



# Handout for: Developing a Postgraduate Indigenous Health Curriculum

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THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA



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<b>Guidelines</b>	Recommendation is specific to Indigenous contexts	Supported by literature regarding Indigenous contexts	Appropriate in Indigenous contexts, but no Indigenous-specific literature found
Adapted from: Hannah Boone, Nicholas Jacob Snow, Jill Allison, Carolyn Sturge Sparkes & Russell Dawe (2022): <i>Community engagement by faculties of medicine: A scoping review of current practices and practical recommendations</i> , Medical Teacher, DOI: 10.1080/0142159X.2022.2035339			
<b>Partners (who to engage)</b>			
Community Partners (CPs) should reflect the communities the institution serves.			X
CPs should be eligible for partnership based on criteria appropriate to a project or educational program.			X
Medical institutions have a responsibility to partner with Indigenous communities to address health system priorities and inequities.	X		
CPs and the institution should share common goals.		X	
CPs should contribute complimentary skills or expertise as part of a transdisciplinary team.		X	
<b>Partnerships (how to engage)</b>			
CPs should provide guidance, change, and critical feedback, to which the institution is accountable, throughout all stages of the partnership.		X	
- CPs should serve as context advisors to help academic institutions and policy makers navigate contextual factors which impact the activities of the institution.		X	
CPs are engaged in the early stages of any collaborative project.			X
Partnerships should be purposeful and actively sustained.		X	
Long-term partnerships with CPs are fostered in order to build trust and satisfaction.		X	
Participation should be made accessible to the CPs.			X
CPs should hold leadership positions in the partnership.			X
Community engagement practices should follow best evidence.		X	
<b>Communication between the institution and its CPs should...</b>			
- Be transparent.		X	
- Follow established terms of reference/expectations established at the outset with and by the CPs.		X	

CPs level of involvement should be meaningful without being burdensome to the CPs.		x	
Institutions should credit CPs' contribution to their collaborative work, as contextually appropriate, such as through authorship, financial remuneration, public acknowledgement, and/or other reciprocal arrangements.		x	
A commitment to diversity and inclusion within the faculty of medicine will enhance the institution's ability to meaningfully engage with diverse communities.		x	
- Faculties of medicine should commit to the hiring of diverse faculty and staff who themselves are representative of the communities the institution serves.		x	
- An Indigenous liaison with local community relationships, networks, experience, and knowledge [including Indigenous community representatives or Indigenous faculty/staff jointly appointed by the community and academic institution] can facilitate communication between the institution and Indigenous communities to establish a partnership.	x		
The wider public should give input and feedback to the institution.		x	
- Community advisory boards should be formed with diverse representation from the community in order to ensure that lived experience and local expertise is included.		x	
- Public forums (such as town halls and innovative participatory community events or social media) should be utilized to invite input on priority health concerns, recruit partners and committee members, and facilitate the institution's accountability through knowledge translation and commitment to action.		x	
Partnerships should promote education to...			
- Academic partners for cultural safety and issues relevant to community members.		x	
- CPs for research and technical skills related to the project.			x

The academic institution and its members should critically reflect upon and address intrinsic biases and power differentials that may impact their participation in partnerships.		x	
Faculties of medicine should structure their programs to ensure they have visibility and presence in the communities they serve.			x
Projects/Programs (around what to engage)			
Projects must be relevant to the community's needs and values.			x
- Projects' selection/methods should be developed in collaboration with CPs.			x
- Projects identified by the community should be valued/prioritized.			x
Projects should accurately reflect the community's complex relationship with wellness (avoid essentializing the community).		x	
Service-learning projects should be designed to promote meaningful interaction between learners and the community.			x
Projects should be adequately resourced to ensure their successful completion.		x	
- Adequate resourcing should support knowledge translation to the community.			x
- Adequate resourcing should support program evaluation.			x
Project goals and outcomes should be established with CPs at the outset of the project.		x	
Project data and outcomes should be accessible to the community.		x	
CPs should be represented at each organizational level of the project.		x	
Projects should build capacity within the community to enable future collaborations and empower disenfranchised groups.		x	
The community should be adequately informed of all projects operating in their locale.		x	
Long-term projects should consider including shorter-term outcomes addressing the process of community engagement itself so that the community can see benefit early on.		x	
Projects' findings should be applied to the institutions' future work.		x	
The recruitment and selection of medical students should include CP involvement.		x	

- Information about medical education at the institution should be made accessible to learners in the community from a young age.		x	
- Recruitment efforts should engage local learners in the community.		x	

## Guidelines for Indigenous Community Engagement

Elder Odelle Pike

Please note: These are some general guidelines for community engagement when developing an Indigenous health curriculum; however, it is crucial to consult with local Indigenous communities, organizations and experts in your area to ensure that the curriculum is culturally appropriate, respectful and accurate.

