

# Cultural immersion placements as a tool for cultural safety education for medical students

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## abstract

As medical students, understanding and appreciating the diverse histories, identities, aspirations, cultures, and values of Aboriginal peoples is a crucial first step in the delivery of culturally-safe health care. Cultural immersion placements in Aboriginal communities represent one emerging initiative in helping medical students better understand how to deliver health care in culturally-safe ways that both services and works with Aboriginal peoples. Medical students across Canada would therefore be well served by the establishment (or expansion) of cultural immersion placements in partnership with Aboriginal communities through their own faculties of medicine.

## introduction

As future healthcare professionals, understanding and appreciating the diverse histories, identities, aspirations, cultures, and values of Aboriginal peoples is a crucial first step in the delivery of culturally-safe health care that works to eliminate health disparities between Aboriginal and non-Aboriginal peoples. There is a growing consensus that culturally-safe health care can play a key role in bridging the gap between Aboriginal and non-Aboriginal health outcomes, and that the roots of effective cultural safety lie in the education of healthcare providers.<sup>1-4</sup>

Cultural safety is an evolving notion that encourages healthcare practitioners to analyze and challenge power imbalances, institutional discrimination, and colonization as it applies to healthcare.<sup>1-3</sup> Culturally-safe health care is rooted in a deep understanding and respect for cultural difference, and requires critical self-reflection on the part of the health professional to recognize and appreciate the unique histories and socio-political circumstances that have contributed to contemporary health inequities between populations.<sup>1-3</sup> Medical practice rooted in culturally safe approaches requires health care providers to respect and support patient beliefs and values by creating safe clinical environments in which these beliefs can be expressed and realized.<sup>2,4</sup>

In the context of Aboriginal health, culturally-safe care generally includes three components: understanding the history and ongoing impact of colonization; recognizing

the relevant factors (including access to health services, as well as socio-economic and political factors) that determine contemporary health statuses and inequities; and understanding, appreciating, and supporting the aspirations (health-related and otherwise) of Aboriginal peoples.<sup>2</sup> Thus, the education of medical and health professional students on how to have empowering interactions with Aboriginal peoples on teaching students about the history of colonization and its impact on Aboriginal peoples, and encourages students to evaluate their personal preconceived attitudes, beliefs, and values. Such an education is ultimately intended to help students recognize, contemplate, and challenge the origins of their conscious or unconscious attitudes towards social and/or cultural differences, as well as how to modify the effects of these attitudes on clinical practice involving Aboriginal peoples.<sup>3</sup>

Cultural immersion placements in partnership with Aboriginal communities represent one strategy that is increasingly coming to the fore in helping medical students better understand how to deliver health care in culturally-safe ways that allow them to both serve and work with Aboriginal peoples.

## cultural immersion: an emerging opportunity for cultural safety education

Cultural immersion is a community-based experiential approach to education based on the principle that immersion in

the culture and language of a community or group can be an effective means of learning about one's self and "cultural diversity and difference."<sup>5</sup> It is valuable in its ability to "encourage students to critically reflect on their own and others' attitudes towards difference."<sup>7</sup> Early evaluations of cultural immersion placements in medical and health professional education around the globe have indicated that these placements enhance student awareness and consciousness, thereby undermining prejudice and racial bias."<sup>5</sup> Indeed, cross-cultural experiences and placements in medical education are associated with positive outcomes in students' personal and professional development. These experiences also provide benefits to both the medical school and the host community.<sup>8</sup> Student evaluations have tended to be positive and reflect a self-reported increase in students' awareness of cultural difference.<sup>8</sup>

Learning "by, for, and in" Aboriginal community contexts may thus be an effective means of enhancing students' understanding and appreciation of cultural differences. Experiences within cultural immersion placements necessarily vary from community to community but might typically include participation in cultural activities (including language learning, hunting, and medicine picking) and a general introduction to Aboriginal history and cultural protocols.<sup>11,12</sup>

By living and studying in an Aboriginal

community, students gain a wealth of exposure to community perspectives, and through these lived experiences they may also begin to better understand and appreciate the diverse causes and implications of contemporary Aboriginal health issues and inequities. Participating in cultural activities and observing daily life in an Aboriginal community might also help shift student perspectives from viewing Aboriginal communities as geographically distant, resource-deficient locales to unique places of resilience, diversity, and strength. Such reflexivity, respect for cultural difference, and recognition of how sociological, political and historic factors have influenced the health of Aboriginal peoples is especially important in the development of culturally safe approaches to working with Aboriginal peoples.

In 2005, the Northern Ontario School of Medicine (NOSM) implemented the world's first and only mandatory Aboriginal community placement for all of its medical students.<sup>11</sup> The 'Integrated Community Experience' occurs for four weeks at the end of the first year of training in the school's undergraduate medical education program. The immersion opportunity is intended to enhance medical students' understanding of, and respect for, Aboriginal history, tradition, and culture by allowing them to experience life in an Aboriginal community.<sup>12</sup> This community-based experience is unique to NOSM in that it is primarily intended as a cultural immersion experience rather than a clinical experience.

