Studies here at Trent who have offered their advice and support. In addition to the Trent community, the greater Peterborough community has many well established First Nations communities, agencies and support networks who have been very supportive of our project and will be instrumental in the roll out of the curriculum for their expertise in course content delivery and in guiding our Advisory Committee.

The only real barrier to the project was the timeline. Given the very large, comprehensive nature of our project, we realized very early that the actual design was merely the beginning steps of our journey. We maintain the confidence and enthusiasm to continue this curriculum design work over the next four years as we refine the actual curriculum through enacting it. There is a long term commitment to the delivery of the course content through partnering. As community partner availability changes with each season the person delivering the content may change but the map is clear in the curriculum.

One key lesson learned through this project was the importance of making connections with students very early in their nursing education. All students will be exposed to the cultural safety and cultural competencies in their nursing courses starting in first semester year one. We have found that there are many students who would like to expand upon that learning. When they first come to the University and are making choices for electives we have learned that we need to introduce them to options for electives in Indigenous Studies and the possibility of developing their interest into a minor as soon as possible. They tend to fall into electives such as psychology, sociology etc. as they are examples provided and miss the opportunities offered because they just are not aware. We know there is great interest in cultural safety and indigenous studies and many students want more than the content delivered through the Nursing Department. We want to offer as much support for students wishing to pursue this interest so these options will be presented to students before they even make course selections in first year.

Although the articles for dissemination of our learning are still in their draft stages we fully intend to finish them and submit them for publication. We are very willing to share our learning from this process, either through sharing of course outlines or reference materials.

It has been a privilege to be a part of the initial phase of this journey and I look forward to the ongoing work.

Trent Appoints First Aboriginal Enrolment Advisor

Monday, February 22, 2010 Alumnus Adam Hopkins to Engage Directly with Aboriginal Students and their Families in New Role.

Trent University has appointed alumnus Adam Hopkins to serve as its first aboriginal enrolment advisor, a new position that will make it possible for the University to more directly engage aboriginal students and their families as they consider the opportunities of Trent education.

The position is made possible through a recently announced grant from the Province of Ontario which is designed to help better meet the needs of aboriginal students. Trent's aboriginal enrolment advisor will reach out to First Nation, Métis and Inuit students in Ontario and beyond. The University has traditionally been and continues to be a meeting place for the minds of these three Nations in the context of its diverse academic community. The advisor will strengthen existing pathways and build new ones for those students seeking higher education.

Working under the supervision of the associate registrar and as a part of the Trent University liaison team, the aboriginal enrolment advisor will be primarily responsible for researching, planning, and implementing Trent's recruitment and retention strategy for aboriginal students. The advisor will establish and build relationships with prospective students, their parents and the guidance community for aboriginal students.

In order to ensure students' successful transition to university life, the advisor will communicate information regarding admissibility to all academic programs, the receipt of financial aid, scholarships, college life and residences, as well as other services available to students at Trent. The advisor will also serve as a liaison to the Aboriginal Education Council and the Department of Indigenous Studies in order to ensure integration of recruitment activities with values and resources for the strong Indigenous academic and co-curricular programming Trent offers.

"This is a profoundly exciting time for Aboriginal people in Canada. I've seen my own language (Lenape) being revived and spoken in my community after more than 100 years. I've gone to school with friends who are the first people not only in their family, but in their community to obtain a university degree. I have friends who have left their communities over 5,000 kilometres away to attend this institution,"

Mr. Hopkins says. "I hope that I am able to share my combined experiences as a liaison recruitment officer, a Trent student, and a Lenape/Anishnaabe person with Aboriginal students everywhere and create some positive change in my new role. I feel very humbled and privileged to be a part of what is going to be a new era in Aboriginal education".

Mr. Hopkins brings to the position outstanding professional preparation. A Trent alumnus, he graduated with an Honours Bachelor's degree in Indigenous Studies with an emphasis in Politics. He credits Professor David Newhouse, chair of Trent's Indigenous Studies Department, for mentoring him and inspiring him to academic success. Having served for two years as a recruitment/liaison officer at Trent, he has not only developed his business and marketing skills, but also earned a strong reputation among colleagues across the province.



