



VOICES FROM THE FIELD

Welcome to *Voices from the Field*, a podcast produced by the National Collaborating Centre for Aboriginal Health (NCCAH), which focuses on innovative research and community-based initiatives promoting the health and well-being of First Nation, Inuit and Metis peoples in Canada.

EPISODE 3 - Indigenous Physicians Lisa Richardson and Jason Pennington win the 2017 Dr. Thomas Dignan Indigenous Health Award

In this episode you will hear from Indigenous Drs. Lisa Richardson and Jason Pennington who have been awarded the 2017 [Dr. Thomas Dignan Indigenous Health Award from Royal College of Physicians and Surgeons of Canada](#). Drs. Richardson and Pennington spoke to the work underway at the [Office of Indigenous Medical Education at the University of Toronto](#). Specifically, they address three areas of their work:

1. They are seeking to recruit more Indigenous students as health care providers (starting with outreach to high school students) and they describe how they will be supporting them through their medical school journey (from admissions through to graduation).
2. They talk about the ways they are working to strengthen Indigenous health curriculum for all medical students, including aspects of Indigenous medicine and history, the social determinants of health, and Indigenous conceptualizations and experiences around health care and health care provision. For them anti-racism, anti-oppression and experiential learning play a significant part of this Indigenous health education curriculum.
3. They explain how they strive to ensure a safer learning environment for Indigenous medical students – such as through the inclusion of Elders in-residence, counselling services, participation in community and cultural activities, and the hiring of more Indigenous faculty.

The work of Drs. Richardson and Pennington, and the Office of the Indigenous Medical Education, are grounded and driven by the Calls to Action 23 and 24 of the Truth and Reconciliation Commission.

Call to Action 23

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 health-care professionals.

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.

[Review all of the Calls to Action.](#)



Drs. Lisa Richardson and Jason Pennington co-founded the Office of Indigenous Medical Education at the University of Toronto.

BIOS

Dr. Lisa Richardson is an Anishinaabe internist. She is a Wilson Centre Researcher and clinician educator in the University of Toronto's Division of General Internal

Medicine, and practices at the University Health Network. Her academic interest lies in the integration of postcolonial, Indigenous and feminist perspectives into medical education. She is the Curricular Co-Lead for Indigenous Health Education in Undergraduate Medical Education at the University of Toronto's Faculty of Medicine.

Dr. Richardson is a 2014-2016 Associate Medical Services Phoenix Fellow for her work related to the creation and integration of cultural safety teaching into the medical school curriculum. She is an active member of the Indigenous Physicians' Association of Canada and is on the planning committee for the annual Indigenous Health Conference. She is also a member of the University of Toronto's Steering

Committee which advises the University about how to implement the Calls to Action from Canada's Truth and Reconciliation Commission.

Dr. Jason Pennington is the Regional Aboriginal Cancer Lead for the Central East Regional Cancer Program. He is a general surgeon with a special interest in proctology and colorectal surgery and currently works at The Scarborough Hospital. Dr. Pennington obtained both his undergraduate, medical and surgical degrees from the University of Toronto where today, he is the Curricular Co-Lead for Indigenous Health Education in Undergraduate Medical Education at the Faculty of Medicine and a lecturer for the Department of Surgery.

A member of the Huron-Wendat community of Wendake, Dr. Pennington has been active in the Aboriginal community with a strong focus on Aboriginal Health. He is a member of the Aboriginal Community Advisory Panel at St. Michael's Hospital where he has also helped researchers investigate barriers to Aboriginal people accessing surgical care. Dr. Pennington has also shared his expertise with Cancer Care Ontario (CCO) as one of the physician leads for a pilot project to develop a Nurse Flexible Sigmoidoscopy Training Program. Currently, Dr. Pennington sits on CCO's Colorectal Cancer Screening Guideline Expert Panel.

