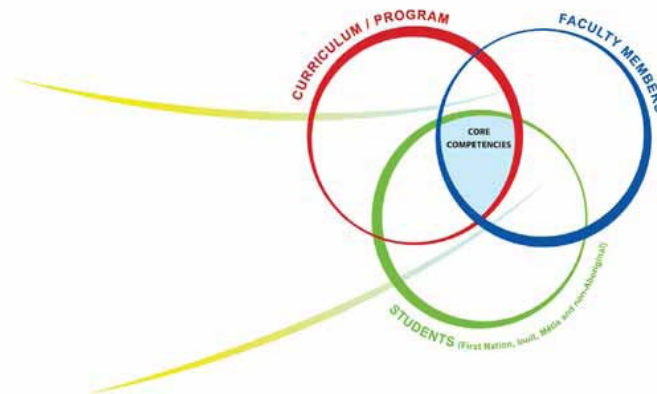




Cultural Competence and Cultural Safety in Nursing Education

Report on Thompson Rivers University Strategy Session



Funded by:

Thompson Rivers University Aboriginal Education Centre
Thompson Rivers University School of Nursing
Health Canada Aboriginal Health Human Resources Initiative

Acknowledgements

Thompson Rivers University School of Nursing acknowledges the presence and guidance provided by Elder Estella Patrick-Moller.

We extend our thanks to all those who participated in the Strategy Session. We acknowledge the participants from other universities who shared their experiences and materials so generously and the TRU students who contributed in many ways through planning, recording and presenting.

We acknowledge the co-facilitators of the Strategy Session:

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Thompson Rivers University

Nora Whyte, Nursing Consultant, PHC Consulting

The contributions of our funders are acknowledged with gratitude:

Thompson Rivers University Aboriginal Education Centre

Thompson Rivers University School of Nursing

Health Canada Aboriginal Health Human Resources Initiative

Planning Committee Members: Susan Duncan, Star Mahara, Joanne Brown, Sandra Trawin, Jessica Edinger, Sarah Ambler, Rachel Peever and Nora Whyte.



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Cultural Competence and Cultural Safety in Nursing Education

Report on Thompson Rivers University Strategy Session

Background

We acknowledge and give honour to the Secwepemc – the ancestral peoples who have lived here for thousands of years – upon whose traditional and unceded land Thompson Rivers University is located. The Secwepemc maintain a spiritual and practical relationship to the land, water, air, animals, plants and all things needed for life on Mother Earth. It is with that in mind that we owe this debt of gratitude. – Introduction to: “A Learning Bridge for Aboriginal Adults (ALBAA)” TRU ALBAA Research Team, 2010

Indigeneity is to Spirituality as Nursing is to Community.

- L. Bourque-Bearskin, 2008

On March 4 and 5, 2010, Thompson Rivers University (TRU) School of Nursing held a Strategy Session as part of a systematic process to identify how we can integrate the 2009 Framework for Cultural Competence and Cultural Safety in Nursing Education (Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing & Canadian Nurses Association, 2009a - hereafter in this report referred to as the Framework) into the undergraduate baccalaureate nursing program.

TRU has one of the largest Aboriginal student populations in BC post-secondary institutions. TRU offers services and support designed to enhance Aboriginal students' chances for a positive post-secondary experience, including: Coordinators for Services for Aboriginal Students at both Kamloops and Williams Lake campuses, a First Nations Student Association, an Elder in Residence program, the Aboriginal Cultural Centre (Cplúlkw'ten – “The Gathering Place”) at Kamloops campus, a similar centre at WL campus, and construction is well underway for the House of Learning that will house TRU's Aboriginal programs and services at the Kamloops campus.

Working to build and maintain institutional momentum to “Indigenize” TRU and its faculty, staff, and programs, the School of Nursing has made progress in Aboriginal student recruitment and retention in nursing, and cultural safety as a theoretical perspective for working with “difference” in nursing education and practice. Our work are aligned with the goals of the First Nations Health Council (2005), the BC Academic Health Council, Aboriginal Health Provider Education Committee (2007), and the Aboriginal Nurses Association of Canada/ Canadian Association of Schools of Nursing/Canadian Nurses Association *Framework for First Nations,*

*Inuit, and Métis Nursing*¹ in terms of contributing to workforce development action that will meet the needs of BC's Aboriginal peoples and communities. All of our work has also been situated within TRU's commitment to become the University of Choice for Aboriginal students and First Nations (TRU Strategic Plan, 2007-2012) and to honour our 2006 TRU and Secwepemc Cultural Education Society (SCES) Protocol Agreement (2006).

This project builds on the School of Nursing's program of research and development for the recruitment and retention of Aboriginal students in nursing programs and health careers. The release of the Framework prompted TRU faculty to embark on a systematic process to explore integration of the Framework into all four years of the BSN Program. The first step was to hold an invitational Strategy Session on March 4 and 5, 2010 in Kamloops, the subject of this report. The purpose of this event was to develop BSN program strategies to promote culturally safe education and create culturally safe practitioners; influence curriculum revision and reform to integrate critical cultural perspectives, educate all graduates to be able to promote the health of Aboriginal peoples, explore the what opportunities are needed for students to practice and learn in Aboriginal organizations and communities, and finally to examine how to enhance the educational experience and promoting success of Aboriginal students in nursing programs.