Appendix A: Poster Presentation of Community Services- NURS302H Community Nursing Clinical Course



Student: Rachel Slade Community Placement: Nijkiwenddidaa-Anishnaabe-Kwewag



Alex Lewis SN – Community Placement: Hiawatha First Nations Health Centre

4

Laurentian University

Nursing Practice with Aboriginal Peoples: A Nursing Student's Guide to Cultural Competence and Cultural Safety

Background

In northern Ontario, Laurentian University has engaged in strategic initiatives to inform the practice of nurses, nurse educators, and nursing students in an effort to transform the health care context for Aboriginal Peoples in the region. Most recently, the Laurentian University Native Education Council (LUNEC), Laurentian's Office of Indigenous Relations and the Laurentian's Aboriginal Nursing Education Committee (LANEC) have worked collaboratively with the community to foster Aboriginal student recruitment and retention within formal post secondary education programs and to offer flexible web-based faculty development resources. More specifically, LANEK has initiated Nursing Outreach Community-Based Integrative Recruitment Workshops with accompanying DVDs and promotional brochures encouraging Aboriginal youth to explore nursing as a career. Both projects were funded through the Government of Ontario's Access to Opportunities fund (2007-2008). Additionally, in an effort to support Aboriginal Nursing Education, LANEK successfully developed a manual, *Teaching and Learning with Aboriginal Students* (2009) to foster cultural competence and cultural safety among nursing faculty through an understanding of the unique needs of Aboriginal learners.

Current Project – The Journey from Conception to Pilot Testing

Building on existing university infrastructure and the success of recent projects, and supported by funding from the Aboriginal Nurses Association of Canada (A.N.A.C.) and the Canadian Association of Schools of Nursing (CASN), the School of Nursing at Laurentian University, led by members of LANEK, undertook a process of community consultation to develop learning resources for baccalaureate nursing students that aligned with the overall objective of enhancing the quality of health care for Aboriginal Peoples in northern Ontario. This was an ambitious undertaking given the timeframe of the project. Competing priorities led to a number of delays in moving the project forward consistent with originally projected timelines. In retrospect, it would have been advantageous to schedule such an initiative during the summer, which is typically a non-teaching term for many of the LANEK faculty members. Despite the time constraints, LANEK was committed to supporting Laurentian University's tri-cultural mandate through the expansion of one of the four existing BScN curricular themes "Culture and Context" through a purposeful, academic, and respectful integration of Aboriginal knowledge from epistemological, ontological, and praxis orientations. As such, the project moved forward with enthusiasm and commitment.

Learning resources developed through this project were intended to prepare Aboriginal and non-Aboriginal nursing students for culturally competent and culturally safe practice with Aboriginal Peoples. LANEK members volunteered to review, revise and adapt the existing faculty resource *Teaching and Learning with Aboriginal Students* (2009) for a student audience. In addition to completing a review of the literature, LANEK members integrated each of the six core competencies identified by A.N.A.C. (2009) for cultural competence and cultural safety. As a result, a five module print-based resource entitled *Nursing Practice with Aboriginal Peoples: A Nursing Student's Guide to Cultural Competence and Cultural Safety* was developed. Adaptation of this document to a web-based media is in progress. Pilot testing of the modules with a cohort of BScN students is scheduled for the Fall of 2010. Following revisions recommended by the pilot student group, the resources are anticipated to be implemented in the undergraduate curriculum for the 2011 academic year and beyond. The resources may be translated into the French language to ensure inclusiveness and access to resources by unilingual learners.

The five modules developed for this resource include: Historical Context of Aboriginal Peoples in Canada; Explorations

of Racism; Relating to Aboriginal Peoples-Effective & Culturally Safe Communications; Strengthening Relationships with Aboriginal Communities; Improving Nursing Practice. These modules integrate the following six core competencies, identified in the Cultural Competence and Cultural Safety in Nursing Education: A Framework for First Nations, Inuit and Métis Nursing (A.N.A.C., 2009) document: postcolonial understanding; communication; inclusivity; respect; Indigenous knowledge; mentoring; and supporting students for success.

