

Tailoring cultural safety training in health care to local context of Indigenous communities

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Cultural safety training for working with Indigenous people is becoming a common part of physician education. The Royal College of Physicians and Surgeons of Canada has said all medical residency programs will be required to include cultural safety training.

“We know that Indigenous people have a very different experience in the health care system, for reasons related to racism and a lack of understanding of history and different perspectives on health and well-being,” said Dr. Lisa Richardson, cochair of the college’s Indigenous Health Commit-

tee. “It is imperative that all health care providers have that understanding.”

Cultural safety training generally includes education on foundational concepts, like the power relationships between patients and health care providers, as well as the history of colonization and self-reflection on the provider’s own biases. But Indigenous people are not a homogenous group, and training programs are not always suited to every local context.

Wayne Clark, director of patient services for Indigenous Health at the Winnipeg

Regional Health Authority, is developing a cultural safety training program focused on the treatment of type 2 diabetes that is specific to Inuit people and culture.

“The Inuit community became aware of other cultural safety training, which included some pan-Indigenous context about colonization, but nothing about the unique aspects of Inuit culture,” he said.

For example, most cultural safety training programs focus on metaphors related to the First Nations context, such as the medicine wheel, a concept used by many Indigenous peoples to represent



Indigenous people are not a homogenous group, so cultural safety training programs should reflect context of individual communities.

the alignment and continuous interaction of the physical, emotional, mental and spiritual realities. Inuit culture, however, uses a different concept based on mind, spirit and soul. “The medicine wheel is very prevalent, but the Inuit structure is not as well known,” said Clark. “It’s a common problem because of geography. Unless you’ve been in the North, you probably haven’t been exposed to much Inuit culture.”

Clark, whose mother is Inuit, is focusing on type 2 diabetes because members of the Inuit community asked for it, as the prevalence of the disease is increasing rapidly among Inuit people. The goal is to develop an online training module that

will help non-Inuit doctors understand the factors driving diabetes in Inuit communities, so they can treat it in more effective and culturally appropriate ways.

Clark is developing the project using a concept called Inuit Qaujimagatunqangit (IQ), an interconnected approach to sharing Inuit knowledge between generations. He will work with Inuit elders across the North, discussing the triadic concept and its importance to individual wellness, as well as how Inuit people would like to be treated and understood by physicians. “A big part of this research is on how to engage the community,” said Clark. “Often we only see health policy and education developed within non-Indigenous institutions.”

The result will be a community-driven education program, guided and approved by the communities in which it will be used. Although the project focuses on diabetes, the same strategy could be applied to multiple health conditions, said Clark.

“The idea of having locally specific input and knowledge is really important,” said Richardson. Not only are the needs of Inuit, Métis and First Nations people different, there are also differences between the various First Nations. “Training needs to be tailored to understand your local context, grounded in the broader history and self-learning.”

Brian Owens, St. Stephen, NB