Cultural Competence and Cultural Safety in Nursing Education: A Framework for First Nations, Inuit and Métis Nursing

The 2009 publication of the Framework provided the TRU School of Nursing and other Schools of Nursing across Canada the opportunity to work with the concepts and principles and explore ways to develop competencies among faculty and students (see Table 1).

For each of the core competencies, a number of potential learning strategies and outcomes are listed. These core competencies are supported by two foundational concepts:

- **Constructivist Understanding of Culture**
Culture is understood as being enacted relationally through history, experience, gender and social position.
- **Cultural Safety**
Cultural safety requires practitioners to move beyond cultural awareness by understanding/challenging power differentials and addressing inequities. It requires improving access to health care and recognizing that cultural safety is determined by

¹ 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: ANAC.

those to whom nurses provide care. Cultural safety is action oriented and is a good fit with nursing's advocacy role.

Guiding Principles

A companion document encompassing a literature review contains four guiding principles (ANAC, CASN & CNA, 2009b; Kirkness & Barnhardt, 2001); these were also foundational to our work with the Framework in the strategy session:

1. **Respect** of First Nations, Inuit and Métis Cultural Integrity: increase the nursing education domain of human knowledge to include cultural knowledge, traditions and values, including valuing traditional knowledge and ways of knowing.
2. **Relevance** to First Nations, Inuit and Métis Perspectives and Experience: programming and curriculum content that is relevant to students' view of the world and health/health care/healing; this requires a commitment to the legitimization of Indigenous knowledge, methodologies, and skills within curricula, nursing practice and research. Examining how respectful and relevant program policies and practices are toward Aboriginal students in the nursing education process, including teaching and evaluation practices, is an important part of this principle.
3. **Reciprocal Relationships**: making teaching and learning a two-way process with give and take between faculty and students which opens up new levels of understanding for everyone. This principle includes reciprocity in relationships between mainstream institutions/faculty/staff, and Aboriginal individuals, families, groups, and communities.
4. **Responsibility through Participation**: The need for transformation of the university to better serve Aboriginal students; which requires a commitment by all to engage in the work of creating a more hospitable climate for Aboriginal students, providing supports, and providing theoretical and clinical foundation that fosters culturally safe care among nursing students and particularly with respect to Aboriginal students (including examining the limitations of an essentialist notion of culture – and what it privileges). This principle also pertains to an emphasis on assisting students to exercise responsibility over their own lives, and move toward individual self-determination.

Core Competencies

Table 1 outlines the core competencies, key concepts and expectations of students as described in the Framework document.

Table 1: Overview of Core Competencies

Core Competency	Key Concepts	Expectations of Students “The graduating student will...”
Postcolonial understanding	Health disparities and inequities. Effect of colonization on Aboriginal people (including residential schools)	1.1) Demonstrate compassionate, culturally safe, relationship-centred care with First Nation, Inuit and Métis clients, their families or communities. 1.2) Be able to identify the determinants of health of Aboriginal populations and use this knowledge to promote the health of First Nation, Inuit and Métis clients, their families and communities.
Communication	Effective and culturally safe communication among students and faculty in teaching/learning contexts and in nursing interactions with Aboriginal people.	2.1) Demonstrate effective and culturally safe communication with First Nation, Inuit and Métis clients, their families and peers.
Inclusivity	Increased awareness and insights are required as part of the engagement process.	3.1) Demonstrate a commitment to engage in dialogue and relationship building with First Nation, Inuit and Métis peoples, cultures and health practices.
Respect	Respect for First Nation, Inuit and Métis cultural integrity. Consideration for students, their families and communities for who they are, their uniqueness and diversity.	4.1) 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. 4.2) 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. 4.3 Be able to describe

		<p>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.</p> <p>4.4) 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.</p>
Indigenous knowledge	Acknowledgement of traditional knowledge, oral knowledge and Indigenous knowledge as having a place in higher learning along with literate knowledge.	5.1) Describe ontology, epistemology and explanatory models as they relate to health and healing; and describe First Nation, Inuit and Métis cosmologies.
Mentoring and supporting students for success	Supportive structures and processes to foster success in completing the program.	<p>6.1) Have experienced teaching learning environments where she/he felt safe to freely express ideas, perspectives and critical thoughts.</p> <p>6.2) Have experienced a supportive nursing program as they journey toward degree completion and their “place” as registered nurses within the profession.</p>

Process

TRU School of Nursing formed an Advisory Committee to plan and oversee project activities. Members included students, faculty, TRU’s Aboriginal Communication and Projects Coordinator and a project consultant. During the period from January to March 2010, the committee focused on planning the Strategy Session to explore the Framework and to generate ideas for students’ learning opportunities linked to the guiding principles and competencies.

The Advisory Committee planned the two-day session, developed an agenda for the program (Appendix A), issued invitations and assigned coordination tasks to various members. Planning meetings were held regularly from late January to early March. One post-session debriefing meeting was held within a week following the session.

In holding the Strategy Session, the Advisory Committee had three desired outcomes (described in the Project Overview sent out to participants in advance), as noted below.

