

Decolonization of the U of T PHPM Academic Half-day curriculum





Presented by:

Ms. Dawn Maracle (Indigenous Trainer & Curriculum Specialist Consultant)

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Overview

- 1. Context
- 2. Definition: Indigenization
- 3. Plan
- 4. Implementation
- 5. Evaluation





- PHPM Program has 15 residents with diverse interests training to become public health leaders, medical officers of health
- Formal curriculum included some 'Indigenous health' lectures for years; encouraging residents to move away from deficit lens, and more strength-based lens for ~5 years
- Program had been discussing Land Acknowledgement, Indigenous health clinical opportunities since 2018-19.
- Some initial resistance from residents, then this changed with interventions by chief residents, DFCM Indigenous health lead \rightarrow residents were keen for this knowledge and transformation

Medical Humanities Education Matching Funding Grant

- Amount: \$5,000.00
 Jan 1, 2021-Dec 31, 2021
- Objective: to Indigenize the PHPM program using formal and informal education approaches, and providing CPD
- Recognition of Minority Tax significant under-representation of Indigenous faculty has led to many being overwhelmed with a disproportionate number of requests for assistance on matters relating to the Truth and Reconciliation Commission, that largely fall outside of their own job descriptions.
- Consultant: Dawn T. Maracle is a Mohawk woman from Tyendinaga Mohawk Territory in Southern Ontario - Indigenous Trainer & Curriculum Specialist

Dawn and Onye would like to thank:

Contributors to the proposal:

Dr. Angela Mashford-Pringle (WBI, DLSPH)

Dr. Mary Choi (chief resident)

Senior Residents in the PHPM program

Javiera Gutierrez Duran

Dr. Barry Pakes

Dr. Suzanne Shoush (DFCM Indigenous Health Lead)

Contributors to the planning & implementation:

Indigenization working group

Curriculum subcommittee

All PHPM faculty & residents

Dr. Karl Kabasele, for his collaboration for the Chronic Disease and Injury Prevention Theme Lead



Plan (iterative process)

- Decision: Focus on resident learning regarding basic Indigenous health and Knowledge and mandatory for them to incorporate and teach the content as part of standard rounds presentations.
 - Residents would be provided with more hands-on support in the fall
 - Provide additional resources after the fall that they can incorporate into 2-year cycle of rounds using two-eyed seeing principles
 - Rationale: Pragmatic, small grant, first step
 - Residents can be empowered with this knowledge to be agents of change
 - Residents become faculty

Implementation: CORE DURING PILOT (Phase I)

- September 2020-December 2021- Meetings with Senior Residents & Faculty on Curriculum
 Subcommittee (delivered by Dawn Maracle)
- June 4, 2021 Field Trip Land Acknowledgements, positioning exercise, why words matter, and other topics (Dawn Maracle & Dr. Angela Pringle)
- July/August 2021 San'yas Cultural Safety Training (already part of the curriculum for junior residents)
- August 2021 Teaching on Offering Tobacco, delivered by Dawn Maracle
- December 3, 2021 **TRC Calls to Action education session**, delivered by Dawn Maracle
- Dec 10, 2021 **The KAIROS Blanket Exercise**, delivered by Dawn Maracle

Case example – Resident rounds

(Dr. Ceinwen Pope, PGY-4)

Indigenous conceptualization

Maternal and Child Health

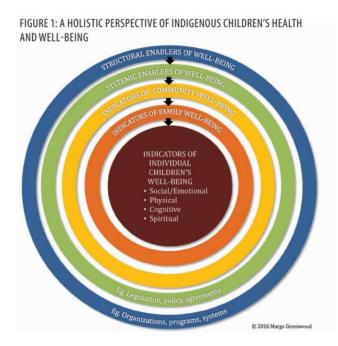
PHPM Rounds October 22, 2021 Ceinwen Pope, PGY4

Thank you to Dr. Sarah Carsley!