Dr. Thomas Dignan has served as a pioneer in the health of Aboriginal people for more than 30 years. In 1974, he enrolled at the University of Alberta to attain his Bachelor of Science in Nursing degree. He entered the Faculty of Medicine at McMaster University and in 1981 became its oldest graduate and first ever graduate of First Nations ancestry. He was the first president of the Native Nurses' Association and founding member of the Native Physicians' Association. Dr. Dignan lives in Thunder Bay and Bracebridge in Ontario. He is an Advisory Member of the NCCAH.

TRANSCRIPT

Welcome to the Voices from the Field, a podcast produced by the National Collaborating Centre for Aboriginal Health. This series focuses on innovative research and community-based initiatives promoting the health and well-being of First Nation, Inuit and Métis peoples in Canada.

In this episode we hear from Indigenous doctors, Lisa Richardson and Jason Pennington, with the Office of Indigenous Medical Education at the University of Toronto. Their work to nurture a greater quantity and

quality of Indigenous participation in their faculty has earned them the 2017 Dr. Thomas Dignan Indigenous Health Award from Royal College of Physicians and Surgeons of Canada.

What follows is an outline of the steps Indigenous students follow on this award winning journey of medical education from recruitment to curriculum, to a safer and supportive learning environment, the example set by this pair of Indigenous physicians has more than lived up to that of the awards namesake. As we will hear it, this approach is driven by the Calls to Action of the Truth and Reconciliation Commission.

Dr. Pennington: Well I think the TRC's Calls to Action have been used as a template for much of what we are trying to accomplish and have been used as a justification to administration as to why we should be proceeding with many of the activities that have been proposed by the Office.

Dr. Richardson: It has really given us the leverage and the institutional buy-in to move forward with a lot of what we are doing.

Dr. Pennington: Two of major recommendations of the TRC are sections 23 and 24. One is for the government to provide cultural competency training for all health care professionals, so that would include all of our faculty and our students. The second is to have a course in Aboriginal health issues including history and the legacy of residential schools, the United Nations Declaration of the Rights of Indigenous Peoples, treaties and Aboriginal rights, Indigenous teachings and practices, as well as skills-based training in intercultural competency conflict resolution, human rights and anti-racism.

First of all, increasing the number of Indigenous medical students starts way before students are even in university, right? We have to have students who are making it to university and getting out of graduating high school and thinking of medicine at a much younger age. People have to have it on their radar as a career they actually want to do. A lot of people in our communities might not even [consider this career]. In middle, upper middle, class Canadian culture it's quite an honour to go on and do medical school but not in all of our communities might it [be so]. To do western medicine [may not] possibly [be] even desirable or on their radar. ? So really you want people to be thinking about medicine and looking at it as a possibility from a much younger age. That's why we also have a pathway, reaching out to communities at a much younger age and we have high school students who come for the summer for mentorship program. The summer mentorship program for Black and Aboriginal students in the health sciences has been around for over 20 years now, but only since the office has been around for the past 5 years, and with the help of a coordinator in the office, has

participation by the Aboriginal Indigenous community really increased and become much more involved in this program.

Dr. Richardson: We know that for Indigenous students to get into medical school is a big hurdle for many people. The journey travelled is a much longer one, not just physically but certainly metaphorically if you think about the social determinants of health and education status of many of our peoples being lower than that of non-Indigenous Canadians. We've recognized that to recruit Indigenous students to our medical school where there previously were almost no Indigenous students, we needed to create a separate pathway. What that pathway involves -- and I would say it is very much still a work in progress, ... is supporting students through our office who may need guidance about their application. What's required? Who should they get reference letters from? How do you write an essay for medical school? Then in submitting the application, students are actually submitting to an Indigenous stream. That stream means that they do have to meet all of the high academic requirements, and I want to make that really clear because one of the things that [one] often hear[s] is that this is a lower tier and by no means is it that. I think that not only are we requiring academic excellence but what our Indigenous stream does is to look at how students are connected to community and we have actual community members who are reviewing applications, sitting on our admissions sub-committee and actually saying that "yeah this person really feels like we want them in our medical school [and] we're going to be able to support them to become health care providers". I think what's important is recognizing that we don't just want academic physicians and admissions committees reviewing our students' files because community members, Indigenous community members, know who they want to be seen as health care providers. So really, including not only Indigenous students but other Indigenous academics and Elders in the process of admissions, I think, is really important, so that is around the selection. Prior to that is the idea of having support from our office for students who may not be certain if they are ready to apply or who [wonder] "is this letter that I am getting from my community member talking about my work, you know like the dental clinic on my reserve, is that going to be sufficient?" etc. So providing the guidance in that area as well I think is important.

