



# Community as teacher: Health professional students learn Cultural Safety from an Aboriginal community

*An interprofessional, experiential, cultural immersion program for UBC students and a partnership of the Division of Health Care Communication and Xyolhemeylh 2012-13*



## Why is this project needed?

**Communications between** health care professionals and Aboriginal people have long been identified as contributors to poor health outcomes. Associations between history, time, and trust create some of these difficulties. When we asked Aboriginal people for a solution they said health professionals should “come and spend time with us”. Cultural immersion for health professional students allows the Aboriginal community to become their teacher. (\*Towle et al 2006)

## Who is involved and what happens?

**Our partnership** with Fraser Valley Aboriginal Children and Family Services Society (Xyolhemeylh) since 2006 resulted in a unique educational model – a variation on community-based education. UBC students learn alongside Aboriginal youth at summer camps led by Elders, youth workers and cultural leaders. UBC students learn *cultural safety* and about developing culturally-appropriate relationships.

Camps are held on the Chehalis Indian Reserve and neighboring communities, in a Longhouse or outdoors and provide a learning environment unlike classrooms and clinics. Over 3 or 4 days students experience the lifestyles of the Stó:lō people and learn about themselves and First Nations.

At the Family camp traditional teachings about family and parenting skills are shared with Aboriginal families. The Youth camp for

12-14 year olds provides cultural teachings through traditional activities, sports and games. Two camps are coming-of-age celebrations held for boys (‘Warriors’) aged 12-19 and girls (‘Natural changes’) aged 10-16 to teach self-discipline, traditional responsibilities and customs.

UBC students attend in groups of up to 6. Their role is to learn through drumming, singing, canoeing, Longhouse ceremonies, talking with Elders and interacting with the youth. In exchange they help with chores and facilitate health-related discussions on topics chosen by the participants. Topics have included nutrition, body image, hygiene and sexual health, and a modification of our ‘Talk to Your Doc’ program, facilitated by medical students in BC high schools, to help adolescents develop independent and active relationships with health care providers.

## What is cultural safety?

Cultural safety is a concept from New Zealand nursing education that emphasizes self-awareness on the part of health professionals, to understand how their own culture (both personal and professional) affects practice. **Key features** of cultural safety are:

- awareness and respect for cultural differences
- self-reflection and analysis of power inequalities
- trust
- is defined by the recipient/patient/client

**2012 NATIONAL COMMUNITY SERVICE LEARNING AWARD**  
from the  
**J.W. McConnell Family Foundation** to recognize successful community initiatives supported by robust community service-learning programs

**VIDEO:** *Aboriginal Community as Teacher,*

<http://www.chd.ubc.ca/dhcc/sites/default/files/videos/communityteacher.mov>

## Programs & Number of Students 2006-13

Dental Hygiene	4
Dentistry	3
Land and Food Systems / Dietetics	6
Medicine	45
Midwifery	3
Nursing	16
Occupational Therapy	8
Pharmacy	16
Physical Therapy	1
Psychology	4
Public Health	1
Social Work	7
Speech-Language Pathology	1
Other (Vocational Rehab, Science, Respiratory Therapy)	3
<b>Total</b>	<b>118</b>



**Division of Health Care Communication**  
*informed and shared decision making*



a place of mind

## What difference does it make?

**Student learning** of cultural awareness, sensitivity and safety has been revealed through interviews and focus groups with many students, camp leaders, Elders and campers.

UBC students were grateful for first-hand encounters with Aboriginal culture. The experience challenged the ideas they had formed from health statistics, media and treating patients. They became aware of cultural differences, their own values, beliefs, biases and prejudice, and underlying reasons for distrust of health professionals. Some were inspired to choose a career focusing on

Aboriginal health. Long-term follow-up interviews showed students retain their learning and apply it to practice.

