

Am I Walking a Culturally Safe Path as a Family Physician?

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Bringing Our Minds Together

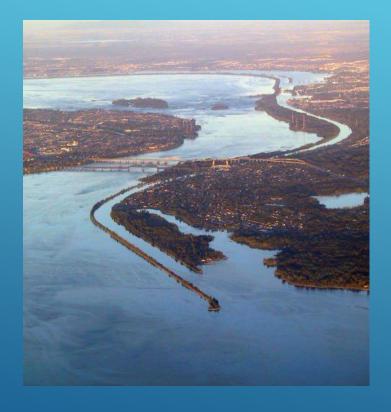
Ohen:ton Kariwatehkwen

"The words that come before all else"

Poster by Norma General, Cayuga Turtle Clan, Oshweken Territory, Six Nations, Ontario

She:kon Welcome Bienvenue





Workshop Objectives

At the conclusion of this workshop, participants will:

- 1. Describe pre-contact Indigenous world view and lifestyle
- 2.Describe the depth of assimilationist actions by colonial and Canadian governments and the resulting impact on Indigenous Peoples and communities
- 3. Analyze their current practices, behaviours and attitudes to explore opportunities for positive change.

The Cultural Safety Journey

AWARENESS

Acknowledge the Differences

SAFETY

Sympathy & Empathy for the Patient

IMPROVED HEALTH OUTCOMES

COMPETENCE

Skills, Knowledge & Attitude

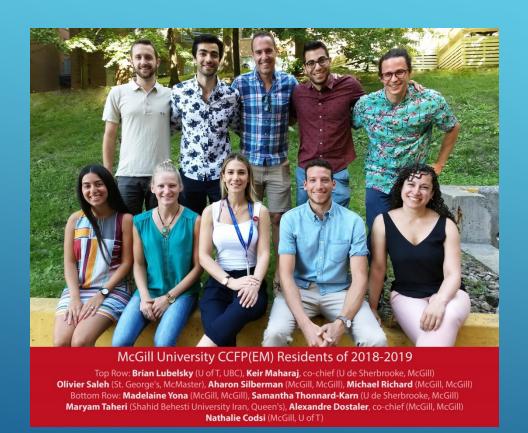
HUMILITY

Journey of Self-Reflection

SENSITIVITY

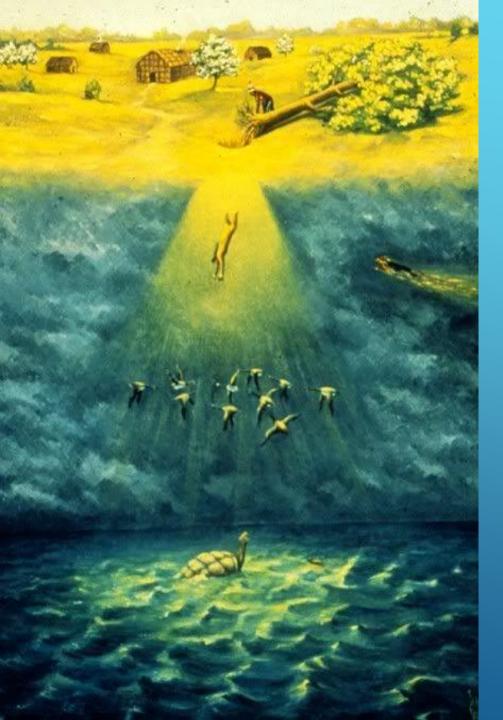
Attitude Change Respect the Differences

Roles of Family Physicians



- 1. Expert
- 2. Communicator
- 3. Collaborator
- 4. Leader
- 5. Health Advocate
- 6. Scholar
- 7. Professional