- Compendium of Exemplars -- a compendium document of learning opportunities, including exemplars of practicum placements, for each of the four years of the BSN program. The compendium will contain an introductory section on the 2009 Framework and will describe the processes used in the Cultural Safety Curriculum Project (e.g., March Strategy Session and other methods to collect ideas).
- Advocacy Statement -- The Project Advisory Committee will create an advocacy statement to specify the support needed from the University and Partner Organizations to implement the strategy. It will identify various levels of institutional support from committee structures within the School of Nursing to university-wide support.
- Implementation Plan -- objectives, activities, timelines, responsibilities and methods of monitoring progress on implementation.

The participants included Elders, practising nurses, guests from other universities, TRU students and faculty members (see Appendix B). The diversity in the group added richness to the deliberations and exchange of perspectives. The three invitees from other universities served as resource people by presenting examples of work underway at their institutions and by drawing upon their experiences during the small group work. Two of the student participants shared highlights of recent practicum in a rural First Nation community in BC and others presented a summary of a project they had done to look into attitudes toward Aboriginal nursing and cultural safety with selected classes of their peers. The students also contributed by acting as recorders for the small group activities.



It should be noted that the strength of the March session was in the diverse representation of partners, current students and faculty members who provided numerous ideas, particularly around the competency of post-colonial understanding. Clearly apparent in the opening and closing circles was an amazing and powerful web of connection that existed between and among the participants in terms of past and present relationships with each other and each person's commitment to the work of the sessions. Links went back as far as 30 years between some members in the circle and heretofore unrealized relationships were also uncovered through the process and woven into the tapestry of caring and concern for members' safety and wellness – which was a central concern when working with the subject matter. The tapestry represents the fruits of the many ways that the Aboriginal and non-Aboriginal, faculty and students, educators and practitioners have been engaged in working together in designing and delivering nursing education for both Aboriginal and non-Aboriginal students at TRU. An important piece of the implementation plan is a series of follow-up sessions with all nursing faculty to explore these and other strategies for integrating the Framework and to build on the exemplars.



Dialogue and Sharing

Participants shared their experiences and knowledge through dialogue during strategy sessions, refreshment breaks and presentations. Two groups of fourth year BSN students presented their experiences with learning about cultural safety competencies, and findings of surveys they had conducted to determine other students' understanding of concepts and Aboriginal nursing practicum opportunities. The student voice was an integral part of the strategy session and grounded the work of the session in the reality of their experiences and participants' understanding of the current status of nursing curricula. With the guidance of Elder Estella Patrick-Moller, student presentations led to insights such as the importance of understanding

non-Aboriginal students' experiences of reverse racism in some contexts, where there was a lack of preparation and support for the cultural safety of students. Indications are that learning is rich when Aboriginal and non-Aboriginal students work together in Aboriginal nursing practica and related learning activities.



Presentations included:

- *Setting the Stage for Change: TRU BSN Students:* Marla Goebert, Stacey Isaac, Jessica Edinger, Rachel Peever and Sarah Ambler
- *Reflections on Cultural Safety Initiatives in Other Universities* offered by Joan Gillie, University of Victoria School of Nursing; Lisa Bourque-Bearskin, University of Alberta Faculty of Nursing; Donna Kurtz, UBC Okanagan School of Nursing; Susan Duncan and Star Mahara, Thompson Rivers University School of Nursing
- *A Digital Story* by Lisa Bourque-Bearskin
- *The Development of the Cultural Safety Competencies* by Lisa Bourque-Bearskin



Outcomes

Participants worked in four small groups to identify and discuss learning activities to help students develop postcolonial understanding (Competency 1). After listing their ideas for learning activities, they identified potential supports needed to facilitate these activities and worked on concepts for an advocacy statement. Themes from the group work and open forum dialogue are described below with detailed notes found in Appendix C. Exemplars developed by the groups are found in Appendix D.

Themes

In reviewing the range of learning activities and supports identified by participants during the session, several important themes that provide direction for curriculum development are evident.

Post-colonial understanding requires solid preparation in history (culture/language/traditional territories), political processes, residential school and other assimilation policies, intergenerational trauma, treaty rights, self-determination and self-governance. This was a predominant theme throughout the entire session with many ideas for innovative learning activities being identified.

There was strong agreement about the significant role of Elders in nursing education. Contributions could include classroom teaching through oral histories, introducing cultural practices, sharing knowledge of traditional foods and healing practices as well as and many other aspects of their lives and communities. Establishing formal positions for Elders in the School of Nursing would be a method of recognizing and supporting this role.

Faculty development is vital to the process. There were many useful suggestions about ways to strengthen educators' competencies including cultural immersion experiences, partnerships with communities and pairing of individual faculty members with Aboriginal nurses.

Presentations and workshops on cultural safety concepts for all faculty members would be integral to creating a common understanding necessary for fully integrating the Framework.

All groups mentioned the potential role of the arts in facilitating students' understanding through stories, drama, visual arts, theatre and writing—these and many other media are important ways to learn. Digital storytelling is a new medium for sharing personal oral histories and contexts.

Learning activities that would help students identify their own values and beliefs early in a course with opportunities to reflect on changes over time (e.g., during a cultural immersion experience or a practicum in an Aboriginal community). Also proposed was the idea of setting up opportunities for all students to experience the reality of being in a minority or marginalized group.

