

Exploring Pathways: Indigenous Cultural Safety Training Programs

Project Overview

There is an urgent need for Indigenous Cultural Safety (ICS) training that address systemic stereotyping and discrimination and that encourage opportunities to access and utilize strength based approaches to care (Allan & Smylie, 2015). Responding to this need are the Calls to Action identified through the Truth and Reconciliation (TRC). The TRC calls for increased skills-based training within intercultural competency, conflict resolution, human rights, and anti-racism for health practitioners such as medical and nursing students as well as increased recruitment and retention of Indigenous professionals in the healthcare field. Further, the demand for ICS training continues to grow as major employers and regulatory bodies mandate ICS training. Post secondary education (PSE) is answering these calls with increased ICS initiatives coupled with substantial growth in the areas of staff and faculty training and the inclusion of ICS related content across curriculum. Despite growing demands, however, increased research is needed to understand the current ICS landscape; including transferability of ICS related knowledge for learners.

With generous funding from ONCAT, and building from our in-depth Indigenous Cultural Safety CIHR research project, *Biigiiweyan Indigenous Cultural Safety Interprofessional Training Model*, our team set out to explore pathways between industry-based Indigenous Cultural Safety Training (ICS) and postsecondary education, including existing arrangements that support the recognition/transferability of training by PSE institutions.

The project explored ICS programs in Ontario and carried out follow up interviews with PSE institutions delivering programming reflective of ICS. We also completed an informal inventory of ICS training programs within Ontario post-secondary educational institutions, community or other government-funded organizations and Industry-based ICS training.

Overall, five key themes emerged. Themes include recent growth in the areas of ICS Micro-Credentials and professional certificates offered through Schools of Continuing Education; the inclusion of ICS learning outcomes across curriculum in health science professional programs; the impact of regulatory bodies on ICS within the PSE system; the TRC as a driving force in ICS work; and, ICS initiatives appear to target the retention of Indigenous learners and faculty and training for non-Indigenous faculty or service providers who work with Indigenous peoples.

In our search, zero diploma or degree programs strictly identified as ICS were located in Ontario. We did however note four recent developments emerging from Schools of Continuing Studies or Professional Development Centres. In addition to the growth of PSE Continuing Education aimed initiatives, ICS in PSE continues to overwhelmingly target Indigenous student and staff wellness and experience through faculty and staff skill development, retention of Indigenous learners by fostering culturally safe educational experiences and curricula, as well as the continued commitment of PSE to address the TRC calls to Action.

The Ontario ICS/ San'yas ICS program as well as the Cancer Care Ontario ICS program are two prominent community public health driven initiatives characterized by government support, self-directed delivery through online modules, certificates of completion and MOC recognition from the Ontario College of Physicians and Surgeons. The Ontario ICS program is also tied to a small number of graduate medical programs across Canada, the Ontario government, the BC San'yas ICS program, as well as many other health organizations across Ontario. There are multiple other smaller ICS initiatives operating across Ontario through non-profits and health based organizations, targeting workshops or specific content areas that could fall within the ICS umbrella.

Gaps highlighted include PSE institutional awareness or vision of ICS initiatives, the disconnection between ICS initiatives driven by student success services and those undertaken by academic programs as well as limited knowledge and changing definitions of what constitutes cultural safety.

Our environmental scan uncovered a wealth of activities and literature reflecting the growth of Indigenous culturally safe curriculum and the resources required for such initiatives, by educators and administrators. Literature also highlights substantial growth in the inclusion of content relevant to cultural safety (Indigenous worldviews of health, healing and wellness; history of colonization and assimilation policies, reflective practice, to name a few) in health science program areas, such as nursing, general medicine or dentistry. Understanding aspects of cultural safety currently included across curriculum and programs will help us further understand transferability of such credits. Despite the abundance of ICS initiatives, ICS remains uncoordinated with limited cohesion in direction or definition of the concept among PSE.

What is Cultural Safety?

Cultural safety describes the experience of spiritual, social, emotional, and physical safety for Indigenous Peoples when policies and practices are non-oppressive, non-marginalizing, and respectful (“Building a Strong Fire,” 2018). It is a term that includes both the process of transferring power in a helping relationship, whereby the patient becomes an active participant in their care rather than a passive recipient, and

the positive outcomes associated with more equitable helping relationships between patients and health practitioners (Yeung, 2016).

