

## Truth and Reconciliation Calls to Action 23 & 24 Medical School Report Card: Summary of 2022-2023 Results

### Introduction

In 2015 the Truth and Reconciliation Commission (TRC) called upon Canadian medical schools to respond to the undeniable health disparities that exist between Indigenous and non-Indigenous people in Canada. The TRC recognized that to address these disparities we must both increase the number of Indigenous medical students in Canada and appropriately educate non-Indigenous students about the history of Indigenous Peoples on these lands.

According to the TRC, this education must include dialogue about how colonizing healthcare practices themselves have created these health disparities, and stress that it is the responsibility of all involved in the healthcare system to close these gaps. We recognize that in order for medical schools to effectively answer the TRC's calls to action they must have an understanding of the experiences and perspectives of Indigenous medical students at their institutions. In an effort to support this goal, we have gathered the voices of Indigenous medical students across Canada. A survey was designed by Indigenous students at UBC, and administered to Indigenous medical students across the country. The findings were translated into report cards, including student comments and recommendations, which were given to the Dean and Indigenous liaisons at each school.

#### TRC Call to Action #23

*We call upon all levels of government to:*

- i. Increase the number of Aboriginal professionals working in the healthcare field.*
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities*
- iii. Provide cultural competency training for all health-care professionals*

#### TRC Call to Action #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.*

Please direct any questions to the TRC Report Card Committee at [trcreportcard@gmail.com](mailto:trcreportcard@gmail.com).

### Key findings:

1. Ability for Indigenous Students to Opt Out of Cultural Safety Training
2. Lack of Access to Indigenous Elders, Spaces, Practices, Mentorship
3. Need for Expanded, Mandatory Cultural Safety Training for Educators and Students
4. Need for Improved Indigenous Curriculum
5. Lack of Indigenous Faculty and Staff

#### *Ability for Indigenous Students to Opt Out of Cultural Safety Training*

90% of students responded that they feel that Indigenous medical students need to be granted the autonomy to opt out of the Indigenous cultural safety training. Many students also commented that Indigenous students should have the ability to engage with the cultural safety training in an Indigenous-only space. These sessions are an essential component of medical education to produce culturally-safe physicians; however, they often tokenize Indigenous



participants and force students to relive their own trauma. Several students have indicated feeling unsafe in their school's cultural safety training, despite its intention being to improve safety. Allowing Indigenous students to either opt out completely or engage in the training in an Indigenous space will improve opportunities for connection between Indigenous students, and allow students to work through the content together in a supportive manner. Furthermore, this would allow cultural safety training for non-Indigenous students sessions to be taught without concern of harm to individuals in that very room, fostering a comfortable environment for learning and unlearning. **We believe that providing the opportunity to opt out of, or undergo training in an Indigenous-only space, will increase the safety of the learning environment for members of the very group these sessions aim to protect: Indigenous students.**

#### *Lack of Access to Indigenous Elders, Spaces, Practices, Mentorship*

Support – be it cultural, financial, emotional, or spiritual – for Indigenous students must persist throughout their entire medical school education. Unfortunately, many students across Canada feel that support and funding made available to attend cultural events and conferences, access an Indigenous Elder, perform traditional Indigenous practices, connect with other Indigenous medical students, and explore opportunities for mentorship are lacking. Students also told us that often, when these opportunities for support are provided, they're not delivered in a way that is accessible to students. Additionally, some students responded that they weren't aware of the resources and support available to them. Medical schools must recognize that simply admitting Indigenous students cannot be the end of their allyship. In order to fulfill the Calls asked of them, and to support the growth of Indigenous physicians and strengthening of Indigenous communities, medical schools must create (and adequately communicate) ample opportunities for Indigenous students to succeed. We recommend that medical schools consult – and in doing so, adequately compensate – their Indigenous students, community, and Elders to learn how they can best support those whomst will benefit from these resources. **Not only is providing ongoing, multifaceted support to Indigenous medical students crucial to their wellbeing and success, but so is clearly communicating to students what your school has available to support them.**

#### *Need for Expanded, Mandatory Cultural Safety Training for Educators and Students*

Cultural safety training is an essential component of medical education to ensure that all graduates can provide safe, objective medical care that is free from both explicit and implicit bias. While all Canadian medical schools offer cultural safety training in some capacity, only 62% of students indicated that they feel their educators are at least somewhat culturally safe. Only 38% of students indicated that they feel their educators are Indigenous allies. Furthermore, only 6% of respondents indicated that they never experience racism from their classmates – while 24% indicated this is a frequent occurrence. It's important to mention that the remaining



students responded that they experience racism from their classmates *sometimes* (45%) or *rarely* (31%). Any instance of racism or discrimination is a violation of the Canadian Human Rights Act (Section 3.1), and it should be especially unexpected in an institution of future doctors - an institution of individuals who will hold a position of power within society and be expected to care for the next generation. Yet, the data reflects the opposite.