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Indigenous World View

Existence in Spirit

Creation Story

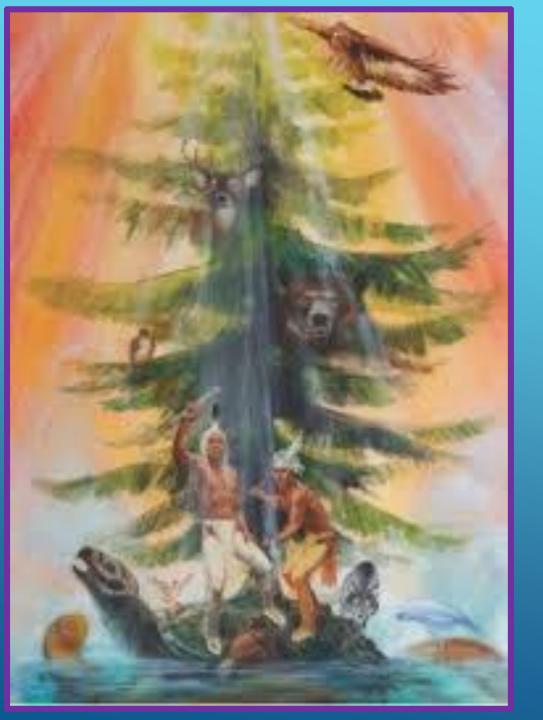
A Physical Experience

Whole Health & Wellness

Sacred Relationships with Life

Roles & Responsibilities

7 Generations Thinking



Indigenous Culture

Thriving Societies

Mind Body Spirit Balance

Living in Harmony

Social Relationships

Connected by Language

Oral Tradition

Ceremony & Ritual

A Joyful Existence

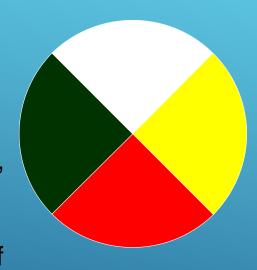
Wholistic Wellness

SPIRITUAL

Belief & understanding Creator/ Creation, Knowing yourself, Values, Understanding the inter-connection of life, ritual & ceremony

MENTAL - INTELLECTUAL

All knowledge including Creation Story, mythology, Earth knowledge – weather, season, – life supporters, knowing our relatives, ceremony and song, rites of passage



PHYSICAL

Relationship with Mother Earth, waters, all life supporters, relatives and Sky World relatives.

Eat, work & play in balance

Carry roles & responsibilities

EMOTIONAL

Nurturing relationships with humans, with environment, sympathy, empathy, nurturing our gifts, 7 Generations thinking

Grocery Pharmacy Gymnasium



















Indigenous Principles of Wellness

Skennen = Peace
Ka'nikonhri:io = the Good Mind
Kahsestenshera = Power, Gifts
Konnonronkwashera = Love



Respect

Love

Wisdom

Honesty

Truth

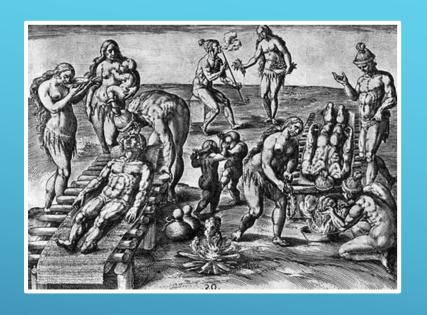
Courage

Humility

The Invasion

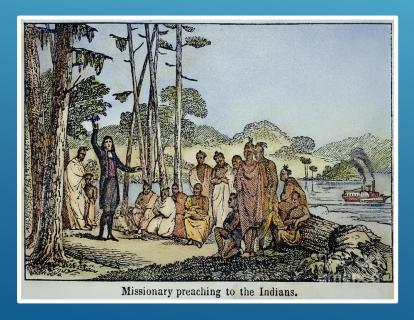






First Contact

Disease Trauma



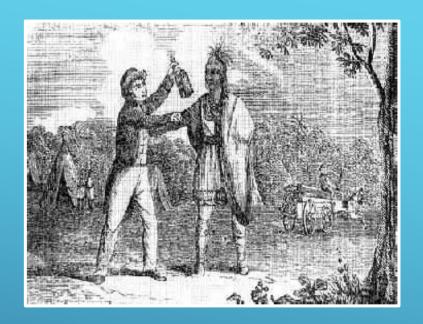
Religious Trauma

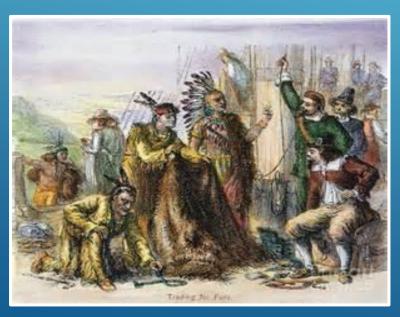


Western World View, Terra Nullius

8

The Doctrine of Discovery





"Advancing Civilization"

a.k.a.