Cultural safety is closely related to other concepts commonly referred to in the delivery of culturally-appropriate health care and is “positioned at one end of a continuum that begins with cultural awareness, moves through cultural sensitivity and cultural competency, and ends with cultural safety as a step-wise progression” (Churchill et al., 2017, p. 3). Individually, cultural awareness, cultural sensitivity, and cultural competence are important; however, none account for systemic obstacles that promote inequality (Browne et al., 2009).

Whereas cultural competence emphasizes “a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in a cross-cultural situation” (Cross, Bazron, Dennis, & Isaacs, 1989, p. 28), cultural safety moves beyond a focus solely on the role of the practitioner to examine the structural power imbalances inherent to helping relationships between patients and health practitioners, and indeed the healthcare system as a whole. Accordingly, cultural safety “shifts power and authority to the Indigenous patient receiving care, who is given the ultimate say in whether care provided was culturally safe or not” (Yeung, 2016, p. 4). To this end, cultural safety includes factors such as history, racism, oppression and marginalization, and takes into account the experiences and needs of Indigenous populations (Baskin 2016).

Research Methods

We used a combination of web searches and informational interviews with staff at institutions that were undertaking ICS initiatives. We also included a survey or the opportunity for email responses, to overcome the challenge of limited responses during COVID.

Our team collected information for the environmental scan from web pages, fact sheets, reports, publications and other gray literature resources that are freely available to the public. Information sources include:

- Ontario PSE websites
- Government agency websites
- Public health organizations
- Professional association websites
- Aboriginal health advocacy/ organization websites.

An internet search was conducted to gather data from Ontario post-secondary education institutions (PSE), including 21 public universities, 24 public colleges, 9 Indigenous Institutes; Training provided by community or other government-funded organizations and Industry-based ICS training. PSE publicly accessible websites (N=54).

The internet scans consisted of keyword strings, including but not limited to; Indigenous Cultural Safety Ontario, Indigenous Cultural Safety curriculum, Indigenous Cultural Competency and Safety, Indigenous Cultural Safety Training, Indigenous Cultural Safety Certificate, Cultural Safety Micro-Credential, Indigenous Cultural Safety Program and Indigenous Cultural Safety Education in PSE and Boolean logic forming combinations of search strings targeted to individual PSE institutions. Results from these searches motivated further exploration into specific PSE institution websites, as well as follow up emails requesting interviews with staff.

We created an ICS Inventory of ICS programs/initiatives, using a chart with the following headings: educational programs, industry, government and health programs, and Micro-Credentials.

Emails were sent to contacts of institutions identifying cultural safety or similar work, requesting an interview, with three responses for phone interviews, and nine responses by email or survey. Follow-up email inquiries (a maximum of three attempts) were issued. The interviews took place over the phone, or if preferred by participants, responses to the interview questions were submitted via survey/email. 23 institutions were contacted for further information. A set of interview questions guided conversations, and included:

1. Name of Institution, name and position.
2. What land acknowledgement might you use, which Indigenous territory are you on?
3. Do you offer Indigenous Cultural Safety within your organization?
4. Do you offer courses with curriculum that contain Indigenous Cultural Safety? If so, what are some learning outcomes that would align with teaching cultural safety (students learn about Indigenous culture, colonization, history) students also learn about cultural practice, discuss how to incorporate safety from discrimination in their practice?
5. How is this program/ curriculum delivered?
6. What credentials are offered?
7. How many students are enrolled in this course/program? (estimate)
8. Are these courses accredited? Can credit be transferred or applied to another college, university or organization? Please explain further.

9. Do you have any ICS programs responding directly to the TRC? Please explain.

Findings

There is an abundance of work happening in the realm of cultural safety, across Ontario PSE. Although abundant, ICS is far from coordinated or unified.

There were zero diploma or degree programs identified, however, we noted considerable ICS growth in Schools of Continuing Studies or Professional Development Centres, with four Micro-Credentials offered. Overwhelming however, the work happening in the area of cultural safety training is targeting Indigenous student and staff wellness and experience, faculty and staff skill development, retention of Indigenous learners by fostering culturally safe educational experiences and curricula, and the continued commitment of PSE to address the TRC calls to Action.