od, M. (2019). Indigenous early childhood development e of knowledge and future directions. Prince George, ing Centre for Aboriginal Health. Canadian Institute for Children's Health – The Health of

Youth: A CICH Profile, Module 7, Indigenous children profile.ca/module/7/section/1/page/a-determinants-

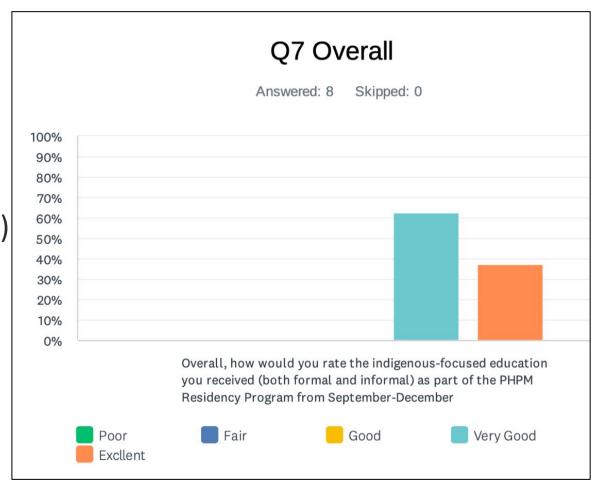


RECOMMENDED AFTER PILOT (Phase II of Project)

- January 2022 **Provision of resource document for residents**: 2021-2022 PHPM Curriculum Indigenization Overview, Training Topics, Indigenous Organizations and Resources
- Winter 2022 The myth of 'Canada the Good' and Why Settlers need to understand the Indian Act now
- Winter 2022 Dr. Mashford-Pringle's Peterborough Indigenous Public Health Micro-credential
- Spring 2022 Field Trip On the Land with Dr. Angela Mashford Pringle and Elders (TBC)
- Winter/Spring 2022 The COIN model of privilege and critical allyship video and discussion

Evaluation

- 12 questions, N=8 Participants (= senior residents)
- "OVERALL, HOW WOULD YOU RATE THE INDIGENOUS-FOCUSED EDUCATION YOU RECEIVED (BOTH FORMAL AND INFORMAL) AS PART OF THE PHPM RESIDENCY PROGRAM FROM SEPT-DEC?
- ALL RATED IT "VERY GOOD" or "EXCELLENT"



Evaluation cont'd: What was the most effective part of the [Indigenization] program?

"It being mandatory allowed me to face these difficulties"

"The longitudinal exposure. It takes, time, repetition, and personal reflection for learning to really take place and I thought the way content was delivered enabled this."

"Having a dedicated, paid, individual (Dawn) made this program successful because it didn't depend on volunteer, off-the-side-of-the-table hours from individuals who are pulled in many directions."

"Non-judgemental space for discussion and questions, no matter where each individual resident was on their journey towards cultural safety"

Consultation with 'Dr. Janet Smylie

- Needs to be evidence-based
- Needs high quality, intentional design
 - Application of knowledge in rotations/electives
 - Robust evaluation
 - Assessments by Indigenous leaders
 - Co-lead should be an Indigenous physician
- Needs to be holistic and sustainable
 - Only possible with a critical mass of Indigenous PHPM faculty and PHPM residents and advisors (<u>work</u> for us to do @ UofT to address this)
 - Dr. Smylie chairs an Indigenous Leadership Council through DFCM, willing to advise

Provincial plan & U of T plan

- Provincial
 - 5 PHPM Residency programs working in collaboration with PHO
 - Intend to apply for educational and research grants
 - Eventually, addition of Black/African descendants as part of decolonization process
- U of T
 - Exploring ways to optimize recruitment of Indigenous medical students for Carms
 - Modification of selection process to account for journey traveled, esp. for priority groups (DoM approach)
 - Exploring ways to increase number Indigenous faculty
- PGME ??? Ideas for collaboration, funding??

Thank you!

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