### **Cultural Respect and Sensitivity:**

- Ensure that the curriculum is respectful of Indigenous cultures, traditions and worldviews.
- Involve Indigenous Elders, knowledge keepers and community members in the curriculum development process.

### **Community Engagement:**

- Collaborate with Indigenous communities, organizations and leaders to understand their specific health needs and priorities.
- Seek input and feedback from Indigenous stakeholders throughout the curriculum development process.

### **Holistic Approach to Health:**

- Recognize and respect the holistic nature of Indigenous health, which includes physical, mental, emotional and spiritual well-being.
- Incorporate traditional healing practices, such as ceremony, storytelling and land-based activities.

### **Cultural Safety and Competency:**

- Foster an inclusive and safe learning environment for Indigenous students by addressing cultural biases and stereotypes.
- Provide cultural competency training for non-Indigenous students and faculty.

### **Historical and Contextual Understanding:**

- Include content on the historical impacts of colonization, including the Indian Residential School system, the Sixties Scoop and other policies that have affected Indigenous communities.
- Address the social determinants of health, such as poverty, housing and access to education.

**Local Relevance:**

- Recognize that Indigenous communities have unique health challenges and strengths based on their location, culture and history.
- Tailor the curriculum to address specific regional health issues.

**Culturally Safe Language and Communication:**

- Use inclusive and respectful language when discussing Indigenous health issues.
- Provide guidance on appropriate terminology and encourage open dialogue.

**Traditional Knowledge and Healing Practices:**

- Incorporate Indigenous perspectives on health, including traditional healing practices, herbal medicine and spiritual well-being.
- Highlight the value of land and water in Indigenous health and healing.

**Collaboration and Partnerships:**

- Establish partnerships with Indigenous health organizations, clinics and practitioners for experiential learning opportunities.
- Encourage students to engage with Indigenous communities in a respectful and reciprocal manner.

**Cultural Safety Evaluation:**

- Regularly evaluate the curriculum with input from Indigenous stakeholders to ensure it remains culturally safe, relevant and effective.

**Reflect on Your Own Bias and Privilege:**

- Encourage self-reflection among educators and learners about their own biases and privilege, and how these may impact their interactions with Indigenous communities.



# Indigenous Physicians Association of Canada

## Physician & Medical Learner Engagement Guidelines

In the spirit of reconciliation, Indigenous physicians and medical learners are frequently being asked to collaborate or provide feedback on the work being done by other organizations and governing bodies on issues of equity, diversity, and inclusion; this has often been done without due recognition or financial compensation for their time or expertise.

The ability to integrate the biomedical model of Western medicine with the lived experience of being an Indigenous person not only takes years of practice, experience, and reflection but, when requested to do so on a volunteer basis, can negatively impact one's mental, spiritual, emotional, physical and financial health.

IPAC has developed the following guidelines that can be used as a reference when seeking the consultation of Indigenous physicians and medical learners:

1. Determine the details of the opportunity you are proposing; these details might include the committee's title, description of the committee, location, schedule of meetings, expected time commitment, expenses covered, and honorarium or remuneration.
2. Discuss these details with the Indigenous physician or medical learner you have in mind and ask if they would like to be involved. If you are not sure who you can engage, consider contacting IPAC to have your opportunity and its details shared with IPAC membership.
3. *Suggested* Indigenous healthcare expert consultancy fees:

Indigenous medical learner	Indigenous physician
\$160-200/hr	\$200-300/hr

The *suggested* fees are for services where you are sharing your expertise in a meeting, through written feedback or on a committee. They do not include facilitating or presenting. Discretion may be used by the Indigenous physician/medical learner in negotiating a higher (or, at times, lower) consultancy rate depending on the situation.



## Indigenous Physicians Association of Canada Physician & Medical Learner Engagement Guidelines

4. Create, encourage and ensure a safe space for all participants. Begin meetings with mindful land acknowledgments and take the time for introductions. If it is a large group of non-BIPOC participants, consider inviting a minimum of two Indigenous healthcare experts.
5. It is important that any Indigenous physician or medical learner invited into these roles be recognized for their time, insight, contributions, or work done, whether through written or oral acknowledgment or by other situationally appropriate means.

### Helpful Resources:

- [College of Family Physicians of Canada Indigenous Health Committee Resources](#)
- [Royal College of Physicians and Surgeons of Canada Indigenous Health Committee Resources](#)
- [Indigenous Canada](#), an online course offered by the University of Alberta
- [Sanyas Cultural Safety Training for Healthcare Professionals](#)
- 'White Benevolence: Racism and Colonial Violence in the Helping Professions' by Amanda Gebhard, Sheelah McLean, and Verna St. Denis