Curriculum Renewal
Task Group 8

Indigenous Health
Cultural Safety

Social Responsibility and Accountability
Interprofessional Education and Practice
Health Advocacy

Faculty of Medicine
University of Manitoba
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TG #8 Social Accountability Framework
Co-Chairs: Sharon Macdonald, Julie Beaulac

**Assignment:** Social responsibility and accountability are core values underpinning physicians ranging from an individual level to an international and global one. This TG will address incorporation of these principles into the UGME curriculum. Included in this TG’s responsibilities are community needs, in particular remote communities, aboriginal curriculum, health advocacy, cultural, ethnic and racial safety, and InterProfessional relationships and education in these contexts

**Keywords:** aboriginal; health advocacy, InterProfessional practice and education, cultural safety.
Task Group Members

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Task Group Statement

• **Social responsibility** and **accountability** are core values for physicians to recognize and practice, from an individual to global scale, for the well being of all members of the community.

• **Topics**
  • Indigenous Health
  • Cultural Safety
  • Social responsibility and accountability
  • Health Advocacy
  • Interprofessional Education and Practice
  • Health Advocacy
Key Concepts

Collectively consider the curriculum in terms of

- Scholarship
- Community - not just individuals
- Discovery - Critical thinking

- Integration of teaching across the 4 year curriculum
- Continuity of education from UGME to PGME
- Increasing competency in skills over time
Key Concepts

We should consider

• Impact of the social and environmental context on people’s health

• Impact of health on the overall community

• Linking back to the determinants of health using case studies.
Key Concepts

• Engaged scholarship
• Service learning
• Indigenous health and Cultural safety
• Power relationships
• Student wellness
• Safe learning environment
• Celebrating diversity in community, staff and students
• Self reflection as a learning tool
Engaged Scholarship

• Scholarly activities performed *in partnership with* community
  • Scholarly activity performed not simply for or with a community but *with* a community

• Medicine seems naturally suited to this as research and clinical training invariably involves patient populations

• Outcome/competency based UGME curriculum – outcomes should match community needs and teaching program should involve community members
Service Learning

• Structured experiences that combine
  • Defined learning outcomes
  • Service to address specific community needs
  • Structured reflection exercises to promote deep understanding

• Opportunity to link theory to practice
TOPICS

- Indigenous health
- Cultural safety

- Social accountability
- Interprofessional Education & Practice
- Health Advocacy
Indigenous Health

• Critical to embrace and understand, and central to medical education
• Apology to Indigenous People by the President of the UM on October 27, 2011
• We need to understand the:
  • Historic context
  • Current situation-look at strength based curriculum
  • Racism and microaggressions
  • Unique burden of disease and barriers faced by the First Nations, Metis and Inuit communities
• Linked to cultural safety
Cultural Competence and Cultural Safety are different

• Compassionate, culturally safe, relationship-centred care for people of all nationalities, cultures and social groups

• Cultural Competence can be seen as “a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations”

• source: NAHO
Indigenous Health and Cultural Safety

- Indigenous health and cultural safety are central to the health of Manitobans; those who are of aboriginal ancestry and other heritages.

- Cultural Safety is related to the historical context of Canada and to individuals’ socio-political, linguistic, economic and spiritual realms.

- Cultural Safety analyzes power imbalances, institutional discrimination, colonization and colonial relationships as they apply to health/education.
Indigenous Health and Cultural Safety

What to Teach

• AFMC and IPAC developed competencies and toolkits are ready to implement (2005-2010)
• Effectively and culturally safe communication
• Optimizing First Nations, Inuit, Métis health
• Impact of racism, macro and microaggressions
• Importance of self reflection as a tool to minimize of stereotypes and resulting racism
• Approaches to optimizing health of people from all nationalities, cultures and social groups
• Determinants of health related to First Nations, Metis and Inuit peoples
Indigenous Health and Cultural Safety

How to Teach

- Art and music
- Keynote speakers
- Traditional teachings
- Community visits
- Summer exposure
- Lectures
- Tutorials
- Clinical Skills
- Across all 4 years and into PGME
- Simulations demonstrating competency
Indigenous Health and Cultural Safety

How to Evaluate

• Use all forms of evaluation
• Formative and summative
• Test for knowledge, attitudes, behaviour and skills
Social Accountability

• “The obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public.”