To build a strong curriculum in Indigenous health, Jason and I presented two really different important components that must run alongside one another to our faculty. We suggested to them that we had to clearly have a stream and significant knowledge about Indigenous history, the social determinants of Indigenous health, with the primary one being colonization and its ongoing effects and colonial practices, as well as a knowledge of some Indigenous conceptualizations of health, recognizing there is a huge diversity there but recognizing that there is clearly a very strong history of Indigenous medicine in our communities and how that is very different from a cultural perspective, from an ontological perspective, than even biomedicine.

What I mean by saying ontologically, I mean the idea that when we think about health from an Anishinaabe perspective any way, we think about connection to not only mind, body, spirit and emotion but connection to land, connection to community, connection to our ancestors. That is very different from where biomedicine evolves from which is “here is your body, here is an approach to thinking about medicine”. It’s disconnected from all of these other aspects of healing. We recognized that that was an important stream is Indigenous medicine and Indigenous history. But what we also learned is that in order to bring Indigenous knowledges and experiences and have community member[s] speaking about their experiences into a colonized environment, which is the Faculty of Medicine, and our higher academic institutions across the country, not just our own in Toronto, but in order to do that we needed to also be working to, what I call, decolonize that space. We needed to be teaching our students some basic principles around anti-oppression and inequity, around thinking about where you’ve come from, what your privileges and biases are, and how those aspects of you as a practitioner, and also the institution that you are working in, play out right at the bedside, or in the clinic when you are seeing an Indigenous patient. How you may be acting, how you may be really overlooking this whole background and history of a First Nations, Inuit or Métis patient based on the histories and practices that have happened in our country, but also how your own biases, which you may not even be aware of, are playing out at the bedside. So we proposed to institute a curriculum in this area that both of those streams had to be taught and once you get students starting to think about themselves and what we call reflective practice and reflexivity, how the power dimension plays out in the relationships with patients too; it’s much easier then to open up the space to start thinking about Indigenous medicines, Indigenous ideas around health care, and the experiences of our Indigenous patients. We need to recruit and support Indigenous healthcare providers, but we recognize that there will be many non-Indigenous healthcare providers who are providing care for our peoples. In thinking about that we recognize that not only do we need to support and recruit Indigenous physicians, but we need to ensure that all medical students, residents, and practicing physicians are culturally safe practitioners. When we are implementing curriculum, we’re thinking about how we support not only our Indigenous students but how we train all of our healthcare providers to be able to provide good care.

Dr. Pennington: When we are forming curriculum around these topics, which include conflict resolution, anti-racism, Indigenous history including residential schools, the Indian Act, and the United Nations Declaration on the Rights of Indigenous Peoples, these topics can be taught didactically or experientially. I think the only way to get the students to have an ‘a-ha’ moment and truly understand many of these deeper concepts and skills we want them to graduate with, is to have more experiential learning, so that these concepts become more real. There is a tendency in didactic lectures for the students to get a little complacent and say “yeah, yeah I’ve heard about residential schools” because they’ve seen something on TV before, or “I

