

**Speaker handouts and presentations** from the 11th International Meeting on Indigenous Health posted to the conference website are intended for educational use only.

These conference handouts and presentations may not be distributed, reproduced or cited in other presentations, publications or linked online without written permission from the speaker and the CPS.

CPS Education Department Tel.: 613-526-9397, ext 263

education@cps.ca

# Evaluating Paediatric Resident Curriculum on Indigenous Child and Youth Health

Stephanie Hosang, MD Western University, PGY4 Paediatrics Past President, Canadian Paediatric Society Residents' Section

#### Disclosures

#### None

- I have no financial relationships with the manufacturers of any commercial products and/or providers
- I do not intend to discuss an unapproved/investigate use of a commercial product/device in my presentation



#### **Objectives**

- Enhance knowledge on Indigenous child and youth health in Canada with relevance to the Truth and Reconciliation Commission of Canada's Calls to Action.
- Reflect on educational strategies to implement in curriculum development and evaluation for paediatric training programs in Canada.
- 3. Engage in discussions regarding training programs for healthcare professionals on the topic of Indigenous child and youth health in Canada.

# **Background Cultural Safety Curriculum**



- Truth and Reconciliation Commission of Canada:
  - "to provide cultural competency training for all healthcare professionals"
  - To include a mandatory course about Indigenous health issues for all medical and nursing schools
- Increasing adoption of cultural safety curriculum and training frameworks across medical disciplines

## Background Cultural Safety Curriculum



- <u>Cultural safety</u>: "confronting power differentials within society and reflecting on interpersonal power differences, and how the transfer of power within multiple contexts can facilitate appropriate care for Indigenous peoples"
- Principles:
  - Empathy
  - Respect
  - Relationship building

## Canadian Paediatric Society Indigenous Health Curriculum

- Collaborative curriculum between the Canadian Paediatric Society (CPS) and the National Collaborating Centre for Indigenous Health (NCCIH)
- First developed in 2011 by Dr. Kent Saylor, updated between 2016-2019
- Updated 4-part, 4-hour curriculum released in 2020
- Designed for paediatric residents, suitable for other health professionals caring for Indigenous children

# Demographics, data and federal government relations

Indigenous Child and Youth Health in Canada Module 1





# History, colonization and social determinants of health

Indigenous Child and Youth Health in Canada Module 3





#### Common Medical Conditions

Indigenous Child and Youth Health in Canada Module 2





#### Providing culturally safe care

Indigenous Child and Youth Health in Canada Module 4





## Canadian Paediatric Society Indigenous Health Curriculum

- User guide
- Recorded Webinar for overview and best practices for delivering curriculum
- Speaker notes for each module
- Recommended readings for each module

GUIDE FOR FACULTY AND PRESENTERS

Indigenous Child and Youth Health in Canada

A module-based curriculum for paediatric residents





# Cultural Safety Curriculum in Medical Education: Does it work?

# **Evaluations of Indigenous Cultural Safety Curriculum**

- 21 previous evaluations exist worldwide...
- · Canada: 12
- Australia: 6
- New Zealand: 1
- United States: 1
- International: 1

#### **Evaluation Project**

- Collaboration between the Canadian Paediatric Society's First Nations, Inuit and Métis Health Committee and the Residents Section
- Evaluate the curriculum from the perspective of faculty (teachers) and learners (paediatric residents)
- Domains evaluated:
  - Effectiveness
  - Areas of improvement
  - Opportunities for enhancing learning, retention and practice change

#### **Evaluation Project**

 Goal: to update and improve the curriculum to ensure relevance and utility

#### Methods

- Rapid literature review completed by the NCCIH
- Development of one-time online surveys
- Three instruments:
  - Program/Program directors (of 17 paediatric programs)
  - Residents (across all programs)
  - Faculty who have delivered teaching
- Descriptive analyses & review of qualitative responses