The theme of partnership was raised in the discussions: more connections with communities, with Aboriginal nurses and with organizations. Reciprocity with communities was noted as an important support in sustaining relationships and ongoing exchanges by giving back to communities where students are benefitting from learning experiences. Learning more about Aboriginal nursing leaders and about organizations such as the Aboriginal Nurses Association of Canada were suggestions for inspiring students, introducing role models and expanding views of the nursing profession.

Development of an Advocacy Statement

During the final part of the Strategy Session, participants had an opportunity to consider ideas for an advocacy statement by offering suggestions for support from the university and beyond. This process began with generating a list of key points followed by an exercise in small groups to create a short statement.

The key points included:

- Link to TRU strategic goal of being the “University of Choice for First Nations Students”.
- Dedicated time/position to support Aboriginal students: position to be supported by time release or funding.
- Flexible program delivery: Flexible times/shortened hours.
- Family centred campus (using a broader definition of family).
- Campus daycare/child care programs.

- Alternative model to semester-based schooling.
- Greater awareness of the needs of students with families—how best to meet their needs.
- Meaning of success for students—need to recognize that success may be viewed in different ways and that attrition may not always be viewed as a failure.
- More mature role models and recognition of these role models through awards (e.g., Aboriginal calendar, Aboriginal achievements showcase).
- More emphasis on self-directed learning—the program should allow students to set the pace of their learning.
- Create room for students to reach their full potential.
- Provide students with skills to be lifelong learners.
- Speaking to the future—communal learning (have nursing students make connections with those in elementary & high school).

Groups drew upon ideas from the Framework and Literature Review documents in proposing the wording resulting in the following version of an Advocacy Statement as follows:

**Advocacy Statement on Cultural Safety – Thompson Rivers University School of Nursing
Faculty Council**

The School of Nursing recognizes the inequities that contribute to and shape the health of Aboriginal People and the importance of self-governance in promoting the health of Aboriginal people. Further, we recognize the pressing and moral need to redress the health, economic and social inequities experienced by the First Nations, Inuit and Métis people of Canada and,

The School of Nursing Faculty Council acknowledges its role in achieving a culturally safe academic environment and advocates for changes within Thompson Rivers University in support of the strategic goal of becoming the University of Choice for Aboriginal Students.

The School of Nursing will be informed by the Framework for Cultural Competence and Cultural Safety in order to ensure that all graduates of nursing programs are able to practice in a culturally safe manner, and will contribute to the ongoing development of the Framework over time,

To these ends, the Thompson Rivers University School of Nursing will undertake activities in support of cultural safety in nursing education through the integration of principles of: respect, relevancy, reciprocity and responsibility, as follows:

- commit to a process of faculty engagement and learning about cultural safety in academic and health environments;
- advocate for decolonization of the academic environment at TRU that will allow for the integration of indigenous knowledge and ways of learning in teaching and evaluation practices
- advocate for the inclusion of First Nations people in leadership positions at all levels of the university;
- advocate for supports and systems essential to the success of First Nations students in the university;
- formalize an Aboriginal Advisory Committee to advise the SON on matters related to the education of all students to promote the health of Aboriginal peoples, and on matters specific to the goal of increasing the numbers of Aboriginal nursing students and graduates.

Conclusion

The Strategy Session achieved our desired outcomes of creating a set of exemplars, a draft advocacy statement and key considerations for an implementation plan. During the closing circle there were expressions of appreciation and affirmation for each person's contribution to the dialogue, for the relationships that the School of Nursing has initiated and sustained, for the presence of Elders to guide the process, for the role of students and new graduates in generating enthusiasm for this work and for the respect demonstrated in grappling with challenging issues. As organizers, we were pleased with the level of participation throughout the two days as the group explored key aspects of cultural competence and cultural safety in the context of nursing education and shared their perspectives in a spirit of openness. We intend to include others as we move forward in this process and will share the report and subsequent documents widely.

Based on the constructive ideas and practical supports identified by participants, we conclude by offering the following recommendations to integrate the Framework:

1. Take the proposed advocacy statement to Faculty Council for formal review and approval.
2. Prepare a curriculum implementation plan with activities, target dates and success indicators.
3. Hold a follow-up strategy session for faculty to work on the exemplars and contribute additional ideas for learning experiences.
4. Distribute this report to all participants and relevant partner organizations.

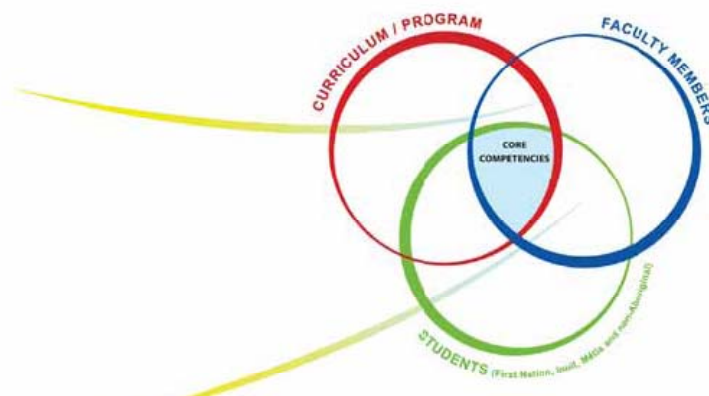


"To Do Our Work in a Good Way"

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Appendix A: Invitation and Agenda



The 2009 ANAC

CASN

CNA

***Cultural Competence and
Cultural Safety in
Nursing Education: A
Framework for First
Nations, Inuit and Métis***

***What Does it Mean for
Nursing Education?***

Thompson Rivers University School of Nursing invites you to participate in a two-day strategy session to explore ideas for integrating the 2009 A.N.A.C. / CASN / CNA Framework for Cultural Competence and Cultural Safety into the BSN curriculum.