understand the Sixties Scoop”. It is much more important for the students, the learners, to hear from people from the community, to hear panels including Elders and community members. We do have some scenarios where the patient is of an Indigenous background. Sometimes our students in their clinical skills course learning how to do history during physical exam will have Indigenous standardized patients, actors portraying patients. Unfortunately, not enough of the actors are Indigenous themselves to perform the role of the Indigenous standardized patient, but some are and they are very useful and helpful and have sat on panels for the whole class before. Lisa put together a really good anti-oppression workshop and has developed an elective for fourth year students on Indigenous urban health where the students actually go into various urban Indigenous agencies around Toronto. They might attend a social, a beading class, or doing an actual health clinic. They do a self-reflective process and they interact with members of our community, and they self-reflect. Most of the students in their self-reflection, some of which have been published, actually describe this to be quite a transformative experience. Unfortunately, more of these experiential teaching methods do require training tutors and standardized patients, involving various Indigenous agencies around Toronto and with a med school class of 250, it would be overwhelming for all of these resources. So not all of these things are available to all of the students yet.

Dr. Richardson: Can I just add to this? I was just thinking about another program that’s a non-didactic way to teach some of the content related to Indigenous health. It’s an elective at the Art Gallery of Ontario, taking students out of the clinical environment, out of the lecture hall. We actually look at works by Indigenous artists. Daphne Odjig, Lisa Boivin, Norval Morrisseau, Carl Beam are some of the artists whose work we look at. We bring along, if we can, an Indigenous artist or an Elder. It’s really powerful for the students to actually look at a work by an Indigenous artist and think about what that experience is portraying and what they are seeing, and then to hear from a community member, an Indigenous person, who is interpreting. A story that really illustrates this [is] looking at the “Man transforming into Thunderbird” series of paintings by Norval Morrisseau, and the students looked at it and said it seemed really unidimensional and very elemental, and it was hard for them to see what was going on. The Elder who was with us at the time looked at the paintings and said “I see those circles as being portals into another world. I see the lines as representing the interconnectedness between humans and the animal and plant world”. For students to actually really recognize that they are coming from such a different perspective and to experience that first hand by this activity of ‘group looking’ was really very effective. It’s an example of an exciting innovation that was a way of looking at how we can teach this content in new and different ways, because I absolutely agree with Jason that the lecture hall is not always the ideal place.

Dr. Pennington: Our faculties of medicine across the country are still quite colonized. All of us know Indigenous students who have not completed medical school training. I know a young lady who was an excellent student, had multiple degrees, got into medicine, and one day she came up and gave me her stethoscope because she could not meld with it culturally. It just didn't sit well with her beliefs and her way of doing things and she decided that she would not continue on with medical school. This was back in the 90s and still, though, our institutions are quite colonized and quite unsafe for a lot of students, not only Indigenous students in some ways. But definitely we are trying to make steps to rectify this and I think that when you have a curriculum that fits more with your worldview, it helps you to feel that you are part...that you want to deliver this healthcare to your patients, that you want to participate in this type of medicine and practice of medicine. When you see that there is an office, which we've tried to set up as a safe space for our learners, and that there is a coordinator who you can speak to at most times during office hours, that adds to a level of safety. When you have an Elder in-residence ... Cat Criger is our current Elder and he has done some wonderful lunch and learns, and he is also available to speak with our Indigenous students and our non-Indigenous students, which is really great. It takes further steps beyond this though. Our student affairs counsellors have all taken cultural safety training. We'd also like to see one of those counsellors, when they come to a new hire, to hire an Indigenous counsellor, but it's on the future wish list I guess. Also we've made an agreement with CAMH, which is the Centre for Addictions and Mental Health, to provide rapid access to any of our students who may come and need these services. CAMH has a program for helping Indigenous patients needing psychiatric assessments. So all of these things combined help you to provide more safe conditions for our students going through the programs. There is still much to be done but these are good steps in the right direction.