Program directors	Faculty	Residents
15 schools (n=15)	8 schools (n=12)	11 schools (n=54)
<ul> <li>Dalhousie University</li> <li>McGill University</li> <li>McMaster University</li> <li>Memorial University</li> <li>Queen's University</li> <li>Université de Montréal</li> <li>Université de Sherbrooke</li> <li>Université de Laval</li> <li>University of Alberta</li> <li>University of British Columbia</li> <li>University of Calgary</li> <li>University of Manitoba</li> <li>University of Saskatchewan</li> <li>University of Toronto</li> <li>Western University</li> </ul>	<ul> <li>University of Saskatchewan (n=4)</li> <li>McMaster University (n=2)</li> <li>Dalhousie University (n=1)</li> <li>McGill University (n=1)</li> <li>Université de Montréal (n=1)</li> <li>Université de Laval (n=1)</li> <li>University of Alberta (n=1)</li> <li>University of British Columbia (n=1)</li> </ul>	<ul> <li>University of Alberta (n=11)</li> <li>McMaster University (n=8)</li> <li>University of British Columbia (n=6)</li> <li>Université de Sherbrooke (n=5)</li> <li>University of Saskatchewan (n=4)</li> <li>Western University (n=4)</li> <li>University of Toronto (n=3)</li> <li>Université de Montréal (n=2)</li> <li>Dalhousie University (n=2)</li> <li>McGill University (n=1)</li> <li>NOSM (n=1)</li> </ul>

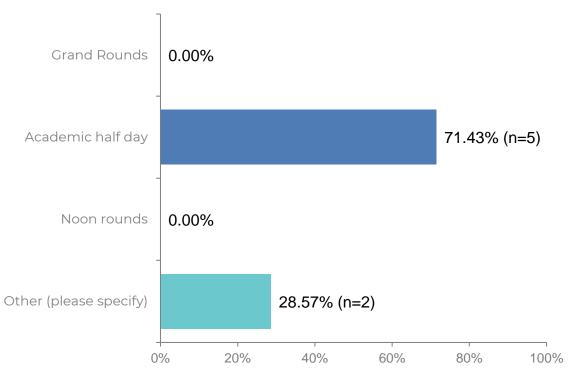


#### **Curriculum Uptake**

12 paediatric programs (of 15 responding) offer some sort of Indigenous health training

8 of those have delivered this CPS curriculum at least once since 2020

# Mode of Delivery for Programs that Used the Curriculum



#### Other:

- CTU junior resident teaching
- R1 curriculum during their own AHD or at another time

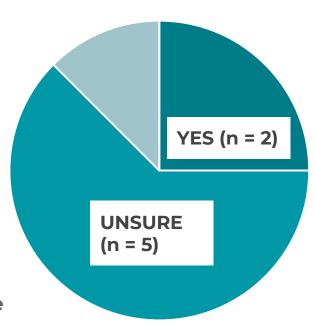
"Does CPS training meet residents' learning needs and is it an effective response to the Royal College commitment to reconciliation in medical education?"

"It's a start."

"Need to continue to explore this with our learners. They receive Indigenous health training separately through post grad and our Indigenous health curriculum in academic half-day"

"Yes, but got quickly out of date, love to have the resource to subsequently work on local context and adaptations"

"It isn't comprehensive enough - **skims the surface** ... would like deeper conversation about how they can change their practice"



#### **Barriers to Using the Curriculum**

- 1. LACK OF LOCAL EXPERTS
- 2. LENGTH OF CURRICULUM

"Finding the **right presenters** with the time to and **expertise** to do it well, but that's not a national curriculum issue."

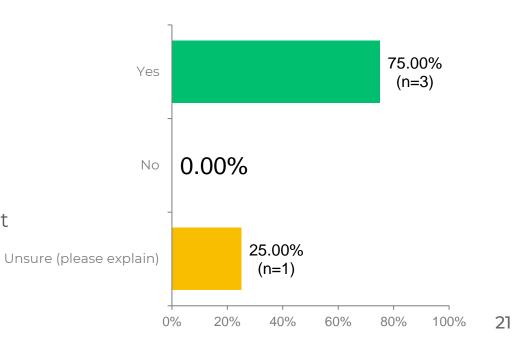
"Time to fit everything in!"