• Sources; WHO, National reports, AFMC
Social Accountability

What to Teach

- Link learning to community specific needs
  - Community responsiveness and partnership
  - Individual and community empowerment
  - Community based participatory research

- Describe a community’s health using a population health and determinants of health framework

- Contextualize health issues of specific communities
  - Quality and equity of care
  - Cost effectiveness and relevance for communities

- Use a CanMeds framework to work with stakeholders for design, implementation and evaluation
Health System Based on People's Needs

Policy makers

Health administrators

Communities

Academic institutions

Health professionals
Social Accountability

How to Teach

• Lecture

• Early and longitudinal community service learning with reflection and group debriefing
• Web based learning

• Problem based learning – with input and feedback from communities for community responsiveness, relevance, quality

• Debriefing faculty mentor

• Program specific objectives addressing social accountability
How to Evaluate

1. Stakeholder Consultation
2. Identify health needs and priorities
3. Plan & Respond
4. Implement
5. Evaluate Impact
Interprofessional Education and Practice (IPE)

• “Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care. This includes all such learning in health, social, academic, work and community based settings adopting an inclusive view of “professional” to include all those who provide, care/service as well as patients/clients, families and communities who are integral components of the education continuum.”

CIHC National Competency Framework, 2010
Interprofessional Education and Practice

What to Teach

- Interprofessional communication
- Patient/client/family/community-centred care
- Role clarification
- Team functioning
- Collaborative leadership
- Interprofessional conflict resolution
National Interprofessional Competency Framework

Goal: Interprofessional Collaboration
A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.
Interprofessional Education and Practice (IPE)

How to Teach

• Developmental approach
  • Exposure
  • Immersion
  • Mastery

• IPE should begin early in training and be integrated throughout curriculum
• Includes both classroom- and practice-based methods; small group and interactive approaches
Interprofessional Education and Practice (IPE)

How to Evaluate

- **Evolving** nationally related to:
  - Interprofessional communication
  - Patient/client/family/community-centred care
  - Role clarification
  - Team functioning
  - Collaborative leadership
  - Interprofessional conflict resolution
Advocacy

• Source: CanMeds Train-the Trainer Health Advocate, Royal College of Physicians and Surgeons of Canada, 2008

• The ability of a physician to respond to the needs of the individuals and to the community they serve
Advocacy

What to Teach

• Ability to respond to individual patient health needs and needs of communities

• Determinants of health of different populations

• Health promotion of individual patients, communities and populations
Advocacy

What to Teach

• Describe the practice community

• Identify opportunities for advocacy, health promotion and disease prevention

• Appreciate the possibility of competing interests between the communities served and other populations
Advocacy

How to Teach

- **Med I** Case study as tutorial or self study.
- **Med I** Undertake a community service learning project in community agency, home or PCH visit.
- **Med III** 500 word essay – integrate with Family Medicine or Public Health
  - An interaction identified as an advocacy issue
  - Identify which key or enabling competency is reflected in the interaction
- What lessons were learned or changed resulted from the interaction
Advocacy

How to Evaluate

- **Evaluation of learner** (observation, verbal, written)
  - logbooks, self-reflection & debriefing
  - Pre-clerkship MCQs
    - evaluation of factors contributing to etiology
  - OSCEs
  - ITERS
- Observation on clinical units
- Clinical presentations
- Short-answer assignments
## Teaching Methods Matrix

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Evaluation Overall

• **Evaluation of learner environment**
  • Have students rate their wellness during clerkship
  • Evaluation is important
  • Learning environments should be evaluated by learners and could also be evaluated externally
Faculty Development

• Faculty must be supported in order for changes to be implemented
Relevance to Clinical Teaching

• These topics are all relevant: people live in their community, we need to understand the context of their lives, their health is affected more by their environment than by health care.
Conclusion

- Focus on Indigenous Health and Cultural Safety
- Student centred education & wellness
- Safe learning environment
- Patient and community centred care
- Evaluation

Questions?