Cultural Competence and Cultural Safety: A Knowledge Translation Symposium

Courtyard by Marriott Downtown Toronto Hotel
Monday, March 19th, 2012 and
Tuesday, March 20th, 2012
Welcome

Bienvenue
Special thanks to the Aboriginal Health Human Resource Initiative, First Nations and Inuit Health Branch for funding this project,

and

[Logos of Aboriginal Nurses Association of Canada, Assembly of First Nations, and Inuit Health Branch]
Invest in nursing faculty supply and nursing program infrastructure
Foster innovative initiatives to sustain an appropriately prepared nursing workforce
Invest in nursing research and knowledge translation

Advisory Task Force on Cultural Competence and Cultural Safety

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Baker, Cynthia</td>
<td>Canadian Association of Schools of Nursing (CASN)</td>
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<tr>
<td>Barton, Sylvia</td>
<td>University of Alberta</td>
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<td>Bourque-Bearskin, Lisa</td>
<td>Aboriginal Nurses Association of Canada, and University of Alberta</td>
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<td>Bowen, Denise</td>
<td>CASN, Board of Directors</td>
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<td>Boyd, Joni</td>
<td>CASN</td>
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<td>Cook, Elizabeth</td>
<td>Assembly of First Nations</td>
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<td>Ford, Elizabeth</td>
<td>Inuit Tapiriit Kanatami</td>
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<td>Ford, Joyce</td>
<td>Inuit Tapiriit Kanatami</td>
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<td>Graham, Cathy</td>
<td>Trent University</td>
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<td>Gregory, david</td>
<td>University of Regina</td>
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Advisory Task Force on Cultural Competence and Cultural Safety Con’t

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<tr>
<th>Name</th>
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<tr>
<td>Mahara, Star</td>
<td>Thompson Rivers University</td>
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<tr>
<td>Moseley, Jane</td>
<td>St. Francis Xavier University</td>
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<tr>
<td>Newton Mathur, Denise</td>
<td>Laurentian University</td>
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<tr>
<td>Pierson, Wanda</td>
<td>Langara</td>
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<td>Reimer-Kirkham, Sheryl</td>
<td>Trinity Western University</td>
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<td>Smye, Vicki</td>
<td>University of British Columbia</td>
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<td>Stewart, Maureen</td>
<td>Health Canada</td>
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<td>Turner, Gail</td>
<td>Nunatsiavut Government</td>
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<td>Varcoe, Colleen</td>
<td>University of British Columbia</td>
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<td>Voyageur, Evelyn</td>
<td>Aboriginal Nurses Association of Canada</td>
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<tr>
<td>Fjola Hart Wasekeesikaw</td>
<td>Aboriginal Nurses Association of Canada</td>
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## Symposium Agenda

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<tr>
<th>Time</th>
<th>Item</th>
<th>AGENDA</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>09h00-09h20</td>
<td>4. Call to Order and Introduction</td>
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<td>Cynthia Baker and Sanja Visekruna</td>
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<td>09h20-10h40</td>
<td>5. Panel Discussion: Sharing Emerging Perspectives on Concepts of Cultural Competence, Cultural Safety, and Equity</td>
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<td>Colleen Varcoe david Gregory Victoria Smye Star Mahara</td>
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<td>10h00-10h15</td>
<td>Morning Break</td>
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<td>Lisa Bourque-Bearskin and Evelyn Voyageur</td>
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<td>11h00-11h30</td>
<td>6. Promoting Indigeneity Through a Cultural Safety Lens</td>
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<td>11h30-12h45</td>
<td>7. Learning from Previous Initiatives of Cultural Competence and Cultural Safety</td>
<td>Sylvie Barton, Cathy Graham, Jane Moseley, Wanda Pierson, Terry Penny, Gail Turner</td>
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<td>12h45-13h45</td>
<td><strong>Lunch</strong></td>
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<td>13h45-15h00</td>
<td>8. Knowledge Café: Building on Lessons Learned in Cultural Competence and Cultural Safety to Advance Nursing Curricula</td>
<td>Sanja Visekruna, All Participants</td>
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<td>15h00-15h30</td>
<td><strong>Afternoon Break</strong></td>
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<td>15h30-16h00</td>
<td>9. Knowledge Café: Small Group Synthesis of Key Themes</td>
<td>All Participants</td>
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<td>16h00-16h45</td>
<td>Report-Back to Large Group</td>
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<td>16h45-17h00</td>
<td>10. Closing Remarks</td>
<td>Cynthia Baker and Evelyn Voyageur</td>
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Promoting Indigeneity Through a Cultural Safety Lens

Dr. Evelyn Voyageur RN, PhD
R. Lisa Bourque Bearskin RN, PhD (C)
Aboriginal Nursing Association of Canada
Promoting Indigeneity Through a Cultural Safety Lens