"We have not had a local pediatrician working specifically with Indigenous children until very recently. I appreciate the content was prepared and easy to be given by settler, but certainly the lack of experience still matters. Overtime, I hope we can add in **more local context**."

- Training given by a paediatrician with experience working with Indigenous children. The course was inspired by CPS training themes, but not directly CPS curriculum
- Indigenous Health Advocate at Children's Hospital
- Training through CancerCare Manitoba as well as through the University of Manitoba
- We have Indigenous health leads at the hospital that have participated in training, as well as our curriculum committees that have put together content

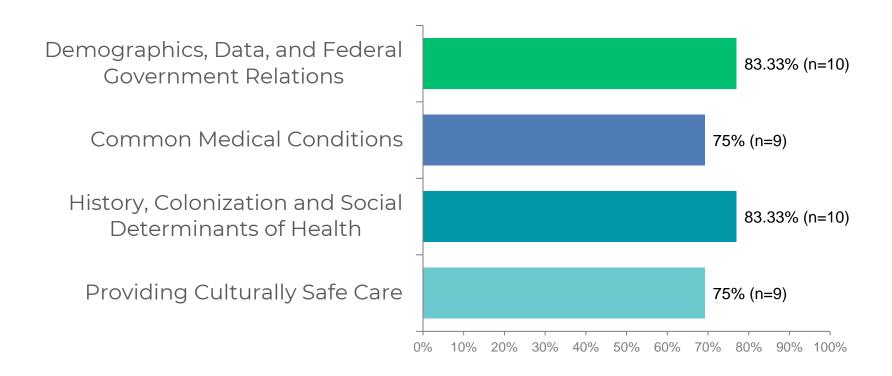
# Alternative Indigenous Curriculum

#### Met training needs?



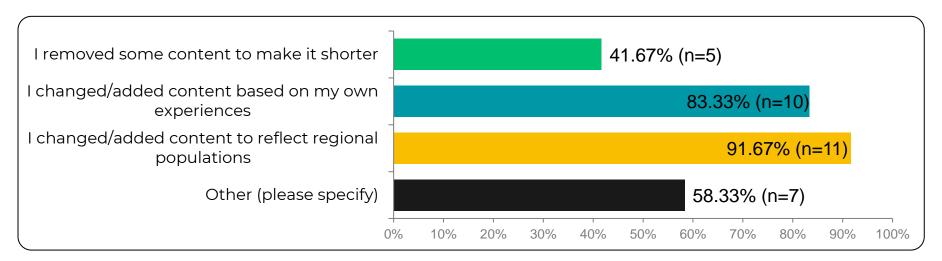


#### Which Modules did Faculty Use?

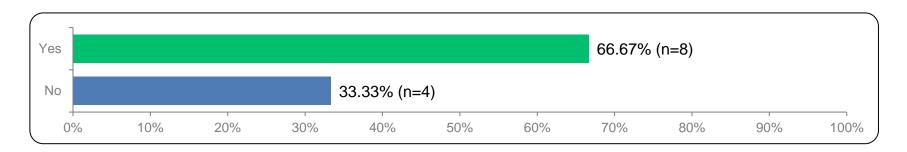


#### Were the Modules Adapted in Any Way?

- 8/12 (67%): It's accurate and up to date.
- 7/12 (58%): Plan to use it again. Five are unsure.
- 12/12 (100%): Adapted it in some way, primarily based on their own experiences, or to include local content.
- 0/12 said the curriculum should be retired.



#### **Curriculum Relevance**



#### Additional comments:

- "Accurate but gets quickly outdated."
- "It talks about gaps but not about hope."
- "Missing critical information about how to support FNIM patients and families using strength-based approaches that are really coming forward in current literature."
- "I add a lot more clinical examples."