Literature highlights substantial growth within the inclusion of content relevant to cultural safety (Indigenous worldviews of health, healing and wellness; history of colonization and assimilation policies, reflective practice, to name a few) in the areas of health sciences, such as nursing and medicine (Baba, 2013 & Royal College, 2020). Exploring learning outcomes pertaining to ICS across curricula will help us further understand transferability of such credits. However institutional awareness of ICS initiatives and a disconnection between student success services and initiatives happening across academic programs remain significant barriers to identifying and tracking this information.

Overall, five key themes emerged from the environmental scan, including:

1. Growth in Micro-Credentials and professional Certificates through Schools of Continuing Education and Professional Development
2. The Inclusion of ICS learning outcomes across curriculum, particularly within the health sciences, such as PGME and Nursing.
3. The relationship of ICS to Regulatory Bodies
4. The TRC as a driving force in ICS work
5. The focus of ICS is on two main areas including retention of Indigenous learners in health programs in Canada and cultural competence curricula for Indigenous and non-Indigenous service providers who work with Indigenous peoples

Micro-Credentials and Professional Development Certificates

Within the last year, four Micro-credentials with ICS content have emerged, including:

- a. Micro-credential in Indigenous Rights and Relationship-building Building 2019-20 pilot. Partners include Sault College, and Project Learning Tree Canada. The program aims to develop additional online content to create a stackable micro-credential program for various competencies related to Indigenous rights and relationship-building in the forestry sector.
- b. Micro-credential in Indigenous Cultural Safety 2019-20 pilot, which aims to create new content to issue micro-credentials in four key areas within Indigenous cultural safety 2019-20 pilot in development. Partners include the University of Toronto's Dalla Lana School of Public Health, the Waakebiness-Bryce Institute for Indigenous Health, and Peterborough Public Health.
- c. Health Coach Professional Certificate, from York University Health Leadership and Learning Network, where participants develop knowledge and skills in cultural safety needed to create an inclusive environment as well as navigate diverse views on illness and healing, while maintaining a safe health care practice.
- d. Micro-credential Indigenous Learning and Cultural Awareness Building Relations with Indigenous Partners, Cambrian College
Participants develop their skills in creating effective Communications Plans that reflect an understanding of Indigenous needs and the needs of your community.

The Inclusion of ICS Learning Outcomes

Nursing, Post Graduate Medical Education (PGME) and health science literature demonstrate growth in the inclusion of learning outcomes related to ICS, embedded across curriculum. However, information appeared piecemeal and required further study. While slightly outside the scope of this environmental scan, we wanted to demonstrate such growth and the potential opportunities to track such ICS learning, with the potential of an ICS specialization that meets industry requirements or mandates for ICS training.

The University of Toronto's Collaborative Specialization in Indigenous Health (CSIH) is an example of this approach at the graduate level. The program is housed within the Dalla Lana, School of Public Health, and aims to provide training in Indigenous health research and practice for graduate students at U of T, while enhancing mutually beneficial relationships with Indigenous peoples, communities and organizations. Upon

successful completion of the degree requirements in the participating home department and the requirements of the CSIH, graduate students will receive the notation “Completed Collaborative Specialization in Indigenous Health” on their transcript and parchment. Graduating students will have received knowledge of Indigenous health issues, ways of knowing, and understand cultural safety.

In professional-level education programs, Baba (2013) identified that undergraduate medical programs are also beginning to bring Indigenous cultural competence and safety to the forefront of their curriculum and student resources. Programs included in the review were those available for health professionals in public health, medicine and nursing, such as degree programs including; graduate level Master of Public Health degrees, undergraduate level medical (MD) education and undergraduate level Bachelor of Nursing degrees. Again, while piecemeal, it demonstrates movement in the area of cultural safety in curriculum. The following are some examples of this work:

- The University of Western Ontario’s Schulich School of Medicine and Dentistry has an Indigenous Medicine & Dentistry initiative. The initiative provides support for Aboriginal students, and encourages physicians of all backgrounds to practice medicine in Aboriginal communities and advocate for the improvement of Aboriginal health.
- Lakehead University Northern Ontario School of Medicine · Curriculum “threads” include Aboriginal health.
- McMaster University Michael G. DeGroote School of Medicine, Faculty of Health Sciences · Curriculum includes competency training in Social & Cultural Determinants of Health · Elective Clerkship: Aboriginal Health Elective.
- University of Ottawa Faculty of Medicine · Pre-Clerkship curriculum requirements include a unit on Aboriginal Health
- Aboriginal Community Clerkships: Akwesasne, Kitigan Zibi or Pikwakanagan · Elective course for indigenous medical students: The Impact of Traditional Healing. University of Saskatchewan College of Medicine
- Elective Course: Aboriginal Models of Mind and Mental Health · Elective Rotation: Aboriginal Health and Healing.
- Lakehead University School of Nursing, Faculty of Health & Behavioral Sciences Native Nurses Entry Program
- Trent University School of Nursing Elective Courses · Transcultural concepts in healthcare · Advanced topics in Indigenous Peoples, health and the environment.
- University of Windsor Faculty of Nursing Elective Courses · Health Issues and Care of Diverse Populations · Transcultural Health · Culture and Health in Diverse Canada