Project Evaluation

The initial evaluative components of this project are concluding. This has involved a formative review process of the content by representatives from four stakeholder groups: an Aboriginal BScN graduate, a non-Aboriginal BScN student, a member of the Aboriginal community, and a nurse educator with expertise in cultural competence and cultural safety. Feedback regarding appropriateness of the content for use in the practice context was integrated into the final resource. The print-based resource will be pilot testing during the Fall of 2010 with a group of BScN students. Once adapted for use on the web, the summative component of the evaluation will include tracking for frequencies of student access to the modules; and an invitation to complete a print-based survey or focus-group session to generate data on the impact of the project reflecting cultural competence and cultural safety.

Partners

The following partners, who participated in the current project, look forward to its implementation into baccalaureate nursing curricula.

Laurentian University is a unique post secondary educational institution given its tri-cultural (Anglophone, Francophone, Aboriginal) and bilingual mandate. Laurentian University offers BScN on-campus and distance education in both French and English. Additionally, Laurentian University has collaborative partnerships in BScN education with the following 5 provincial Colleges of Applied Arts and Technology: College Boreal, Cambrian College, Northern College, Sault College, and St. Lawrence College (Brockville, Cornwall, Kingston campuses).

LUNEC, formed under the Aboriginal Education and Training Strategy (AETS) in 1991, is a strong voice at Laurentian University. It is a direct Advisory Body to the University President, and provides overall direction to ensure appropriateness and relevance of all Native education initiatives within Laurentian University. Its membership represents local First Nations communities, Aboriginal university faculty members, and programs with Aboriginal content.

LANEC is a newly formed standing committee within the School of Nursing created to: increase awareness of existing challenges faced by Aboriginal nursing students; create opportunities to facilitate positive changes for Aboriginal nursing students; to inform the practice of nurses, nurse educators, and nursing students in order to positively impact on the health of aboriginal peoples in the region; and to facilitate alignment with university priorities relative to Aboriginal culture. The current membership includes: 3 Aboriginal faculty members (1 PhD and 2 PhD students of whom one member is appointed to the School of Nursing) and 5 non-Aboriginal nursing faculty members. Based on preliminary feedback from the current project, it is recommended that the membership be expanded to include both Aboriginal and non-Aboriginal student representation.

LANEC extends gratitude to the funders for their generous support of this initiative.

5

Nova Scotia Community College

A.N.A.C. Curriculum Project - Final Report

March 16, 2010

In June 2009, the Nova Scotia Community College, School of Health and Human Services responded to a call for proposals from the Aboriginal Nurses Association of Canada (A.N.A.C.) and the Canadian Association of Schools of Nursing (CASN). This submission was accepted and the following information details the completion of the work agreed upon. As the November 18, 2009 report details, a working group was assembled including a curriculum developer to guide the process. Attached please find a copy of the curriculum in draft form.

Curriculum Development

This 30 hour course, entitled **Aboriginal Cultural Competence and Cultural Safety**, has been developed with a focus on the competencies identified within the A.N.A.C. Framework for Cultural Competency and Safety document as well as those deemed critical by First Nation Community advisors. This document has been reviewed by the Health Directors of Afton First Nation and Unama'ki First Nation Communities. It will also be reviewed by the Practical Nursing Faculty Working Group in spring 2010.

Two nursing theories were considered when developing the course – Orem's Theory of Self Care (which is the chosen theory for the NSCC PN program) and Leiningers Cultural Care Theory. Orem's theory focuses on the inclusion and integration of traditional and non-traditional cultural health practices into the plan of care. Leiningers theory focuses on the interrelationship between care and culture. We want to encourage our learners to explore the development of culturally congruent care – thus the combination of these two theories provides an excellent foundation.

There are four learning outcomes within the course which provide focus on:

- colonialism from both a historical and current perspective
- awareness through self reflection
- respect for and inclusion of indigenous knowledge
- integration of traditional and non- traditional health practices into a plan of care.

Additionally, an extensive compendium of local resources has been completed to support faculty and students. This work is currently being transferred to an electronic format and will be forwarded shortly.

