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Proposed Response of Canadian Faculties of Pharmacy to the Truth and Reconciliation Commission of Canada's Calls to Action





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http://communications.usask.ca/templates-and-guides/aboriginal-symbols.php

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Learning Outcomes

- Summarize the terms used to differentiate Indigenous peoples
- Describe the Truth and Reconciliation Commission of Canada and its Calls to Action
- Justify the inclusion of Indigenous learning outcomes into Canadian pharmacy programs
- Describe Bloom's Taxonomy
- Propose a set of Indigenous learning outcomes to be included in entry-to-practice pharmacy programs across Canada, using Bloom's Taxonomy

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Summary of Nomenclature

Indigenous Peoples

(also "Aboriginal")

INUIT	FIRST NATIONS <small>(also "Native" and "Indian")</small> Status Non-status	METIS <small>(Does NOT mean the individual has one First Nations parent and one non-First Nations parent)</small>
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Truth and Reconciliation

Commission of Canada

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Truth and Reconciliation Commission

- Reconciliation:
 - An ongoing process of establishing and maintaining respectful relationships
- A critical part of this process involves:
 - Repairing damaged trust by making apologies
 - Providing individual and collective reparations
 - Following through with concrete actions that demonstrate real societal change

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Truth and Reconciliation Commission

- Establishing respectful relationships also requires the revitalization of Indigenous law and legal traditions
- Important that all Canadians understand how traditional First Nations, Inuit, and Métis approaches to resolving conflict, repairing harm, and restoring relationships can inform the reconciliation process

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Truth and Reconciliation Commission

- The TRC developed 94 “Calls to Action”
 - #6-12 are related to education
 - #18-24 are related to health
- Note that these are **Calls to Action** and **NOT** “recommendations”

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Calls to Action: Education

- 10: We call on the federal government to draft new Aboriginal education legislation with the full participation and informed consent of Aboriginal peoples. The new legislation would include a commitment to sufficient funding and would incorporate the following principles:
 - iii: **Developing culturally appropriate curricula**

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Calls to Action: Health

- 20: In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to **recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.**


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Calls to Action: Health

- 21: We call upon the federal government to **provide sustainable funding for existing and new Aboriginal healing centres** to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

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Calls to Action: Health

- 22: **We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them** in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

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Calls to Action: Health

- 23: We call upon all levels of government to:
 - i. **Increase the number of Aboriginal professionals working in the health-care field.**
 - ii. **Ensure the retention of Aboriginal health-care providers in Aboriginal communities.**
 - iii. **Provide cultural competency training for all healthcare professionals.**

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Calls to Action: Health

- 24: We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will **require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.**

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Reflect:
Are we, the faculties of pharmacy of Canada, ready to respond to the Truth and Reconciliation Commission of Canada's Calls to Action?

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Justification of Incorporating Indigenous Learning Outcomes in Canadian Pharmacy Curricula

- Pharmacists are the **most accessible** health professionals
 - Often the first or most frequent care provider accessed by all Canadians, including Indigenous Canadians
- Pharmacists are often considered the **most trusted** professionals
 - This should remain true for Indigenous Canadians
- Indigenous peoples are at the **bottom of almost every** available index of socio-economic well-being

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1. RCAP 1996
 2. <http://www.pharmacists.ca/cpha-ca/assets/File/news-events/MostTrustedProfessionals.pdf>

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Justification of Incorporating Indigenous Learning Outcomes in Canadian Pharmacy Curricula

- The **Human Development Index** is a tool developed by the United Nations to help rank countries' social and economic development levels
 - The ranking is based on criteria which includes life expectancy at birth, educational rankings and income rankings.