- University of Toronto, Faculty of Medicine Collaborative Program in Aboriginal Health · A resource for MD, BScN and MPH students · Program Requirements (one of the three following courses) - Aboriginal Health - Politics of Aboriginal Health - Race, Indigenous Citizenship and Self-Determination: Decolonizing Perspectives.
- Seneca College, Faculty of Continuing Education, Families in Change Course - Demonstrate fundamental values, knowledge and understanding of First Nation, Inuit, and Metis world-views that focus on the cultural competence and cultural safety and to implement a trauma-informed approach by demonstrating strategies to respond to disclosure.
- Sheridan: Continuing and Professional Studies, Indigenous worldviews of Health – Health Care 42hours/Credit value3.0/N.A prerequisite This course invites healthcare and community service practitioners to develop their understanding of Indigenous worldviews and improve health outcomes through developing skills in cultural competence. Students evaluate existing healthcare services and decision-making processes in Canada, with respect to the experience of Indigenous peoples. Through discussions, case studies, and journal reflections, students apply their knowledge to health system change and learn to respond to the needs of Indigenous peoples in responsible and culturally safe ways
- Fleming College, School of Justice and Community Development Faculty, Power, Privilege and Oppression Course Number: SOCI165 45 hours, Prerequisites: None. Corequisites: None. This course will provide the foundation for understanding social, economic, cultural, spiritual, racial and political issues within the context of social justice and diversity. Students will be introduced to theories and practical applications that affirm the value and worth of all individuals, families, groups and communities by applying practical skills to enhance cultural safety in service delivery. Students will critically analyze the various forms of oppression, discrimination, power and privilege, and how to apply anti-oppressive practices in the field of human services.

Regulatory Institutions Calling for Cultural Safety Training

There are a growing number of regulatory institutions requiring the demonstration of knowledge, skills and credentials in the area of cultural safety. Major employers such as the Government of Ontario are committed to mandating ICS training for all employees. The Ontario Indigenous Cultural Safety Program is one of the largest programs in the province, with over 10,000 Ontarians who work in health care who have completed the training, many of them from the Ontario government.

The Ontario College of Social Workers and Social Service Workers (OCSWSSW), the Indigenous Physicians' Association of Canada, Aboriginal Nurses' Association of Canada, Canadian Nurses' Association, College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada have all called for cultural safety training ranging for their members. It has ranged from recommending short workshops at conferences to integrating more content in medical school curricula to advocating for mandatory accreditation for physicians and surgeons.

Ex: The Royal College of Physician and Surgeons of Canada (Royal College)

In an effort to promote health equity for Indigenous Peoples in Canada, on October 26, 2017, the governing Council of the Royal College of Physician and Surgeons of Canada (Royal College) approved the recommendation from the Indigenous Health Committee (IHC) that Indigenous health become a mandatory component of postgraduate medical education (PGME), including curriculum, assessment and accreditation. An Indigenous led Health Specialty in PGME Steering Committee has been established to lead and support implementation of the decision. The Royal College identified that 7 PGME universities have programs or training in place reflecting cultural safety and one has completed the implementation but is still working on improving the relevancy of the content. Three of the 15 universities interviewed mentioned San'yas cultural safety training being accessed; however financial and timing barriers due to the cohort approach to training were indicated as challenges in the feasibility of the training.

Truth And Reconciliation Motivating Change

Truth & Reconciliation: Motivating Change

The TRC calls for increased skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism for health practitioners such as medical and nursing students; increased recruitment and retention of Aboriginal professionals on the healthcare field. The following Calls to Action are examples that align with our objective:

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.

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.

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.

Excerpt, TRC.