Other medical schools across Canada are increasingly supportive of medical student education around Aboriginal health through clinical exposures at the community level. The University of Alberta's Faculty of Medicine and Dentistry has formed a partnership with the Bigstone Health Commission to establish a clinical rotation of one-to-two months length for third year medical students and residents at the Wabasca/Desmarais Healthcare Centre and at a local clinic that serves high numbers of Aboriginal patients.<sup>14</sup> The University of British Columbia has also established a rural Aboriginal health clinical elective for fourth year students which allows them to gain experience providing health care in Aboriginal communities.

## opportunities and challenges for learners and communities

Medical students seeking opportunities to learn from and with members of Aboriginal communities should be encouraged and supported by their host medical school, and schools should have resources available to help facilitate this process.

Medical students should also be mindful of the importance of humility and respect while working with Aboriginal communities, and learn to see themselves as learners rather than cultural tourists. Medical students who are able to participate in a community placement must recognize that it is a privilege to be welcomed and supported in their learning by an Aboriginal community, and should convey respect to community members at all times.

Despite the general perception, by both medical learners and host communities, that these placements are successful, there do exist limitations and challenges to their operation.<sup>10,11,14</sup> Challenges for students can include logistical accommodations and the need to adapt to occasionally significant changes in resource availability.<sup>14</sup> There also exists the risk that communities may experience a burden by being asked to participate in activities, as well as to host and provide resources to support an annual cohort of medical learners. For these reasons, it is critical that medical schools ensure bilateral, respectful engagement and open communication with a community coordinator, thereby ensuring that the community placements are mutually beneficial and in line with community resources, desires, values, and abilities.

Medical schools across Canada are well-positioned to ensure that future physicians are well-informed about the diverse constellation of factors that influence and shape the contemporary health of Aboriginal peoples. If we contend that enhancing cultural safety begins with a strong base of knowledge, respect, and appreciation for cultural difference, then cultural immersion experiences may serve as a tremendous opportunity for enhancing our skills in cultural safety and for working in meaningful, respectful, and culturally-safe ways with Aboriginal peoples. Opportunities for

such experiences in our medical education could help better position future generations of physicians to support and empower Aboriginal peoples in their aspirations and efforts to improve their own health and well-being.

## disclosures

The authors have no conflicts of interest to disclose.

## references

1. Royal College of Physicians and Surgeons of Canada. Indigenous health values and principles statement [Internet]. 2013 [cited 2015 Oct 12]. Available from: [http://www.royalcollege.ca/portal/page/portal/rc/common/documents/policy/indigenous\\_health\\_values\\_principles\\_report\\_e.pdf](http://www.royalcollege.ca/portal/page/portal/rc/common/documents/policy/indigenous_health_values_principles_report_e.pdf)
2. Brascoupe S. Exploring the applicability of the concept of cultural safety to Aboriginal health and community wellness. *Aborig Health*. 2009 Nov;5(2).
3. National Aboriginal Health Organization. Fact Sheet Cultural Safety [Internet]. 2006 [cited 2015 Oct 12]. Available from: <http://www.nahc.ca/documents/nahc/english/Culturalsafetyfactsheet>
4. Baba L. Cultural safety in First Nations Inuit and Metis public health: environmental scan of cultural competency and safety in education, training and health services [Internet]. 2013 [cited 2015 Oct 12]. Available from: [http://www.nccah-cnsa.ca/Publications/Lists/Publications/Attachments/88/CIPH-HER\\_report\\_EN\\_web\\_updated2.pdf](http://www.nccah-cnsa.ca/Publications/Lists/Publications/Attachments/88/CIPH-HER_report_EN_web_updated2.pdf)
5. Crampton P, Dowell A, Parkin C, Thompson C. Combating effects of racism through a cultural immersion medical education program. *Acad Med*. 2003 Jun;78(6):595-8.
6. Kai J, Spencer J, Wilkes M, Gill P. Learning to value ethnic diversity—what, why and how? *Med Educ*. 1999 Aug;33(8):616-23.
7. Kavanagh K, Summers of no return: transforming care through a nursing field school. *J Nurs Educ*. 1998 Feb;37(2):71-9.
8. Mutchnick I, Moyer C, Stern D. Expanding the boundaries of medical education: evidence for cross-cultural exchanges. *Acad Med*. 2003 Oct;78(10):51-5.
9. Dogra N. The development and evaluation of a program to teach cultural diversity to medical undergraduate students. *Med Educ*. 2001 Mar;35(3):232-41.
10. Dowell A, Crampton P, Parkin C. The first sunrise: an experience of cultural immersion and community health needs assessment by undergraduate medical students in New Zealand. *Med Educ*. 2001 Mar;35(3):242-9.
11. Hudson G, Maar M. Faculty analysis of distributed medical education in Northern Canadian Aboriginal communities. *Rural Remote Health*. 2014 Oct;14(4):2664.
12. Jackin K, Strasser R, Pelletier I. From the community to the classroom: the Aboriginal health curriculum at the Northern Ontario School of Medicine 2014. *Can J Rural Med*. 2014;19(4):143-50.
13. Crampton P, McLachlan J, Illing J. A systematic literature review of undergraduate clinical placements in underserved areas. *Med Educ*. 2013 Oct;47(10):969-78.
14. Betkowski B. Med students gain Aboriginal perspective on health. University of Alberta News. [Internet]. 2015 Oct 22 [cited 2015 Dec 3]. Available from: <https://uofa.ualberta.ca/news-and-events/newsarticles/2015/october/med-students-gain-aboriginal-perspective-on-health>