The outcome of this session will be a collection of concrete examples of learning opportunities, including practicum placements, for each of the four years of the BSN program.

Participants will contribute ideas from their different perspectives and unique experiences as students, nurses working for Interior Health and Aboriginal organizations and current faculty members.

Event Details:

March 4th 10:00 am to 4:00 pm

March 5th 9:00 am to 3:00 pm

Location: South Thompson Inn Guest Ranch & Conference Centre

The South Thompson Inn Guest Ranch is within a 20 minute drive from Kamloops. Transportation and overnight accommodation can be arranged for participants.

RSVP by Feb. 19 to Susan Duncan (please indicate request for transportation or overnight accommodation)

A resource package with background documents will be sent to all confirmed participants in advance of the session.

Agenda for TRU Strategy Session

Day 1: Thursday, March 4

Time	Activity
10:00 to 10:30	Opening Prayer by Elder Introduction of Participants
10:30 to 11:00	Overview of Strategy Session: Review agenda for days, outline purpose and processes.
11:00 to 11:15	BREAK
11:15 to 12:15	Setting the stage for change: Presentations by TRU nursing students: 1. Cultural safety and recent experiences and insights from a practicum. 2. Summary of feedback from a selection of current students.
12:15 to 1:15	LUNCH
1:15 to 1:30	Overview of development of Framework: guiding principles and competencies. Lisa Bourque-Bearskin
1:30 to 2:30	Ideas for change: Small group activity 1: Facilitated activity to generate ideas for integration of the competencies and principles.
2:30 to 2:45	Brief report back to whole group.
2:45 to 3:00	BREAK
3:00 to 4:00	What needs to change? Open forum and introduction of an advocacy statement. Wrap up and closing for day 1.
4:00 to 6:00	Personal time for rest, recreation and reflection.
6:00 to 8:30	DINNER and evening entertainment.

Notes to participants:

- Please join us for continental breakfast from 9:00 to 10:00 as you arrive and get settled for the first day. Room - Northern Dancer.
- Dinner on Thursday, March 4 is included.
- A final agenda will be handed out at the start of the session. Session room: Secretariat.
- Please bring comfortable clothing and walking shoes/boots for enjoying the outdoor environment.

Day 2: Friday, March 5

Time	Activity
9:00 to 9:30	Opening remarks for day 2: Synopsis of day 1 Review of agenda
9:30 to 10:00	Sharing ideas for change: Cultural safety initiatives in other universities. Donna Kurtz, UBC Okanagan Joan Gillie, University of Victoria School of Nursing Lisa Bourque-Bearskin, University of Alberta
10:00 to 10:45	Small group activity 2: Development of one exemplar from ideas generated on day 1.
10:45 to 11:00	BREAK
11:00 to 12:00	Small group activity 3: Repeat activity 2 with new exemplars. Present highlights to whole group.
12:00 to 1:00	LUNCH
1:00 to 2:00	Supporting change: Development and approval of advocacy statement
2:00 to 2:15	Feedback form for students.
2:15 to 2:30	Summary of strategy session and ideas for next steps.
2:30 to 3:00	Closing circle and prayer. Appreciation & affirmations.

Notes to participants:

- Once again, please join us for continental breakfast from 9:00 to 10:00 in Northern Dancer.

Appendix B: Participant List

Cheryl Zawaduk

Denise Tarlier

Diane Procter

Dion Thevarge

Donna Kurtz

Estella (elder)

Irene Howe

Jackie Jones

Jessica Edinger

Joan Gillie

Joanne Brown

Lily Ned

Lisa Bourque-Bearskin

Marla Goebert

Nora Whyte

Rachel Peever

Rose Melnyk

Samantha McLeod

Sandra Trawin

Sarah Ambler

Shari Laliberte

Shona Johansen

Stacey Isaac

Star Mahara

Susan Duncan

Tanya Sanders

Appendix C: Guidelines for Group Work and Notes

Small Group Activity 1: Developing Postcolonial Understanding

A) Please identify learning activities to help students develop postcolonial understanding (list and describe all ideas):

B) Consider what might be needed to support these activities—at TRU, in communities and within agencies/partner organizations:

Competency 1.1

The graduating student will demonstrate compassionate, culturally safe, relationship-centred care with First Nation, Inuit, and Métis clients, their families or communities.

Competency 1.2

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 Nation, Inuit, and Métis clients, families, and communities.