Colonization

=

Loss of Natural, Human & Legal Rights



OFFICE CONSOLIDATION

CODIFICATION ADMINISTRATIVE

Indian Act

Loi sur les Indiens

R.S., 1985, c. 1-5

amended by R.S., 1985, c. 32 (1st Supp.) R.S., 1985, c. 27 (2nd Supp.) R.S., 1985, c. 17, 43, 48 (4th Supp.) L.R. (1985), ch. 1-5

modifiée par L.R. (1985), ch. 32 (1" suppl.) L.R. (1985), ch. 27 (2" suppl.) L.R. (1985), ch. 17, 43 et 48 (4" suppl.)

September, 1989

Septembre 1989

Identify by Legislation

1867 – CONFEDERATION

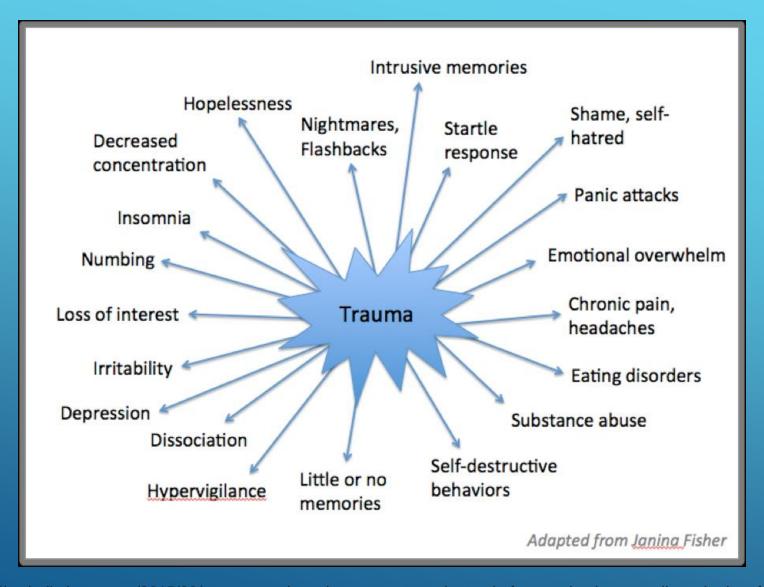
1876 - INDIAN ACT

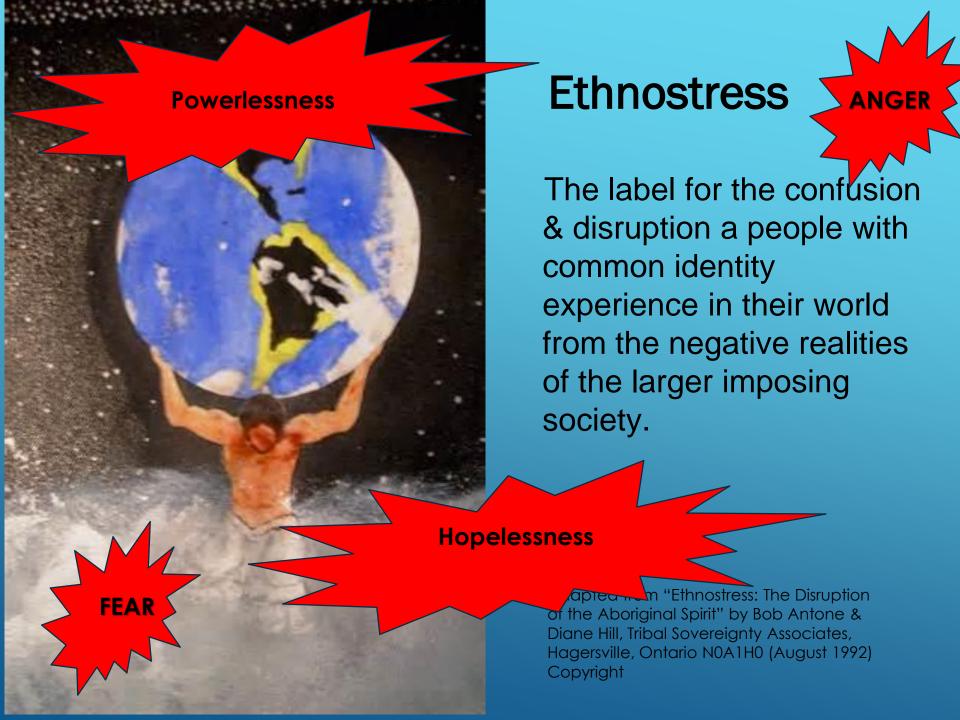
- Land
- Identity
- Family/ Social Structures
- Governance Model
- Restricted Movement
- Enfranchisement
- Education