As shared at the March 1, 2010 meeting with A.N.A.C., (see attached presentation) NSCC plans to implement this course in the 2010 academic year within Semester 3 or 4 at the Strait Area Campus Practical Nursing Program.

Evaluation of that offering will be critical to the final adoption and integration of the course throughout all sections of the Practical Nursing Program offered province-wide.

We would not have been able to complete this project without the support and leadership of Dean Judith Limkilde. While the School of Health & Human Services is spread over 13 campuses province-wide, the leadership team is a cohesive one that enjoys challenging opportunities such as this work. The funding allowed us to hire a First Nations resource person who has significant experience in health curriculum as well as a broad network with the local First Nation communities. This connection allowed us to move the project forward very quickly.

We would like to take this opportunity to thank A.N.A.C. and CASN for their financial support and the opportunity to interact with other Schools of Nursing across Canada. Helpful information and resources from the A.N.A.C. office have been timely and important and were much appreciated.

PRNS 3000**Aboriginal Cultural Competence and Cultural Safety**
Course Weight: 30**Course Description**

Through exploration of the dimensions and impact of Aboriginal culture on the health, wellness, illness and death of the Aboriginal people, learners will gain a greater understanding and ability to care for Aboriginal clients in a culturally safe environment. Focusing on the strengths of Mi'kmaq communities, learners will travel an historical journey to understand the impact of colonialism, Canadian law and residential schools on the health disparities and inequities experienced by the First Nation, Inuit and Metis peoples. Building on this understanding, learners will develop the competencies required to partner in caring for Aboriginal persons, including competencies in the concepts of inclusivity, respect and indigenous knowledge.

Rationale

The purpose of the course is to provide the learner with a foundation for providing care in a culturally safe environment. Knowledge gained in this course will support the need for culturally safe care for all indigenous and minority peoples with a focus on Mi'kmaq and the Nova Scotia context.

Pre-requisite(s)

None

Learning Outcomes

Learners are required to successfully complete each course outcome. In keeping with NSCC's approach to portfolio learning, learners will have demonstrated the ability to:

1. Demonstrate an understanding of compassionate, culturally safe, relationship-centered care with Aboriginal clients, their families and communities.

Objectives:

- Compare the strengths and limitations of the concepts of cultural awareness, sensitivity, competency and safety
- Examine the connection, impact and consequences of colonization, residential schools and Canadian Law on today's Aboriginal clients, families and communities
- Discuss the effects of Historical Trauma Transmission (HTT) on the health and well being of Aboriginal peoples
- Describe the strengths of Aboriginal peoples to meet the challenges of HTT
- Discuss the factors/barriers that contribute to inequities of access in health care and health information for Aboriginal peoples and identify ways of addressing these inequities
- Describe the socio-cultural and political factors that are health-protective and those that could potentially undermine health of Aboriginal peoples and their communities
- Discuss how the emotional, physical, social and spiritual determinants of health can impact the well-being of Aboriginal peoples and their communities
- Discuss the relationship of the medicine wheel and the health of Aboriginal clients, their families and communities

2. Demonstrate a commitment to engage in dialogue and relationship building with Aboriginal peoples, cultures, and health practices.

Objectives:

- Identify, acknowledge and analyze one's emotional response to the history and contemporary environment of the Aboriginal client, their family and community
- Identify, acknowledge and analyze the limitations of one's own knowledge and perspectives in seeing, valuing and understanding the health and health practices of Aboriginal clients, their families and communities

- Discuss personal approaches to overcoming these limitations
 - Discuss ways to respectfully engage with, and contribute to Aboriginal communities as a prospective care provider
3. Describe Aboriginal cosmologies, ontology, epistemology, and explanatory models as they relate to health and healing.