Community members who led the camps were struck by the reciprocity of students and their desire to learn. They appreciated the respectful way students engaged with Elders and the good role modeling and mentorship they provided the youth. They valued the opportunity to share their culture with future health care providers. Young camp leaders were especially interested in the information about health careers. (\*\*Kline et al 2013)

**Students:** "... we'd like to think we don't have prejudice and we don't look at people from other groups and have these preformed notions, but I think what the camp made me face front-on is that even though I think I didn't have prejudice there are kind of these automatic thoughts that you have when you think 'Aboriginal person' and I think that camp helped me kind of just find out what those initial thoughts were ..." [Medical student]

"... I think we're so used to seeing in society, First Nations people as being kind of the odd ones out, you never see a whole community of them. They're the ones that stand out .. in broader society and they're stereotyped in negative ways and it was incredible to be there where we were the odd ones out. And to imagine what that feels like to a First Nations girl who's growing up as a First Nations woman, what that must be like ... it really makes you feel that." [Nursing student]

**Many thanks** to the Fraser Valley Aboriginal Children and Family Services Society (Xyolhemeylh) for welcoming UBC students to their camps. Special thanks to Kelowa Edel, Norma Commodore, Elly Janik, Melissa Sandhar and Gary Robinson, who in their different roles have made it happen and given us their guidance and support.

We are especially grateful to the Elders, camp leaders and youth for teaching these future health care providers and to the students who took the opportunity to learn in the Aboriginal community.

The project *Doctor-Patient Communications in the Aboriginal Community: Development of Educational Programs* was supported by the BC Ministry of Health via grants from the UBC Faculty of Medicine Special Populations Fund and the Faculty of Medicine Undergraduate Medical Education program.

### Publications & Presentations

\*\*Kline C, Godolphin W, Chhina G, Towle A. Community as teacher model: Health profession students learn cultural safety from an Aboriginal community. *Michigan Journal of Community Service Learning* 2013; 20(1): 5-17.

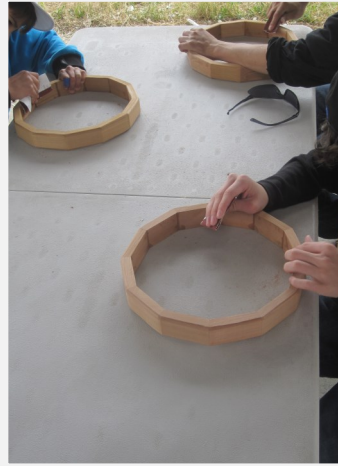
Bain M. International service learning in Canada: Lessons from a university-indigenous partnership. Presentation at the *International Association for Service-Learning and Community Engagement*, Omaha, Nebraska 2013 Nov.

\*Towle A, Godolphin W, Alexander T. Doctor-patient communications in the Aboriginal community: Towards the development of education programs. *Patient Education & Counseling* 2006; 62: 340-346

Features of this project have been presented at several international conferences. *Where's the Patient's Voice in Health Professional Education?* Vancouver 2005, *ICCH-AAPP* Chicago 2005, *CCPH* Toronto 2007, *AAMC-RIME* Boston 2009, *AMEE* Vienna 2011.

**Community:** "Learning to communicate with the Aboriginal people is quite different ... First Nations people are taught to be humble, to be quiet, to not say very much. ... in that way a lot of people don't get to know our culture and our teachings or much about us and I think that it was a good opportunity ..." [Camp coordinator]

"... the attendance and participation of the UBC students in our Summer Camps has been nothing but an enjoyable experience for us and our camp staff. Everybody ends up learning something from each other." [Community development worker & Camp organizer]



**Our Community-University partnership:** became the subject of a case study by Mali Bain, graduate student in UBC Educational Studies, when she learned about the program at the conference where we received the McConnell award in 2012. Her masters thesis is an in-depth exploration of the partnership between Xyolhemeylh our Division of Health Care Communication.

**Future** We aim to maintain this partnership, to find ways to formally recognize, honor and give credit to the community and participants, and we continue to develop the community-as-teacher model to include other community and patient groups.

With a grant from the UBC Centre for Community Engaged Learning and additional funding from our J.W. McConnell Family Foundation award we are exploring approaches to community-based participatory evaluation that identify and describe tangible, intangible, predictable and elusive outcomes of community engagement initiatives from the perspectives of multiple stakeholders.



### Curious about our logo?

Designed for us by Sonny Assu, well-known artist, of the We Wai Kai First Nation (Cape Mudge).  
<http://sonnyassu.com/>