Assimilation - Genocide

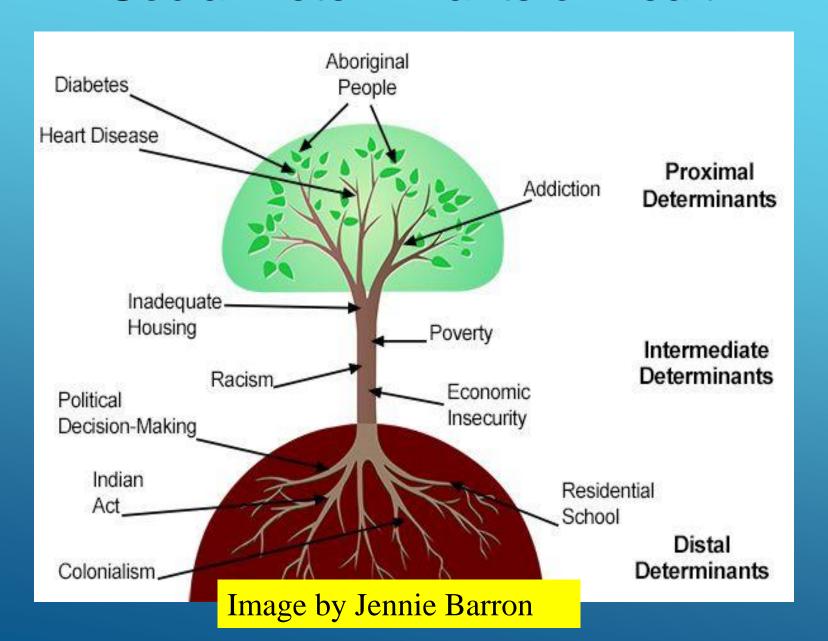


Impact of Trauma





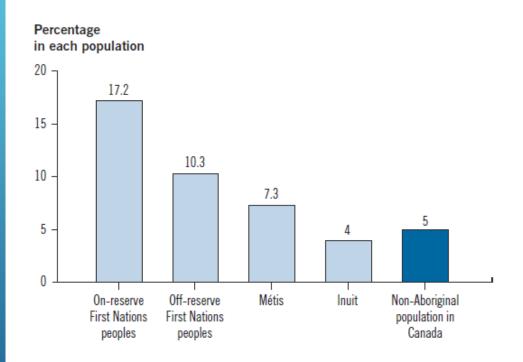
Social Determinants of Health



TYPE 2 DIABETES AMONG INDIGENOUS POPULATIONS IN CANADA (2011)

- Prevalence is 6.8% for general Canadian population - 20 % population undiagnosed
- Rates of diabetes are 3 to 5 times higher for Indigenous populations in Canada
- Gaps in the data surveillance is fragmented (Report of the Auditor general, 2013).

Exhibit 5.3 The prevalence of self-reported diabetes among Aboriginal peoples aged 12 years and older is higher than in the non-Aboriginal population in Canada



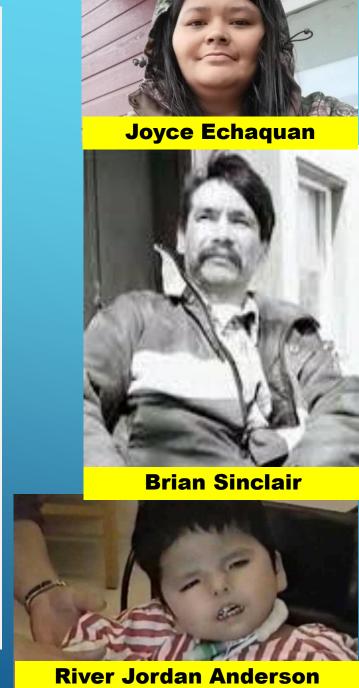
Notes: Diabetes prevalence includes type 1 and type 2. Gestational diabetes is also included for Inuit.