Objectives:

- Identify and describe the range of healing and wellness practices, traditional, and non-traditional present in local Aboriginal communities
 - Discuss the diversity of Indigenous health knowledge and practices
 - Demonstrate ways to acknowledge and value Indigenous knowledge with respect to health and wellness
4. Identify health care approaches that place Aboriginal clients at risk for cultural harm and describe measures to rectify these approaches

Objectives:

- Understand that the unique histories, cultures, languages and social circumstances are manifested in the diversity of Aboriginal peoples
- Understand that Aboriginal peoples may not access (or return to use) a health care system (and its practitioners) when they do not feel safe to do so and where encountering the health care system places them at risk for cultural harm
- Describe types of Aboriginal healers/traditional medicine people and health care professionals working in local Aboriginal communities and how they are viewed in their communities
- Identify key principles in developing collaborative and ethical relationships
- Discuss appropriate history taking with a Aboriginal client, including enquires concerning traditional herbs or medicines
- Describe appropriate strategies to work with Aboriginal populations to identify health issues and needs
- Demonstrate the integration of traditional medicine practices into a Aboriginal client's plan of care
- Describe effective strategies to share and promote health information with Aboriginal clients, families and communities

Grading

The pass for this course is 70%.

For complete details see NSCC academic policies and the related policies of your campus. Both are available in the campus library.

Other Course Notes

The NSCC has clear policy on the following:

- Portfolio
- Appeals Process
- Safe and respectful learning environment
- Supports for students with disabilities

Other Course Notes

It is the responsibility of the student to review and understand the Nova Scotia Community College academic policies. Those directly applicable to students can be found in the student handbook and the Great Expectations documents. Additional information may also be obtained from the College website: www.nsccl.ca/Admissions/Academic_Regulations.asp. To obtain other policies, or clarification on a policy, you are encouraged to ask Faculty, Academic Chair or Staff at the Centre for Student Success.

Required Workplan

A workplan for this course is attached and will be reviewed by your faculty member(s) within the first week of study.

PRNS 3000**Aboriginal Cultural Competence and Cultural Safety**

Course Weight: 30

Course Description

Through exploration of the dimensions and impact of Aboriginal culture on the health, wellness, illness and death of the Aboriginal people, learners will gain a greater understanding and ability to care for Aboriginal clients in a culturally safe environment. Focusing on the strengths of Mi'kmaq communities, learners will travel an historical journey to understand the impact of colonialism, Canadian law and residential schools on the health disparities and inequities experienced by the First Nation, Inuit and Métis peoples.. Building on this understanding, learners will develop the competencies required to partner in caring for Aboriginal clients, including competencies in the concepts of inclusivity, respect and indigenous knowledge.

Rationale

The purpose of the course is to provide the learner with a foundation for providing care in a culturally safe environment. Knowledge gained in this course will support the need for culturally safe care for all indigenous and minority peoples with a focus on Mi'kmaq and the Nova Scotia context.

Pre-requisite(s)

None

Learning Outcomes

Learners are required to successfully complete each course outcome. In keeping with NSCC's approach to portfolio learning, learners will have demonstrated the ability to:

1. Demonstrate compassionate, culturally safe, relationship-centered care with Aboriginal clients, their families and communities.
2. Demonstrate a commitment to engage in dialogue and relationship building with Aboriginal peoples, cultures, and health practices.
3. Describe Aboriginal cosmologies, ontology, epistemology, and explanatory models as they relate to health and healing.
4. Identify health care approaches that place Aboriginal clients at risk for cultural harm and describe measures to rectify these approaches.

Grading

The pass for this course is 70%.

For complete details see NSCC academic policies and the related policies of your campus. Both are available in the campus library.

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The NSCC has clear policy on the following:

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6

Saint Francis Xavier University

Joint Workshop between Saint Francis Xavier University and
Nova Scotia Community College School of Health and Human Services

Mandate

The School of Nursing (SON), St. Francis Xavier University is committed to providing quality education in nursing that recognizes the diversity of its students and offers a learning environment that is culturally relevant, engaging, and safe. The School of Nursing has received funding from the Aboriginal Nurses Association of Canada in collaboration with the Canadian Association of Schools of Nursing to develop cultural competency and safety in nursing curriculum. The School of Nursing aspires to provide nursing education to all students that is culturally relevant, respectful, and inclusive, while addressing the historical and existing barriers to healthcare experienced by Aboriginal people.

Workshop

A one day workshop entitled “Integrate Cultural Competency and Cultural Safety into Curriculum” was held on March 12th, 2010 at the Millbrook First Nation community.