It is clear that racial discrimination remains pervasive in all areas of society and medical school is no exception. **It is therefore the duty of Canadian medical schools to ensure their cultural safety training is mandatory for all non-Indigenous students and educators, and that is effective at targeting existing biases in hopes to reduce instances of racism for both students and patients alike.**

#### *Need for Improved Indigenous Curriculum*

The 24th Call to Action requires all medical students to take a course dealing with Aboriginal health issues, including the history & legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, treaties & Aboriginal rights, and Indigenous teachings and practices. Medical schools have had almost a decade to integrate these calls, yet our data shows Call 24 to consistently be the worst-performing section, and (like all other sections), has demonstrated no significant improvement since the start of this project in 2019. Knowledge of Indigenous history is essential to understanding how the barriers in healthcare were created, and how they continue to actively oppress Indigenous patients today. Furthermore, culture is at the forefront of many Indigenous communities' values. It is vital that those caring for Indigenous patients understand traditional practices and how they can be intertwined with Western medicine to deliver holistic, patient-centered care. **Medical schools must include these topics in their curriculum to produce physicians that are well-equipped to care for Indigenous patients, understand the role that culture can play in medicine, and value the importance of preventing history from repeating itself so that we may reduce harm to future generations of Indigenous people in Canada.**

#### *Lack of Indigenous Faculty and Staff*

According to the students surveyed, every single medical school in Canada whomst is receiving a report card is underperforming with respect to the number of Indigenous faculty and staff employed. Students reported having very few to no Indigenous faculty at their school in ANY domain (lecturer, lab instructor, small-group session leader, clinical staff etc.), and students at several schools reported being unaware whether their school even employed a staff member whose role was dedicated to supporting Indigenous students. Indigenous representation is important at every institutional level in order to build trust and legitimacy, as Indigenous students will see themselves in leadership and feel that their input and experiences are understood and valued. Not only is there a desperate need for increased hiring, but respondents have indicated that in recent years, multiple Indigenous staff positions across Canada have been cut, resulting in the loss of support that was previously provided to and appreciated by students. This not only affects the Indigenous students, but also the existing and remaining Indigenous faculty and staff

who work tirelessly to make progress by increasing the burden that is placed on them to uphold reconciliation efforts. **Employing Indigenous faculty and staff in various positions is crucial for creating a culturally safe and representative academic environment that respects and values Indigenous perspectives and knowledge systems, and supports Indigenous students.**

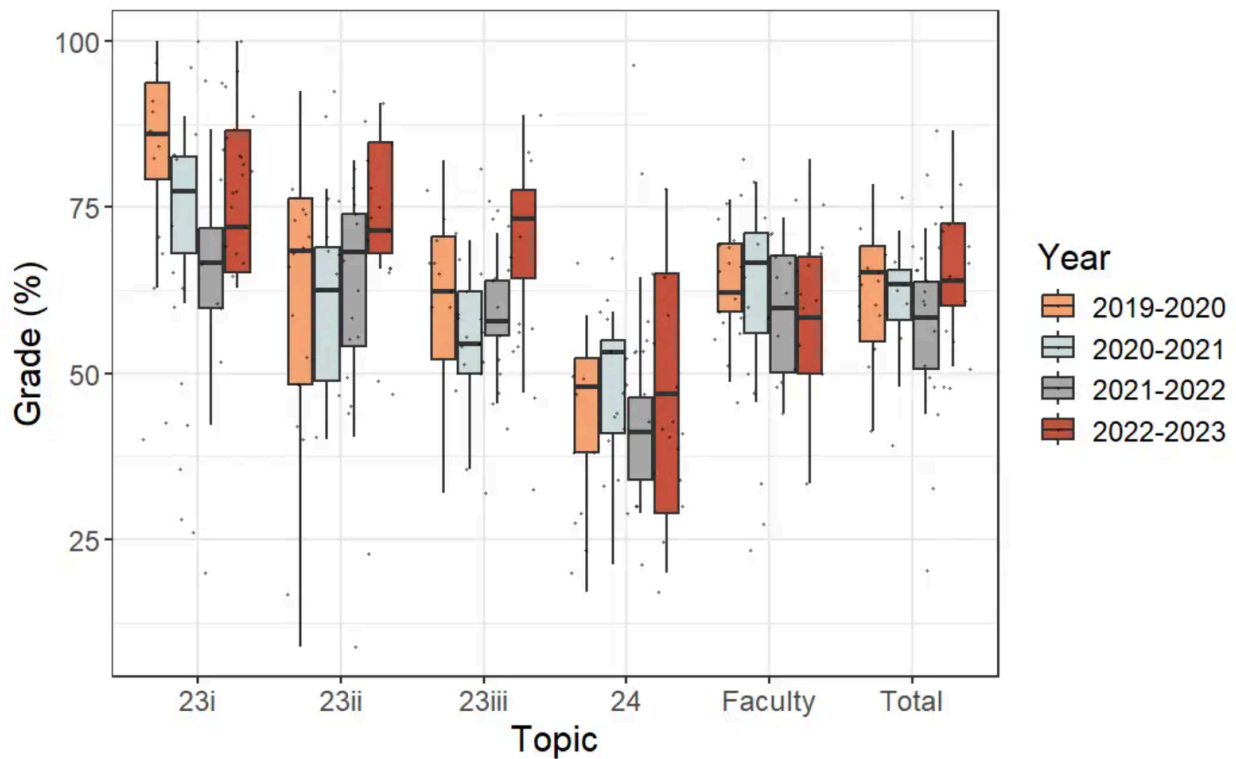


Figure 1: Comparison of data from 2019-2020 to 2022-2023. Each point represents a medical school's score for a given topic and year. The x-axis denotes the categories of the survey: TRC Calls 23 and 24, as well as the relationship between students and faculty members. The horizontal bars represent the median scores, while the vertical bars denote the range, excluding outliers. The boxes represent the interquartile range. The sample size for 2019-2020 was 124 respondents, for 2020-2021 was 70 respondents, for 2021-2022 was 62, for 2022-2023 was 48.