Respondents confirmed that The Truth and Reconciliation Commission of Canada's Calls to Action, which is calling for cultural competency training and the development of anti-racism skills across sectors, is also motivating increased attention to ICS within their institution. Literature from Churchill, Parent-Bergeron, Smylie, Ward, Fridkin, Smylie, and Firestone, 2017 reiterates this point. For example, the provision of culturally safe healthcare aligns with recent Truth and Reconciliation recommendations (e.g., #22, #23, and #24) to incorporate Indigenous knowledge in health care practices and offer skills-based training in intercultural understanding conflict resolution, human rights, and anti-racism for health practitioners. However, literature cautions that ICS programs will not have long-term impact if they are developed and implemented without organization-wide and system-level support (Baba, 2013; Guerra & Kurtz, 2016).

In relation to the TRC, respondents shared ICS initiatives in the form of targeted workshops, speakers and faculty skills development. Zero respondents shared academic specific initiatives or programs. This could be because the majority of respondents were from student success related positions within

Indigenous PSE centers, compared to faculty or deans.

ICS Focus: Indigenous Learner Retention and Cultural Safety Training for Industry Professionals

The focus of ICS appears to be on creating safe spaces and experiences (therefore indirectly on the retention of Indigenous learners and faculty) through training opportunities for faculty, as well as cultural safety training for post-licensure non-Indigenous human care service workers. Initiatives are characterized by workshops and professional development for staff, targeted skill set development such as creating culturally safe spaces, curricula development, communication and is often driven by institutional responses to the TRC. Only one opportunity, positioned ICS as an Indigenous health specialization for Indigenous learners, repositioning ICS training for Indigenous learners compared to training for non-Indigenous faculty, health care workers to work with Indigenous peoples offering culturally safe care.

An Overview: Indigenous Cultural Safety Training Programs in Ontario

Of the ICS programs reviewed, zero had prerequisites, 4 had micro-credentials, 3 had certificates of completion, and one had an Indigenous Health Specialization. The length of programs varied from 3 to 14 hours with the larger cultural safety programs such as San'yas for example, being 8-10 hours of on-line self-directed learning. Course instructors delivered the Micro-credentials, while the majority of community health driven programs were delivered through on-line self-directed modules. The Pilot Micro-credential programs secured additional funding to explore the development and implementation of micro-credentials.

Wise practice literature on Cultural Safety Curriculum suggest that programs:

1. Need to be evaluated
2. Need detailed program descriptions in order to be consistently and reliably implemented and evaluated
3. Would benefit from curriculum that focuses on power, privilege, and equity; is grounded in decolonizing, anti-racist pedagogy; and is based on principles from transformative education theory
4. Must be led by trained facilitators
5. Must be offered in effective learning spaces that both challenge resistance from non-Indigenous peoples, and support non-Indigenous peoples to learn from their discomfort
6. Need to prioritize support for Indigenous learners
7. Cannot work in isolation

To summarize, literature indicates that cultural safety training programs “must be grounded in decolonizing, reflexive, anti-racist pedagogy to enable critical self-reflection and orient the curriculum towards the root causes of Indigenous health inequities” (Churchill; Parent-Bergeron; Smylie; Ward, Fridkin, Smylie, and Firestone, 2017).

Example content/modules of current programs reviewed included:

1. Indigenous People of Canada and Terminology
2. Major Historical Events from Indigenous Perspectives
3. Impacts of the Indian Act, Indian Residential Schools and the Sixties (60s) Scoop
4. Self-Awareness of Intergenerational Trauma
5. Colonization, Past and Present
6. Indigenous Worldviews and Wellness Practices
7. Respect and Reconciliation in Health Care
8. Indigenous Teachings and Advocacy in Health Care System Transformation
9. Existing Trends and Socioeconomic Conditions Impacting Indigenous Communities
10. Indigenous Determinants of Health
11. Creating Self Awareness that will Support in Establishing Relationships with Indigenous Communities
12. Resources that will Support Further Self-directed Learning
13. Exploring the Health Impacts of Racism
14. Cultural Safety in the Classroom: Addressing Anti-Indigenous Racism in Education Settings
15. Addressing Anti-Indigenous Racism in Health Care: Strategies for Implementing System-level Change
16. Indigenous Health Equity: Examining Racism as an Indigenous Social Determinant of Health
17. Critical Race Theory and its Implication for Indigenous Cultural Safety
18. Deconstructing Racism Strategies for Organisational Change
19. Racism, Reconciliation, and Indigenous Cultural Safety
20. Setting the Context for Indigenous Cultural Safety: Facing Racism in Health

Mode of Delivery

Instructors through Continuing Education PSE departments delivered micro-credentials. Biigiweyan Cultural Safety Training program was facilitated by community facilitators and Indigenous knowledge keepers, with support staff and faculty from PSE (Baskin, Hare, Peltier, Loughheed, Chabbert, Boudreau & Moir (2020). It was also the only ICS training program that utilized live actor simulation to assess knowledge and skill acquisition, combined with 52 learning outcomes. The majority of online learning modules are self-paced and self-directed.