Members Attended

There were approximately 45 people attended from Aboriginal communities, Elders, Aboriginal student advisors, director of health, three universities, community colleague, department of health, and the LPN Association.

Agenda

10:00	Pjila'si (Welcome) Opening Prayer – Murdena Marshall
10:15 – 11:00	Keynote Speaker – Lisa Perley-Dutcher
11:00 – 12:00	Panel Discussion StFX: Jeff Orr & Joanne Tompkins - Topic: Self Study on education programs and it was ranked #1 for Cultural Inclusion/Competency for Aboriginal students. CBU: Elder Albert Marshall & Cheryl Bartlett - Topic: Two-Eyed Seeing, Integrated Science Program.
12:00 – 1:00	Working Groups – Facilitators – Colleen Cameron & Joanne Tompkins
1:00 – 2:00	Lunch provided by 'Millbrook Ladies' Catering
2:00 – 2:45	Working Groups – Facilitators – Colleen Cameron & Joanne Tompkins
2:45 – 3:30	Talking Circle
3:30	Closing Prayer – Elder Albert Marshall



Keynote Speaker: Cultural Competency and Safety in Nursing Education

Lisa Perley-Dutcher is a Maliseet woman from the Tobique First Nation. Together with her husband Stephen, they raised their four sons and are now grandparents. Lisa graduated from the University of New Brunswick in 1990 with a Bachelor of Nursing. She started her career working as a psychiatric nurse, then as a community health nurse for St. Mary's First Nation. Lisa subsequently worked as the First Nations and Inuit Home and Community Care Coordinator for New Brunswick and Prince Edward Island First Nations. She served as President of the Aboriginal Nurses Association of Canada. She is currently the director of the Aboriginal Health Human Resources Initiative at UNB, Faculty of Nursing and is also enrolled there in the Masters of Nursing Program.

Workshop Outcomes

Saint Francis Xavier University Two Working Group Summative:

Group 1:

Groups were asked to answer the following questions:

1. What needs to happen?
2. How will it happen?
3. What will make it happen?
4. What resources do we need?

The following areas were discussed: institution, faculty members, curriculum program, and core competencies.

Institution

What needs to happen?

- Honest buy-in from the institution – the resources required will be provided
- Follow-up and accountability (to itself and the community)
- Must be ongoing
- Validation of indigenous knowledge

What will make it happen?

- Leadership
- Opportunities for faculty and staff to learn that life-long learning is key
- Make sure it is pervasive
- Understanding that there are different ways of learning and understanding

What resources do we need?

- Culturally acceptable form of child care
- Flexibility
- Financial resources
- Strong aboriginal student advisor office
- Strong ties with elders in the communities
- Smaller groups and safe environments
- Policies should reflect differences such as learning styles, exams.

Faculty Members

What needs to happen?

- Resources and safe opportunities to engage in different teaching/learning styles/strategies
- More diverse faculty that can work and guide the integration - increased effort at recruitment
- Recognition of cultural knowledge of indigenous people
- Be upfront and honest about what you can do offer or do

How will it happen? What will make it happen?

- Open arm invitation to communities – “elder senate” endorsed by community.
- Increased flexibility
- Need to show commitment to their success
- Two-eyed seeing in the delivery of messages through recruitment, discussion – be aware that we all deliver from our context/history.
- Recognition of barriers, identifying, acknowledging and looking T ways to decrease barriers.
- Story telling with faculty
- Generous to the spirit of learning – it is a journey!

Resources?

- Strong relations with community elders
- Know the human resources and community members that are available.
- Aboriginal resource centre

Curriculum Program

What needs to happen?

- Different methods of teaching
- Change curriculum so that the Mi' kmaq culture is weaved throughout (i.e. death ritual)

- Need Aboriginal advisors/elders to validate what is being presented
- Value of examples to illustrate these concepts
- Understand what is health to Aboriginal people and indigenous methods of treatments
- Examine the impact of traditional healing (i.e. suets)
- Traditional knowledge – trust is a virtue – in traditional knowledge, skepticism is a virtue!