- Individual
  - Honoring our Indigenous knowledge systems

- Community
  - Engaging community stakeholders

- Academic
  - Contributing to research
Promoting Indigeneity Through a Cultural Safety Lens

• Individual
  • Identity is foundation for wellness.
  • Understanding the historical, political factors that impact our connections and existence in the world.
  • Resisting the effects of colonization and working to decolonize our thinking.
  • Language is key to uncovering cultural meanings of our Indigeneity
  • Commitment to advocating to a national level to promote cultural safety.
Promoting Indigeneity Through a Cultural Safety Lens

- Community
  - “Remembering where who you are and where you come from - describing your connection to your roots and your responsibility to be healthy as representative of yourself, your family and your community” (Paul Willie, 2010).
  - Community led means that the community is actively involved in constructing their own health model representing their own cultural values and beliefs.
  - Engaging community stakeholders is key to successful and sustainable health related programs.
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Promoting Indigeneity Through a Cultural Safety Lens

• Academic
  • Contributing to research
  • Strengthening and creating community capacity to promote a sense of ownership & leadership.
  • Opening up spaces for people to talk about strongly held assumptions in health care.
  • Transferring of power from the health care provider or educator to the client, or student/community.
Cultural Competence and Cultural Safety in Nursing Education: Follow-up Interviews with Canadian Schools of Nursing

Research Team

Margret Rowan, PhD (Consultant) University of Ottawa and Rowan Research and Evaluation

Ellen Rukholm, PhD (Principal Investigator) Laurentian University, Centre for Rural and Northern Health Research

Evelyn Voyageur, PhD (Co-Investigator) Aboriginal Nurses Association of Canada

Cynthia Baker, RN, PhD Executive Director Canadian Schools of Nursing

Lisa Bourque-Bearskin, PhD Candidate (Co-Investigator) Aboriginal Nurses Association of Canada
Definitions

**Cultural competence** generally refers to the attitude, knowledge and skills necessary for providing quality care to diverse populations.

**Cultural safety** extends beyond cultural awareness, sensitivity and skills-based competencies. It is predicted on understanding the power differentials inherent in health service delivery and redressing these inequities through educational processes.

References:
Design Influences

- **Worldview:** Emphasis on listening, understanding and accepting differences, finding common ground.

- **Grounded in experience:** Starting point is the reality of what schools are actually doing rather than a “theoretical best practice approach”.

- **Macro level of study:** Organizational/system level.

- **Ethics:** In-line with issue of cultural appropriateness and safety.
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Interpretation
QUAL + Quan

Survey of 82 Anglophone Schools

Select QUAL KIs to interview in Phase 3 & develop interview guide

Document review of reports from 7 Schools & content analysis by structure, process, and outcome

Develop survey items

Developed with 3 Schools

Note: QUAL: Qualitative; QUAN: Quantitative
Phase 1

- **Document review** of reports on cultural competence and safety strategies provided by six pilot sites from across Canada and one other exemplar University.

- Developed a **table of potential items** based on strategies identified in reports and grouped them into **structure** (funding, community partnerships, committees), **process** (staff education, student delivery methods and content, A.N.A.C. framework), and **outcome** areas (indicators or measurement processes) (Donabedian, 1988; Watts, 2008).

- **Pilot tested** draft survey with 3 Schools of Nursing.
Phase 2

- In March 2011, **82 Anglophone Schools of Nursing** were contacted electronically and asked to complete on-line survey.

- **Mostly closed ended dichotomous or likert scale items**: Background items, and Structural, Process and Outcome questions.

- Focus on the **Undergraduate Curriculum**.
Phase 3

• Apply for **ethics approval** over summer.

• Approximately **12-14 KI interviews** with those who indicated a moderate to high level of integration of cultural competence and cultural safety at their School.

• Begin in **late summer/early Fall 2011**.

• Questions will focus on **reflective experiences** with integration, use of frameworks, facilitators, barriers, perceived impacts on educators and students, and future plans.

• Results were **analyzed using Nvivo**.
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Preliminary Findings

• Contextual Factors
  – 89% of schools of nursing reported integrating both cultural competency and cultural safety in UG curriculum.

• Structural Factors
  – 50% of schools had policy to recruit and retain Aboriginal students
  – 16% had policy to recruit and retain Aboriginal faculty

• Process Factors
  – 77% reported being aware of the CC/CS Framework
  – 41% reported using other frameworks ie Leininger

• Outcome Factors
  – Least developed but primarily completed by reviewing course outlines to assess the the integration of CC/CS into UG curriculum.
Dissemination of Results

Review by A.N.A.C:

- Final report on Phases 1-3.
- Draft article on integrated findings from Phases 2 & 3.

Publications:

- International Journal of Nursing Education
- Journal of Transcultural Nursing
- Journal of Aboriginal Health