



Indigenous Health CanMEDS Supplement Launch

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1

Faculty/Presenter Disclosure

- **Faculty:** Sarah Funnell
- **Relationships with financial sponsors:**
 - **Grants/Research Support:** Research Grant from College of Family Physicians – Disadvantaged Pops
 - **Speakers Bureau/Honoraria:** Speaker Honorarium – Ontario Long Term Care Clinicians and Canadian Pediatric Society
 - **Consulting Fees:** None
 - **Patents:** None
 - **Other:** Co-Chair IHWG, Member IHC



2

Faculty/Presenter Disclosure

- **Faculty:** Darlene Kitty
- **Relationships with financial sponsors:**
 - **Grants/Research Support:** None
 - **Speakers Bureau/Honoraria:** None
 - **Consulting Fees:** None
 - **Patents:** None
 - **Other:** Co-Chair IHWG



3

Faculty/Presenter Disclosure

- **Faculty:** Leah Seaman
- **Relationships with financial sponsors:**
 - **Grants/Research Support:** None
 - **Speakers Bureau/Honoraria:** None
 - **Consulting Fees:** None
 - **Patents:** None
 - **Other:** Member IHWG



4

Faculty/Presenter Disclosure

- **Faculty:** Ojstoh Horn
- **Relationships with financial sponsors:**
 - Grants/Research Support: None
 - Speakers Bureau/Honoraria: None
 - Consulting Fees: None
 - Patents: None
 - Other: Member IHWG



5

Session Agenda

- Introduction
- History
- Overview
- Discussion
- Report Back



6



Introducing the Indigenous Health Working Group

7

IHWG Members



Co-Chairs: Dr. Darlene Kitty & Dr. Sarah Funnell



Members: Dr. Ojstoh Horn
 Dr. Leah Seaman
 Dr. Lynden Crowshoe
 Dr. Veronica McKinney
 Dr. Amanda Sauvé
 Mr. Simon Brascoupe



8

The Truth and Reconciliation Commission

Call to Action #24

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

9

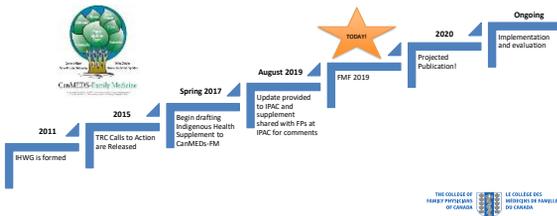
Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada



- Systemic racism has been identified as a major barrier to positive relationships between physicians and Indigenous patients and to the best care of Indigenous peoples
- The guide is a tool for physicians to better understand the role that systemic racism can play in shaping an Indigenous patient's clinical experience, and what the physician can do about it

10

History of the CanMEDS-FM Indigenous Health Supplement



Overview of the CanMEDS-FM Indigenous Health Supplement

11

12

Family Medicine Expert Role

- Subsumes all the other CanMEDS-FM roles.
- Family physicians are called to practice respectful, patient-centered, inclusive and culturally safe care.
- Commitment to working with Indigenous individuals and groups in a way that is mindful of the complexities of the ongoing effects of colonization, awareness of the impact of trauma, past and present.



13

Communicator Role

- Communication with Indigenous patients entails engaging in the same interview tasks as with non-Indigenous patients, however also involves responsive adaptation of interview tasks to consider an additional range of cultural and societal contexts.
- Emphasis on a **narrative approach** that includes **knowledge contextualization and exchange**, positioning the speaker and communication content within the broader relational, social, political, and cultural context.



14

Collaborator Role

- Family physicians practice cultural humility in seeking to build and striving to maintain inclusive relationships with Indigenous-led organizations, communities, families and individuals, to provide culturally-safe, equitable, relationship-centered care.
- Recognize the Indigenous principle of **inclusiveness** which includes the goal of patient empowerment, the responsibility to engage patients and Indigenous communities in care decisions, and support patients' capacity to self-advocate.



15

Leader Role

- In serving Indigenous people, we resist the temptation towards paternalism and seek to put the needs of our Indigenous patients, families and communities over our own.
- Family physician leaders demonstrate humility and challenge concepts of power and hierarchy when serving Indigenous people.
- At the individual and community level, family physicians act as helpers, which have traditionally played an important role in Indigenous societies.



16

Health Advocate Role

- Advocacy must be cognizant of the unique historical, political, social, and logistical barriers to providing health care and public services to Indigenous peoples.
- Advocacy must also follow communication and collaboration practices that are consistent with Indigenous worldviews.
- Reflect on the Royal Commission on Aboriginal Peoples, The TRC Calls to Action, and the Calls for Justice of the Inquiry into MMIWG.



17

Scholar Role

- Gain knowledge and skills to learn about Indigenous populations and their contexts, with **cultural humility** and **cultural safety**.
- Actively pursue and accrue continuing education in Indigenous health through learning and experiential activities.
- Guide and facilitate medical students, residents, and health care team members in learning about Indigenous health and social issues.



18

Professional Role

- Demonstrate a commitment to clinical excellence with focus on not perpetuating colonization.
- Demonstrate a commitment to Indigenous ethical concepts within clinical approaches.
- Demonstrate a commitment to reflective practice.



19



Small Group Discussion

“How could these competencies have helped in your past experiences?”

“How do you see yourself applying these competencies in future experiences?”

20

Report Back

21

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- ▶ FMF app Session #: W295
- ▶ Fmf.cfpc.ca Session Name: Indigenous Health
CanMEDS Supplement Launch

YOUR FEEDBACK IS IMPORTANT TO US!

22

Thank You!

23