Part A: Learning Activities

Group 1:

- Narratives and stories: Having Elders bring oral histories to life in the classroom.
- Self-determination and self-governance—treaty rights, Indian Act, land claims.
- Learning around jurisdiction—Federal and Provincial divide; Band government.
- Books, poetry, art, short stories to facilitate aesthetic way of knowing (e.g., *Playing in Water* by Nicole Campbell on originating Thompson People).
- Looking at language, e.g., community vs. Reserve; traditional knowledge holder.
- Pairing up faculty/educators with Aboriginal nurses—working with their colleagues.
- Looking at original laws and policies from Indian Act to disenfranchisement.
- Assimilation and what it looked like—loss of language, loss of families, loss of identities, loss of traditions, loss of life and other related losses.
- History of Indian hospitals (assigned to MD designated as the “Indian Doctor”).
- Make shift toward acknowledging strengths—constructivist view of culture; post-colonial view of culture.
- Having students identify their own beliefs, opinions and thoughts at the beginning of course and developing their stories as learning occurs.
- Address intergenerational trauma in contemporary society.
- understand importance of local knowledge and historical context to be more effective ally

Group 2:

- Having students observe a nurse panel presenting on “a day in the life” of community health nurses.
- Set aside a day to learn about the history:
 - Elders to teach/be present, video on residential schools and “Sixties Scoop” with debriefing and discussion
 - Use of photography and journaling
- Integrating stories/arts.
- Basic knowledge of politics and health laws.
- Start class by acknowledging the territory.
- Practice placements/agencies need to become more aware of cultural safety.
- Have students share experiences/lessons learned with other students.

- Learning activities specific to Aboriginal placements: ensure preparation in advance.
- Interdisciplinary partnerships (e.g., history students and nursing students working on projects together; for cultural history could involve fine arts' students).
- Oral storytelling--use digital media centre.
- More explanation needed to answer the question "Why should we know about cultural safety?"
- Challenging myths for both students and faculty.
- Film narratives.
- Cultural safety for faculty.

Group 3:

- Creating culturally safe space in the classroom (example of box and circle exercise reference: Jan Derek).
- Class values exercise done in pairs--make a list and everyone gets a copy.
- Learning activities surrounding marginalization and disparities to understand the broader context: use videos in large groups and discussions in seminar groups.
- Promotion of Aboriginal and rural placements.
- History of culture/linguistics/traditional territories.
- Aboriginal nurses as guest speakers to share experiences and work.
- Levelling of content throughout the curriculum.
- Student-led projects.
- More application activities and assignments.
- Making more Aboriginal health information testable [to recognize it as essential content].
- Building on and optimizing particular strengths of faculty and their experiences and having them teach it in seminars, etc.
- Roots of Aboriginal nursing history: more on Aboriginal nurse leaders.
- Learning activities around the importance of family in health and healing of Aboriginal peoples.

Group 4:

- Cultural immersion: e.g., digital storytelling and community placements.
- Elder interviews and luncheons with students.
- Testimonials: personal storytelling of experiences.
- Exploring and experiencing traditional healing modalities.
- Workshops and seminars.
- Activities that help all students to experience being in a minority group.
- Self-reflection: internal dialogue and external dialogue with colleagues.

- Debunking “myths”.

Part B: Support Needed to Implement Learning Activities

- Building a community in the classroom.
- Faculty development: How to facilitate learning activities to prevent harm and maintain cultural safety. How to overcome guilt and defensiveness.
- Build relationships with communities: TRU to reach out to communities.
- Mentoring students to become educators in the future.
- Student reflection following learning activities.
- Going deeper than reflection—examining how/why we get ideas.
- Support for faculty to try these learning activities and then evaluate different activities.
- Reciprocity with communities—importance of giving back.
- Partnering of faculty with Aboriginal nurses.
- Funding [for designated faculty support, learning & outreach activities].
- Formal position(s) for Elders in the School of Nursing.
- Have someone who has been situated in the community for students to go to for help and within the School of Nursing (as an advocate and support).
- Making it more public within the School [higher profile and visibility?]
- Connections with Aboriginal Nurses Association of Canada (ANAC), Native and Inuit Nurses Association of BC (NINA), British Columbia Nurses Union (BCNU).
- More Aboriginal representatives on committees.
- Partnerships with Aboriginal communities.
- Faculty development.
- Making connections with practitioners.

Appendix D: Exemplars

Exemplar 1 – General Thread

Title of Exemplar	Curriculum Thread (need to decide which semester/courses are best fit)
Narrative Description	<ul style="list-style-type: none"> ▪ Sets of “essential concepts/content” or learning activities to learn about Secwepemc history and culture, history of Canadian Aboriginal peoples in general, and building understandings for working with Aboriginal individuals, families, groups, and communities. Based on UBC-O’s work to develop mandatory modules about the Okanagan Peoples. The ANAC/CASN/CNA Framework provides good details of these essential areas. 1. Canada’s colonial history and its impact on Indigenous peoples How the current socio-demographic challenges facing many Aboriginal individuals and communities have a significant impact on their health. Historical and current issues. 2. Self-discovery – what are students bring in to the table in terms of their own invisible baggage (attitudes, beliefs, values) – especially explore attitudes that exist consciously or unconsciously towards cultural/social difference in health care (NAHO, 2008). Becoming self-aware - underlying assumptions that shape one’s worldview and how students might engage with Aboriginal people. 3. Ideas around treaty and rights, land claims, unique status of FN peoples in Canada, relationship of land to daily life and health; use local examples that Jackie Jones spoke about and the issues from her perspective (e.g., local land rights). 4. Names of Aboriginal peoples in Canada, socio-demographics (health statistics, education, employment, housing; traditional areas: territories and languages. 5. Opportunities for relationship building and communication - get to know local Aboriginal communities and the people in them. 6. Tripartite First Nations Health plan and First Nations Health Council; jurisdictional issues in health care delivery. Gaps and barriers in the system for Aboriginal individuals and communities seeking health care. What is involved in providing culturally appropriate services that address social, cultural, and language barriers.
Guiding Principles	✓ Respect of First Nations, Inuit and Métis cultural integrity.