Core Competencies

1. Postcolonial understanding

- Teachers need that understanding
- Elders and indigenous people who can present history and tell story
- Indigenous knowledge on subject

2. Communication

- Understanding that communication should be “whole learning”
- Comfort in direct communication as opposed to going through a “gate keeper”
- Communication is human to human

3. Inclusivity

- Aboriginal people as part of entire journey to guide us in the journey

4. Respect

- Understanding the history of colonization of Aboriginal people in Canada.

Some general concepts that apply to all 4

- Recognition of the barriers and focused efforts to address
- Distance learning: understanding priorities; video conferencing is available in communities so could have a balance of online and on site.
- Assessment of both modes of delivery as there is strength in this
- In understanding culture – it is important to understand “who are the elders?”

Group 2:

The following Questions lead the discussion about Cultural Safety:

What needs to happen?

How will it happen?

What will make it happen?

What resources are needed?

The group responded to these questions by way of storytelling and open dialogue.

Faculty and Staff

- Faculty and staff need to all have a cohesive understanding, approach, and knowledge about cultural safety and Indigenous knowledge
- Know their biases and do some self-exploration about Aboriginal people
- There must be a valuing of all perspectives and viewpoints about Aboriginal people as there is diversity within and between communities (Ex. Some communities value the medicine wheel others do not use it).

- Spirituality is in everything and must be understood as being a part of you as an individual in this world.
- Education and coming together is a starting point
- Sharing of diverse types of knowledge and valuing diverse ways of knowing and teaching
- Attempting to understand Aboriginal students and their ways of thinking by having more teaching sessions for faculty, staff & students, more support for Aboriginal students (financial, childcare, tutors, study buddy, safe environments).
- Also need training on how to change perspective not only to respect Aboriginal people but also on how to examine, assess and modify where needed mainstream structures and power relationships they are bringing into the situation.
- Faculty and students also need to understand and appreciate that culture is situated with social, political and historical context. Further complexities related to the wholistic social determinants of health are also part of this intersection for cultural understanding.
- (reword concepts above to suit your organizational style)

Institutional

- There needs to be support in the verbal and financial support (funding for students, the Aboriginal student Advisor, educating faculty and staff)
- Teach courses in First Nation communities, so that there is a valuing of community
- Support diverse ways of knowing other than books/exams using a two-eyed seeing approach
- Institutions must make connections with communities/elders as relationships are everything
- Hiring of more Aboriginal faculty and staff
- Acknowledgement of biases, particularly policies
- Valuing of traditional healing and knowledge as legitimate

Curriculum/Core Competencies

Post-colonial understanding

- Have elders in as guest speakers to tell the story about Aboriginal history as well as contemporary life
- Teach the teachers first and then the students, beginning with colonialism and talk about the treaties and self-governance (in NS)

Communication

- Understanding that there are diverse ways of communicating (verbal/dreams)
- There must be understanding with communication
- Valuing of diverse ways of communicating not just written forms

Inclusivity

- Working together in a two-eyed seeing approach where there is a true sharing and valuing of knowledge and perspectives

Respect

- Respect comes with understanding Aboriginal people, history and their ways
- It is a reciprocal process

Indigenous Knowledge

- There is not only one form of Indigenous knowledge that must be valued
- It comes from the language and is passed from one generation to the next verbally
- It can not be found in a book

Future Strategic Directions:

1. Maintain present and foster new relationships with Aboriginal communities.
2. Provide support to Aboriginal students to ensure success in Nursing or other university programs
3. Aboriginal students will be understood and appreciated for their ways of knowing and doing Aboriginal students face barriers that must be further identified and addressed
4. Inviting Elders as guest speakers in the classroom.
5. Incorporate the A.N.A.C. Core competencies into all levels of curriculum in the School of Nursing (Please expand on this section. Can you give an indication of how this will be done? Will it be a specific course or done by curriculum mapping? It will be helpful for other schools of nursing to hear more about your thinking and decision making in this regard.)
6. Continue to have workshops and conferences to educate faculty, clinical associates, staff and students.
7. Continue to seek support from external funding bodies and the university.

Acknowledgements

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