Gallagher (2015) suggests that the structure and delivery of ICS programs are equally important to development and implementation, and developers should consider transformative education theory, which has been widely used in adult education. Speaking to decolonization within PSE. Highlighting the importance of experiential learning, Indigenous education theorist Marie Battiste (2002) states that in order to transform the hearts and minds of people and institutions, they must engage with

The Ontario Cultural Safety Training Program (ICS): Multiple Pathways

The ICS Program is a provincial ICS program administered by Southwest Ontario Aboriginal Health Access Centre. The program is Accredited by the College of Family Physicians, The Royal College of Physicians and Surgeons, and the Canadian College of Health Leaders, offering MOC Program credits for each on-line course.

In 2013, The Indigenous Primary Health Care Council (IPHCC) made up of Indigenous Leaders and educators in Ontario, collaborated with Sḡn'yas to develop Ontario-specific online training courses, leading to the ICS. The Ontario ICS/Sḡn'yas Indigenous Cultural Safety Training Program offers online training and consultation services that focus on uprooting anti-Indigenous racism and promoting cultural safety for Indigenous people in Canada. Skilled facilitators guide and support each learner through interactive course materials. Participants examine culture, stereotyping, and the consequences and legacies of colonization. Participants learn about terminology; diversity; aspects of colonial history such as Indian residential schools and Indian Hospitals and a timeline of historical events.

Further, the Southwest Ontario Aboriginal Health Access Centre is Accredited through the Canadian Centre for Accreditation, a third-party review based on organizational practices that promote ongoing quality improvement and responsive, effective community services. Three Canadian PGME universities have accessed the Sḡn'yas training, as well as the Ontario government, which has now mandated Cultural Safety Training (Fournier & Smith, MPH, 2021)

The program is online and interactive, facilitated and self-paced and is 8-10 hours long.

Indigenous knowledges. This considers the role and importance of Indigenous knowledge keepers, language speakers, and health and wellness experts within ICS programs.

Programs were delivered both intensively, for example, through a one-day workshop, as well as self-paced on-line delivery of approximately 10 – 14 hours over an undefined period of time. Biigiweyan Cultural Safety Training was the longest in person program found, at 14 hours of facilitated in person delivery. The shortest identified were workshops, at approximately 3 hours.

Currently, the highest form of credential offered is a Micro-credential certificate and certificate of completion. The Royal College of Physicians and Surgeons of Canada offers MOC for the following programs:

- The Indigenous cultural safety training program
- Cancer Care Ontario Cultural Safety Modules
- Cancer Care Ontario Cultural Safety Modules

College of Physicians and Surgeons of Canada continuing culturally safety modules

The Southwest Ontario Aboriginal Health Access Centre, which delivers the Ontario ICS/Sḡn'yas program is accredited through

the Canadian Centre for Accreditation, a third-party review based on organizational practices that promote ongoing quality improvement and responsive, effective community services. York's certificate is an approved training program by the National Board for Health and Wellness Coaching.

Further, as mentioned previously, there are a growing number of regulatory institutions requiring the demonstration of knowledge, skills and credentials in the area of cultural safety, including The Ontario College of Social Workers and Social Service Workers (OCSWSSW), the Indigenous Physicians' Association of Canada, Aboriginal Nurses' Association of Canada, Canadian Nurses' Association, College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada have all called for cultural safety training for their members.

Benefits for Learners

Literature highlights many benefits of ICS in PSE on increased recruitment and retention of Indigenous in health science programs - an area of study underrepresented by Indigenous learners and called to attention in the TRC (Baba, 2013; Guerra & Kurtz, 2016). The inclusion of ICS among regulatory bodies also demonstrates the benefits of ICS for those pursuing further education and post-graduate professional development as well as those transitioning to employment.