[Check all that apply]	<ul style="list-style-type: none"> ✓ Relevance to First Nations, Inuit and Métis perspectives & experience. ✓ Reciprocal relationships. ✓ Responsibility through participation.
Core Competencies [Check all that apply]	<ul style="list-style-type: none"> ✓ Postcolonial understanding ✓ Communication ✓ Inclusivity ✓ Respect ✓ Indigenous knowledge ✓ Mentoring & supporting students for success
Semester	Faculty to decide within each semester and year. May use Exemplars 2 and 3 as ways to work with some of these ideas.
Resources Needed	<p>Faculty knowledge and comfort with subject</p> <p>Elder/Community Members' time</p> <p>Funds to transport Elders and provide honoraria.</p> <p>Time for building partnerships with communities and relationships with Elders.</p>
Curriculum Thread	Self-awareness, culture, cultural safety, primary health care, health promotion, social justice
Other Considerations	<p>Develop with knowledge keepers from the community – as sources of information and advice.</p> <p>Taught by Aboriginal faculty member, or co-taught with Aboriginal person (s)</p> <p>How to avoid multiple requests to the same speakers.</p> <p>Consistency of messages and content.</p> <p>Ensure that Aboriginal nursing history included content on history of nursing.</p> <p>Provide suggestions/space and time to talk about resources and learning activities on Aboriginal content for faculty.</p>

Exemplar 2

Title of Exemplar	Learning about Residential School
Narrative Description	<ul style="list-style-type: none"> ▪ Visit to the Residential School and the Secwepemc Museum on the T'kemplups Indian Reserve
Guiding Principles [Check all that apply]	<ul style="list-style-type: none"> ✓ Respect of First Nations, Inuit and Métis cultural integrity. ✓ Relevance to First Nations, Inuit and Métis perspectives & experience. ✓ Reciprocal relationships. ✓ Responsibility through participation.
Core Competencies [Check all that apply]	<ul style="list-style-type: none"> ✓ Postcolonial understanding ✓ Communication ✓ Inclusivity ✓ Respect ✓ Indigenous knowledge <p style="margin-left: 20px;">Mentoring & supporting students for success</p>
Semester	<p>Semester 1 – part of units around cultural safety and health promotion with Aboriginal peoples – introduction to content related to Competency 1.1 and 1.2; and attitudes and values related to Competencies 3.1..1,3.1.2, and 3.1.3</p> <p>Need to review each semester and see where these ideas can be woven in and build upon.</p>
Resources Needed	<p>Residential School survivors/or person who works with survivors / Elder who would be able to put human touch to Residential Schools and their impact on Aboriginal peoples.</p> <p>Faculty knowledge and comfort with subject</p> <p>Co-teach with Aboriginal person (s)</p> <p>Elder/Community Members' time</p> <p>Funds to transport Elders and provide honoraria.</p> <p>Time for building partnerships with communities and relationships with Elders.</p> <p>Support persons needed for students, faculty, and guest speakers.</p>
Curriculum Thread	<p>Culture; relational practice; health promotion; social justice.</p>
Other Considerations	<p>Faculty development: As the number of Aboriginal educators, including faculty and staff, gradually increases, students will have more role models and appreciation of the Indigenization that is taking place at the university. But until the numbers increase, it is important for faculty, staff and administrators to have an understanding of the issues and history of Aboriginal peoples (TRU ALBAA Research Team, 2010, p. 41).</p>

Exemplar 3

Title of Exemplar	Elder Story Sharing
Narrative Description	<ul style="list-style-type: none"> ▪ This experience would involve having Elders come to the classroom to teach by sharing their history and traditional knowledge with groups of students. ▪ It would allow for learning about traditional medicine, healing and other unique aspects of health with local Peoples. Build awareness of the need to value and respect traditional medicines and work with Aboriginal healers to seek ways to integrate traditional and western medicine traditional medicine and knowledge exist outside of the dominant healthcare system. ▪ Variations on this experience could involve students interviewing Elders or holding talking circles with Elders. ▪ Elders and knowledge keepers, coming into the classroom to present information—look at contracting with particular people in the community who would be considered part of the faculty and who could become mentors to students. ▪ Focus on building levels of connection.
Guiding Principles [Check all that apply]	<ul style="list-style-type: none"> ✓ Respect of First Nations, Inuit and Métis cultural integrity. ✓ Relevance to First Nations, Inuit and Métis perspectives & experience. ✓ Reciprocal relationships. ✓ Responsibility through participation [Faculty engagement is important—teachers learn from being a participant].
Core Competencies [Check all that apply]	<ul style="list-style-type: none"> ✓ Postcolonial understanding [Cover during preparation] ✓ Communication [how to share the experience by re-presenting our experience to others] Inclusivity ✓ Respect [Understand this concept through communication with the Elder] ✓ Indigenous knowledge Mentoring & supporting students for success
Semester	Recommended for semester(s): 2, 3, 4 and/or 5 Builds on groundwork in semester 1.
Resources Needed	Funds to transport Elders and provide honoraria. Time for building partnerships with communities and relationships with Elders.
Curriculum Thread	relational practice, culture, cultural safety, worldviews, health and healing initiatives
Other Considerations	<p>Explore options for the best place for this learning activity (e.g., Friendship Centre, Residential School Museum, House of Learning).</p> <p>The experience must be handled in a culturally safe manner—avoid tourism and ‘othering’.</p> <p>Use journals for reflection or have an open interpretation such as through art, dance, creative writing following the experience.</p> <p>How do you create readiness in the students, as part of the preparation, to get the most out of it and to contribute?</p>