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<http://hdr.undp.org/en/content/human-development-index-hdi>

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Justification of Incorporating Indigenous Learning Outcomes in Canadian Pharmacy Curricula

- Canada ranked **#6** out of 177 countries in 2011
- When the same Human Development Index is applied to First Nations Communities in Canada, the ranking falls to **#68**
 - This is equivalent to third-world countries

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<http://hdr.undp.org/en/content/human-development-index-hdi>

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Justification of Incorporating Indigenous Learning Outcomes in Canadian Pharmacy Curricula

- Not placing a strong, or at least stronger, focus on educating all Canadians on the health challenges and issues faced by Indigenous Canadians can be perceived as systemic racism
 - Especially considering where the greatest needs are seen in Canada

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Justification of Incorporating Indigenous Learning Outcomes in Canadian Pharmacy Curricula

- Failing to best-prepare all Canadians (notably health professionals, like **pharmacists**) to not only **address**, but also **proactively prevent**, **Indigenous health inequities** further perpetuates the sub-standard health achievements and experiences of Indigenous Canadians

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Justification of Incorporating Indigenous Learning Outcomes in Canadian Pharmacy Curricula

- The Saskatchewan example:**
 - Saskatchewan has the **highest proportion** of Indigenous peoples versus all other Canadian provinces (~**16%**)
 - 25%** of all children in Saskatchewan are First Nations
 - First Nations people comprise **>40%** of all health care utilizations in Saskatchewan*

*Based on data from the Minister of Rural and Remote Health and the First Nations and Metis Health Service within the Saskatoon Health Region

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Bloom's Taxonomy

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http://www.learnnc.org/lp/pages/4719

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Bloom's Taxonomy

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http://www.learningsolutionmag.com/articles/1105/learning-guild-research-reconsidering-blooms-taxonomy-old-and-new

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Proposed Indigenous Learning Outcomes for Entry-to-Practice Pharmacy Programs in Canada

Developed at the College of Pharmacy and Nutrition, University of Saskatchewan


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Year 1

- List the three distinct groups of people who are defined as Aboriginal in Canada.
- Summarize Treaty rights and benefits for both parties involved.
- Explain the rationale behind the phrase, "We are all Treaty people."
- Summarize the key provisions of the Indian Act.
- Identify the proportion of Aboriginal people living in Saskatchewan.
- Summarize the custom protocol regarding inviting an Elder (or healer, Medicine person, etc) to speak or attend at an event, clinic, etc.
- Describe the Medicine Wheel.**
- List the four sacred medicines in First Nations culture.
- Describe the structure and rationale of a sweat lodge ceremony.
- Describe the process and significance of smudging.
- Summarize the sacred use of tobacco in Aboriginal culture.


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Year 2

- Identify where Canadian First Nations people are ranked in the World Health Organization's Human Development Index.
- **Differentiate First Nations (status and non-status) versus Inuit versus Metis peoples.**
- Identify the number of First Nations communities in Canada that currently do not have access to safe drinking water.
- **Summarize the residential school experience.**
- **Summarize the Sixties Scoop.**
- List the social determinants of health.
- Identify specific links between social determinates of health and both the Residential Schools and the Sixties Scoop.


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Year 3

- Summarize the Non-Insured Health Benefits (NIHB) program.
- Identify the specific group of people entitled to NIHB coverage.
- Interpret why vast health disparities are currently witnessed between Aboriginal and non-Aboriginal people in Canada.
- Recognize when to incorporate the Medicine Wheel into medication counseling.
- **Identify how to apply concepts of the Medicine Wheel to patient medication counseling.**
- List resources available in Saskatchewan to assist Aboriginal people in their health journey.
- Describe the Truth and Reconciliation Commission of Canada


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Year 4

- Describe, with examples, what it means to provide culturally safe care.
- Describe the role of racism in relation to health disparities and health care access.
- **Use concepts of the Medicine Wheel when counseling a self-identified Aboriginal patient.**
- **Justify the Truth and Reconciliation Commission of Canada's Calls to Action related to Health**


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Summary

- Utilization of correct and appropriate nomenclature is important when referring to Indigenous peoples
- We, the faculties of pharmacy of Canada, need to respond to the Truth and Reconciliation Commission of Canada's Calls to Action in a meaningful and outcome-based way
- Adopting the proposed Indigenous learning outcomes for entry-to-practice pharmacy programs across Canada is strongly encouraged as one means of responding to the TRC Calls to Action in our collective goal of restoring the health and well-being of Canada's Indigenous peoples

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change
you wish
to see in the world...
-gandhi

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