#### **Suggested Changes**

"Current census data and recent events (Include more on the **socio-geographic** determine links e.g. seaside, oceans, river vs. inland in connection with development of diseases and access to care)."

"More on content on anti-racism."

"Elder engagement from a local community."

"Strengths-based approaches to supporting health."

"Harmonizing care with [traditional] Indigenous medicine providers."

"Data on the local Indigenous nations and groups."

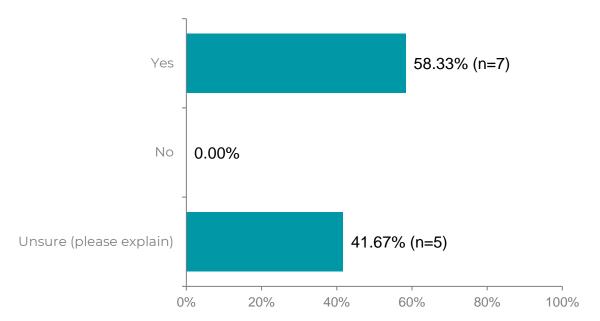
"I would have hands-on scenarios for residents to work through that allow for practicing various skills. In particular, filling out NIHB exemptions More info on [TRC Calls to Action], UNDRIP."

#### **Learner Engagement**

#### 100% of the respondents felt as though learners were engaged.

- "My presentation was filled with my personal experience of doing Indigenous Health, some documentary work, some stories. I think this made the curriculum come alive because the presented curriculum is very dry."
- "Expectations are still that learners bear very little responsibility themselves for learning Indigenous history."
- "Residents largely see Indigenous people as a homogenous mass (one person speaks for all!)"
- "The parts that I added in myself are more interactive. I feel that the didactic sections were less engaged."
- "I think videos are very helpful to engage residents."
- "The last two sessions I have been accompanied by an elder who has participated." 27

#### Would you use the CPS Curriculum again?



#### **Comments for 'Unsure':**

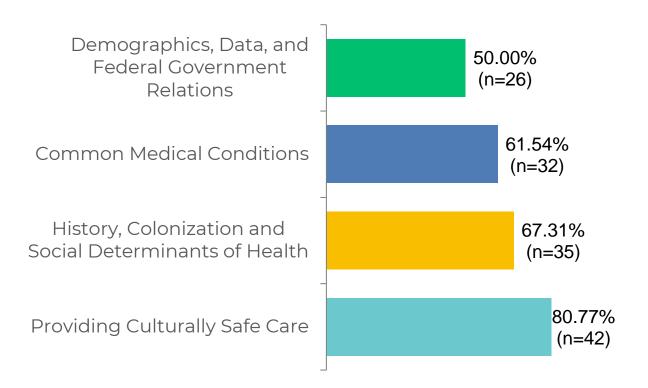
- Offer a very good basis.
- I will use it in a highly adapted form. I do encourage the residents to then review the material as presented by CPS.
- Mostly because I think our approach in delivering the modules need to be different.
- Likely yes, but some of other presenters heavily modified their presentations as well.
- I use it to double check the basic notions that should be presented to residents but add a lot of material to it.

# Does the CPS Curriculum meet a Learning Need for Paediatric Residents?

- 11/12 agreed yes.
- Disagreement: "It is a check box but it isn't doing justice to the needs of our Indigenous Communities. We need strength-based teaching about communities and we need honest conversation about how racist our medical system is."

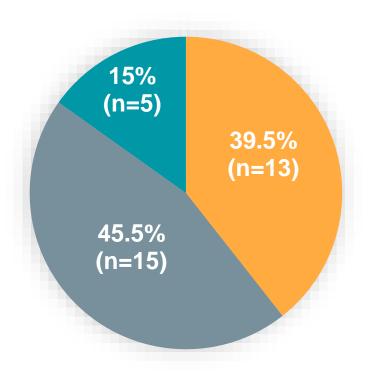


## Which Modules do Residents Remember Taking?



- 19 residents (36.5%) received all four modules
- 10 residents
   (19.2%) received
   the history and
   SDOH modules