Exemplar 4

Title of Exemplar	Community Immersion Practicum in 4th Year
Narrative Description	<ul style="list-style-type: none"> ▪ This practicum would be three months in duration and would focus on culture, health services and building relationships in a First Nations community context. ▪ Opportunities to experience language, power structures and levels of governance (Band, Federal Depts.) and policy. ▪ Would provide learning on Health Canada funding and programs as well as Provincial and Band services. ▪ Students would work with Health Programs and would spend time with all members of the health team to gain a broad understanding of programs beyond nursing. Spending time in the local school and early childhood programs would be an asset. ▪ The practicum would include time to learn about Indigenous knowledge (e.g., roots and berries—methods of harvesting, preservation and use).
Guiding Principles [Check all that apply]	<ul style="list-style-type: none"> ✓ Respect of First Nations, Inuit and Métis cultural integrity. ✓ Relevance to First Nations, Inuit and Métis perspectives & experience. ✓ Reciprocal relationships. ✓ Responsibility through participation.
Core Competencies [Check all that apply]	<ul style="list-style-type: none"> ✓ Postcolonial understanding ✓ Communication ✓ Inclusivity ✓ Respect ✓ Indigenous knowledge ✓ Mentoring & supporting students for success [Requires faculty competence in all of the above and a deep appreciation for the nature of student learning in a community practicum].
Semester	Recommended for semester(s). 7 and 8
Resources Needed	Faculty members need to understand goals of immersion and, ideally, to have had cultural immersion experiences. Smith, Edwards & Peterson et al. (2010) Rethinking nursing best practices with Aboriginal communities: Informing dialogue and action. <i>Canadian Journal of Nursing Leadership</i> , 22(4), 24-39.
Curriculum Thread	
Other Considerations	Students have to understand the power structure of the Band and the nature of the power we are bringing from the university. Need to ensure that student placements do not cause further colonization. There must be adequate preparation prior to an immersion experience.

Exemplar 5

Title of Exemplar	Faculty Immersion in a Rural or Remote First Nations Community: The Lived Experience of Developing Competence in Cultural Safety
Narrative Description	<p>Detailed account of learning activity and potential setting(s).</p> <p>This experience is for faculty to engage with a First Nations community in a rural or remote setting to experience life, health and culture from the perspective of the people.</p> <p>The experience would be structured as a process of inquiry into the acquisition of cultural safety competencies among faculty and the implications for teaching students in similar settings.</p> <p>Colonization is often found embedded in texts and pedagogy in the mainstream educational system, sometimes referred to as the ‘hidden curriculum,’ creating a legacy of colonial constructs that include stereotypes and racist attitudes (TRU ALBAA Research Team, 2010). Examine how this operates in the nursing curriculum.</p> <p>The suggested time frame of one week would be negotiated with the community to focus activities on:</p> <ul style="list-style-type: none"> • Language, history, customs, indigenous knowledge and the Band’s political structure and organization • Health care delivery from the perspective of community members • Funding – limitations of programs, federal and provincial jurisdictions • Issues with respect to child and youth education and health • Other experiences identified by the community. <p>Faculty members would be billeted with families in the community.</p>
Guiding Principles [Check all that apply]	<p>√Respect of First Nations, Inuit and Métis cultural integrity.</p> <p>√Relevance to First Nations, Inuit and Métis perspectives & experience.</p> <p>√Reciprocal relationships.</p> <p>√Responsibility through participation.</p>
Core Competencies [Check all that apply]	<ul style="list-style-type: none"> • Postcolonial understanding • Communication • Inclusivity • Respect • Indigenous knowledge • Mentoring & supporting students for success
Semester	<p>Recommended for semester(s).</p> <p>Recommended for all faculty who will be teaching nursing practice courses in Aboriginal settings.</p>
Resources Needed	<p>Description of resource people and other assistance needed to support this activity.</p>

	<p>There is a need to first build a relationship with a community who may agree to host the experience and to secure budgetary resources for the development of the immersion experience, travel and living costs for one week ,other expenses incurred by host community.</p> <p><i>Reference e suggested by Elder:</i> <i>Peace, Power, Righteousness: An Indigenous Manifesto</i> by Taiaiake Alfred (Oxford University Press, 2008).</p>
Curriculum Thread	<p>Relevant thread highlighted and comments.</p> <p>This is an essential experience to ensure that faculty are prepared to develop cultural safety competencies among students. It is relevant to the curriculum threads of: relational practice, change, cultural safety and context.</p>
Other Considerations	<p>This experience may be developed as an inter-professional immersion with participation of faculty in social work, respiratory therapy, tourism, law and education (and others).</p>