The percentages in the exhibit are based on information from different data sources covering time periods ranging from 2006 to the 2009–10 fiscal year. Because different data sources are used, different ages are captured: aged 18+ for First Nations on-reserve; aged 15+ for Inuit; and aged 12+ for First Nations off-reserve, Métis, and the non-Aboriginal population.

Source: Public Health Agency of Canada, Diabetes in Canada, 2011.

"I want to get rid of the Indian problem. I do not think as a matter of fact, that the country ought to continuously protect a class of people who are able to stand alone... Our objective is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian question, and no Indian Department, that is the whole object of this Bill."

- Duncan Campbell Scott, Minister of Indian Affairs (1913-1932)



Do You



Canadians hold candlelight vigil on the first National Day for Truth and Reconciliation honoring victims of residential schools © Getty Images / Artur Widak

"Today I lift up survivors, families, and communities who have sacrificed so mucl order for people across Canada to know that truth; that what happened in residential schools was a genocide," Winnipeg Center MP Leah Gazan, who introduced the motion said in a statement following the vote. She thanked her fellow lawmakers for "recognizing the truth of Canada's history."

The Cultural Safety Journey

AWARENESS

Acknowledge the Differences

SAFETY

Sympathy & Empathy for the Patient

IMPROVED
HEALTH
OUTCOMES

COMPETENCE

Skills, Knowledge & Attitude

HUMILITY

Journey of Self-Reflection

SENSITIVITY

Attitude Change Respect the Differences

Building Culturally Safe & Respectful Relationships & Environments



"How safe did the service recipient experience a service encounter in terms of being respected and assisted in having their cultural location, values, and preferences taken into account in the service encounter?"

Ball, J. (2007a). *Creating Cultural Safety in Speech-language and Audiology Services*. PowerPoint Presentation: Presented at the Annual Conference of the BC Association of Speech-Language Pathologists and Audiologists, Whistler, BC, October 25, 2007.

Group Discussion Process

Respect always

- · Be present, listen, no interruptions, phones off, screens on
- Facilitator: Keeps the group on topic
- Recorder: Takes summary notes
- Reporter: Provides a verbal summary of the discussion
- Cheerleaders: give positive feedback

Talking Circle Process

- 1st round everyone speaks up to 1 minute
- 2nd round = reflection continue, up to 1 minutes
- Open discussion to develop summary points

Group Discussions & Sharing



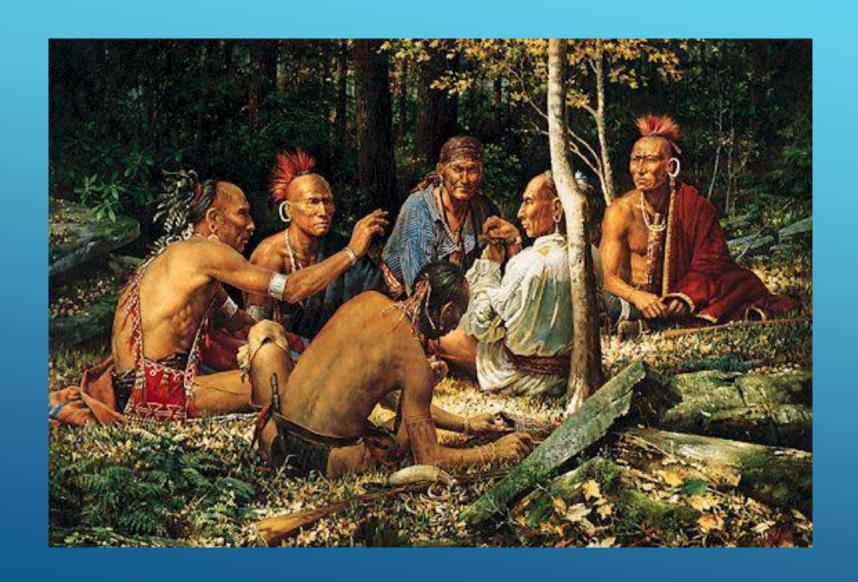
- 1. What impression has this lecture content made on your previous held beliefs and knowledge about Indigenous Peoples? WHY?
- 2. As a Family Physician what are some practices that you would consider to change as a result of attending this workshop? WHY?