Last, ICS learning outcomes overlap greatly with the content of many Indigenous health and social welfare programs, such as Indigenous worldviews of healing and wellness; Indigenous histories; the present day contexts of colonization; Indigenous medicines, helpers and healers; Indigenous determinants of health to name a few etc. As one example, many of the learning outcomes found within Canadore College's Indigenous Wellness and Addiction Prevention program map to Biigiweyan's Cultural Safety Training program learning outcomes.

University of Toronto's Collaborative Specialization in Indigenous Health

University of Toronto's Collaborative Specialization in Indigenous Health is housed within the Dalla Lana, School of Public Health, and aims to provide training in Indigenous health research and practice for graduate students at U of T, while enhancing mutually beneficial relationships with Indigenous peoples, communities and organizations.

Upon successful completion of the degree requirements in the participating home department and the requirements of the CSIH, graduate students will receive the notation "Completed Collaborative Specialization in Indigenous Health" on their transcript and parchment. Graduating students will have received knowledge of Indigenous health issues, ways of knowing, and understand cultural safety.

There is untapped potential for Indigenous learners, if we can harness ICS relevant course content to Indigenous undergraduate programs, having learners come out with ICS credentials or specialization. Mapping ICS content across Indigenous health, wellness and social service programs offers opportunities to support Indigenous learners in coming out with additional ICS credentials/specialization that are increasingly being expected at the industry level. Further, there is also potential to harness ICS for Indigenous student retention and pathways in health science programs, starting from Indigenous preparatory programs, to undergraduate programs, to professional programs in PGME, to graduate programs and employment.

Programs such as the University of Toronto's Collaborative Specialization in Indigenous Health is an example of this approach at the graduate level. Graduate students receive the notation "Completed Collaborative Specialization in Indigenous Health" on their transcript and parchment and graduating students will have received knowledge of Indigenous health issues, ways of knowing, and understand cultural safety as well as connect with Indigenous knowledge holders and experts.

Limitations

A major limitation to the project is that it occurred during COVID. Many staff were transitioning to working from home as well as the project occurring over the summer months, resulting in poor response rates. Further, not everyone who responded were familiar with ICS or ICS across their institution. For example, some contacts were not familiar with the ICS related learning outcomes within courses. Also of importance, web-based searches were often limiting, producing information that primarily focused on student experience of cultural safety (i.e. training for faculty or staff).

The majority of PSE institutions had limited ICS content on their websites. We believe there are multiple reasons for this. Currently, cultural safety is loosely packaged within other concepts of cultural sensitivity and cultural competence. Further, ICS remains strongly positioned within student support service areas or Indigenous PSE centers, with a focus on the importance of ensuring culturally safe staff and faculty or responding to the TRC. Further, with a myriad of ICS frameworks emerging, with no clear direction on how and to what degree educators should be incorporating ICS content into curriculum design, there are few consistencies across the curriculum.

Our PSE website searchers were at times unrevealing of the true landscape of ICS within an institution. Some initiatives were not profiled or easily accessible on program websites and were instead found through funding organizations with summaries highlighting projects. Opposed to an environmental scan, an extensive literature review and comprehensive case studies of select institutions should be undertaken. ICS content is emerging across multiple program areas within an Institution. Connecting with multiple individuals within institutions at varying levels, would help to better understand ICS pathways between programs and content areas.

Moving Forward with ICS

Continued work is needed to support institutional and system level ICS initiatives and vision. ICS initiatives need to connect to academic programs, student and staff services and strategic directions and mandates within and between institutions, as well as to industry. A strong ICS landscape will uncover and promote uncharted student pathways and transfer opportunities related to ICS.

This project highlights the importance of cultural safety being incorporated within all aspects of PSE. ICS needs to be clearly defined and connected to driving forces such as the TRC and regulatory bodies and acknowledged within institutional strategic plans and policies. We need culturally safe, informed employees and learners. We need to ensure stakeholders across the PSE sector have a unified ICS vision that supports institutions undertaking this important work. Further exploration into the link between ICS and the increased recruitment, retention and success of Indigenous learners and faculty is also recommended to understand further benefits of ICS.

A more in-depth understanding of ICS within PSE is needed, including case studies that connect ICS PSE initiatives to industry and that profile lived experiences of Indigenous learners, staff, faculty and Indigenous communities. Further, creating a common ICS pathway/specialization for Indigenous learners offers a unique pathway opportunity for Indigenous learners and responds to the TRC.

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