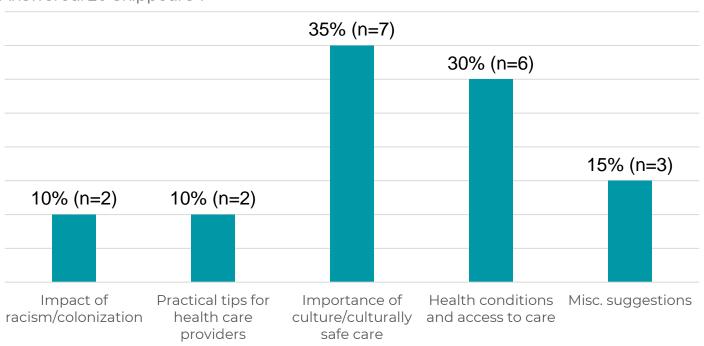
## **Key Learning Points: Themes**



- Importance of culture/culturally safe care
- Impact of social determinants of health and health issues
- Misc.

## **Key Learning Points: Most Impactful**



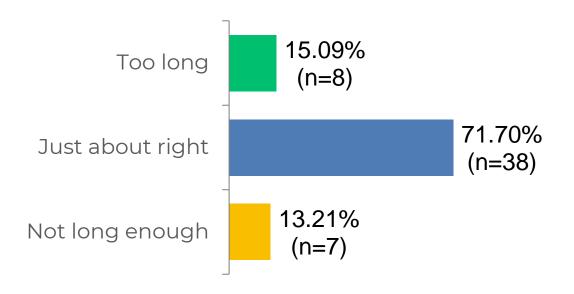


## Self-Reported Improved Knowledge

Topic	% Improved Knowledge (Yes/Somewhat)
Terminology & demographics	89%
Basic historical considerations	93%
Non-Insured Health Benefits	83%
Local Indigenous populations	87%
Common medical conditions	91%
Specific recommendations for care of Indigenous children	94%
Social determinants of health	94%
Colonization's ongoing effects	83%
Indigenous peoples and cultures	85%
Culturally-safe care	89%
Appropriate history-taking	85%
Resiliency of Indigenous peoples	89%
How to advocate for Indigenous children	89%

## Feedback on Length of Training

Answered: 53 Skipped: 1



#### What Would Residents Change?



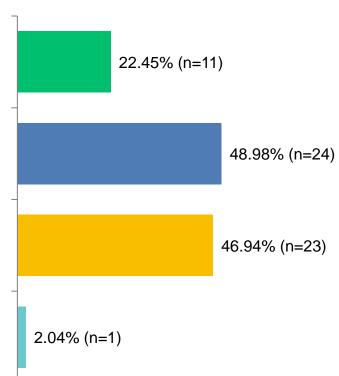
#### What Should CPS do with the Curriculum?

This curriculum has value for learners, but should be shorter.

This curriculum should be left as is, with appropriate content updates as needed.

This curriculum should include more information about local populations to reflect the diversity of Indigenous groups across Canada.

This curriculum should be retired.



# **Reflections & Next Steps**

The CPS Indigenous Child & Youth Health Modules are generally well-used and viewed positively. Feedback from programs indicate challenges in integrating into existing curriculum. Feedback from faculty suggest updating key topics, particularly allowing for more local context, strengths-based teaching, and case-based teaching Feedback from residents were generally positive with high self-rated knowledge improvement. Practical tips, formatting changes, and local context teaching were highlighted as areas of improvement.

# Thank you! Merci! Kinanaskomitin!

Funding: Health Canada "Addressing Racism and Discrimination in Canada's Health Systems" Program

Collaborators: Lindsay Thistle (CPS) Elizabeth Moreau (CPS), Dr. Stephanie Hosang, Dr. Ryan Giroux, Dr. Véronique Pelletier, Dr. Kent Saylor, Dr. Brett Schrewe, Dr. Meagan Roy, Dr. Amber Miners, Donna Atkinson (NCCIH), Dr. Sam Wong