Roles of Family Physicians

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Family Physician as Expert



Family Physician as Leader

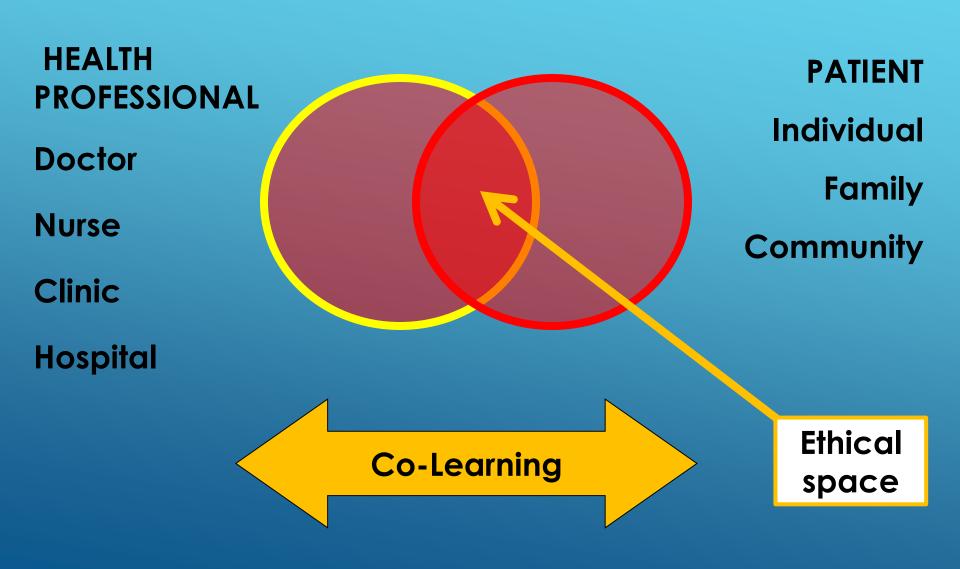


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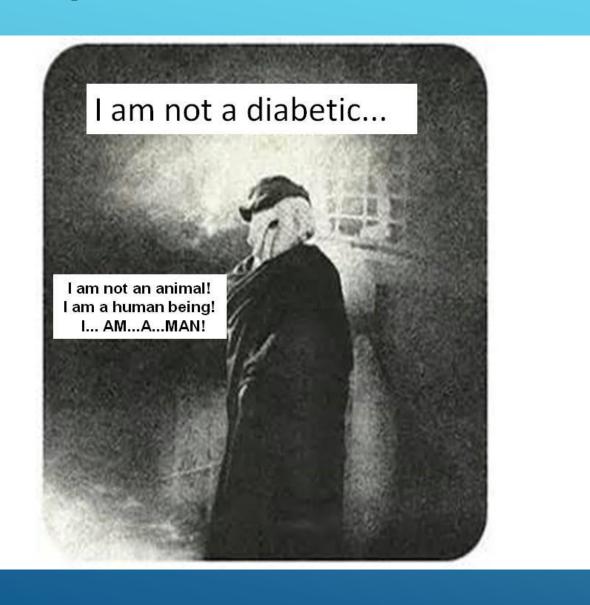
Family Physician as Communicator



Family Physician as Collaborator



Family Physician as Health Advocate



Family Physicians as Scholar



Family Physician as Professional



Family Physician Suggested Actions

- Work side-by-side with patients, families & communities.
- Incorporate family & community perspectives & values within patient-centred care
- Address racism, discrimination & power differentials within the clinical context
- Address misconceptions & assumptions of Indigenous Peoples.
- Understand the legacy of history on current health outcomes & health care contexts.
- Learn & practice trauma and violence informed care & healing-centred engagement.
- Respect & value Indigenous knowledge & traditional ways for health, wellness & healing.
- Sustain a healthy workforce in Indigenous communities to ensure physician wellness.
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Dept of Family Medicine Residents Education



Nia:wen
Thank you
Merci