Dr. Richardson: We know that not only do we need to be teaching cultural safety for our patients, but we need to be educating our faculty about creating culturally safe spaces for our Indigenous learners. That means that students are seeing themselves, Indigenous peoples see themselves, reflected in the curriculum, that they have access to cultural and traditional medicines if they want that, that they can participate in community activities, that they can do clinical electives in Indigenous communities, and that when they need advocacy because they feel that they have encountered racism or unfair treatment based on being an Indigenous person, that they have people they can turn to who can advocate for them at the highest levels. Those are some of the things that we continue to work on. I would say it is definitely a journey that is always evolving. We also feel strongly about the Indigenous students seeing themselves reflected among the teachers and physicians with whom they are working. So we are looking at hiring more Indigenous faculty. We are so fortunate that there have been three new Indigenous peoples who are now physicians on faculty in the last couple of years and they are in specialist training specialties, so that is exciting. We are hoping to see more

people moving into leadership positions within the Faculty of Medicine because in doing that, you have change that can happen more readily at the highest levels of our institution but also we have our students who are able to see not only careers in the community, but also in the academy in medical schools and medical programs are also possible.

I have a pretty exciting story that shows we are actually making some progress. In the last three days I've actually been up touring some of communities in far northeast in the Nishnawbe-Aski Nation, but I started by spending some time at the hospital in the Sioux Lookout and the First Nations Health Authority hospital there. I had the pleasure of meeting with Cathy who runs the traditional programming and she said, "You know we used to have to a lot of training for our physicians who come up and work here and our residents who do electives here." And she said "We haven't had to do much training with the students from the Northern Ontario Medical School because they've been getting a lot of that but we used to really have to do a lot of training..." she didn't know I was from Toronto, and she said "...especially from the students from Toronto," and then she said "but lately we haven't had to do that so much. I don't know what they are doing down there!" And my colleagues just turned to me and smiled. Maybe that is an example of starting to have an impact on the actual practices of our students who are then going out and working in community. So that was quite exciting.

Dr. Pennington: On occasion I've had VPs from CCO come up. CCO is Cancer Care Ontario. They say after one of our workshops and talks, "thank you for helping me recognize what I didn't know I didn't know." People aren't even aware around a lot of stuff around Indigenous health and around cultural safety. It is really important for us to have these 'a-ha' moments. But when you actually see people in areas of leadership, people who actually have power over making political changes in our education and healthcare systems who are starting to truly get the changes we are trying to make and that they aren't election talking points or check boxes for accreditation, that they are real and that there are actual ways of providing better healthcare for our Indigenous patients and all patients and for increasing the participation of Indigenous people in healthcare in general.

Dr. Richardson: Dr. Tom Dignan is a huge leader and wonderful person in the field of Indigenous health and he's one of the earliest Indigenous physicians in Canada.

Dr. Pennington: I agree that Dr. Thomas Dignan is a larger than life personality within Indigenous medical education and medical mentoring. He was one of the founding physicians in the then called Native Physicians Association of Canada. It's really remarkable the work that he's done for family medicine and within the

Royal College to promote the participation of Indigenous physicians and for promoting Indigenous health in the curriculum.

Dr. Richardson: He is an incredibly powerful advocate in a passionate and articulate way. Through all of his advocacy he has managed to open many doors for people to follow him. To be receiving an award named after him is a tremendous honour.

Dr. Pennington: It is totally fitting that he be the namesake of this award as he is one of the pioneering Indigenous physicians in Canada.

Dr. Richardson: It is actually hard to believe that we are walking in his footsteps and very, very special.

CREDITS

Music in this podcast provided by [Blue Dot Sessions](#)

National Collaborating Centre for Aboriginal Health
(NCCAH)
3333 University Way
Prince George, British Columbia
V2N 4Z9 Canada

Tel: (250) 960-5250
Email: nccah@unbc.ca
Web: nccah.ca

Centre de collaboration nationale de la santé autochtone
(CCNSA)
3333 University Way
Prince George, Colombie-Britannique
V2N 4Z9 Canada

Tél : 250 960-5250
Courriel : ccnsa@unbc.ca
Site web : ccnsa.ca

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