

## Diversifying the Health and Human Service Professions: Indigenous Perspectives

**Authors:** Kristen Joy-Correll, Emilie Nevill, Ashley Quinn, Hali McLennan, Hailey Matheson, Yael Mayer

**Presenter:** Tal Jarus

**Co-Presenter:** Ashley Quinn

**Time:** 12:15 – 12:30pm

**Introduction:** Indigenous peoples make up 5% of Canadian population, however, only 3% of health care professionals identify as Indigenous. As various studies have reported the benefits of diversifying the health professions, the barriers and facilitators of increasing the number of Indigenous peoples in these professions must be identified.

**Objectives:** In response to the Truth and Reconciliation Commission of Canada's Calls to Action, the purpose of this project is to identify and understand the barriers and facilitators Indigenous peoples face in occupations related to achieving and maintaining a position in health and human service professions.

**Approach:** A narrative approach was used to collect perspectives based on individual experiences through facilitation of sharing circles with Indigenous students, staff, and clinical and academic faculty. Thematic analysis was used to reveal themes regarding participant experiences and the impact of those experiences on participation in study and career-related occupations.

**Conclusions:** Results from this study identified current academic structures and ideologies rooted in colonialism, that act as barriers for engagement and inclusion of Indigenous students, staff, and clinical and academic faculty. Our main themes identified include negotiation of identity in different spaces, negotiating colonial structures in health and human service professions, and negotiating changes and transitions in health and human service professions. We anticipate these results will act as a catalyst for uncovering further changes to be made regarding attitudes, procedures, and practices present in an academic environment that limit the inclusion of Indigenous peoples in health and human service professions.

## Party Like It's 1699: The Political Economy of Professional Medicine in the Time of CBME

**Author:** Brett Schrewe

**Presenter:** Brett Schrewe

**Time:** 12:30 – 12:45pm

### **What problem have you identified and/or tried to address?**

The CanMEDS framework is infused with references to the relationships between physicians and society. For example, within the text of the Professional Role, the former is positioned in service to the latter, while the “implicit contract between society and the medical profession” is proffered as the grounds for physician autonomy. Yet the ambiguity around what this “implicit contract” entails raises questions about which party decides what that service should look like and how medical faculties might educate learners to provide it.

### **What are you doing or planning (a description of methods and/or innovation)?**

Using a frame of political economy, this work first situates how institutions such as the Royal College construct their policies, pronouncements, and practices in relation to the society they purport to serve. It then draws upon Foucauldian concepts of critical discourse analysis and governmentality to characterize how the social contract is deployed and the resulting effects these usages have for the possibilities to realize health equity in our present day.

### **Why would the findings or lessons learned be important (implications)?**

The sovereignty that professional medicine claims and the speaking for society it practices appear to be more in line with political models of governance from the 17th and 18th centuries. This possibility is perhaps not surprising for a profession that bases itself on the social contract. Yet if we are to better educate physicians-in-training to pursue health equity and the realization of the social right to health care for all Canadians, we need consider alternative models whose political economy aligns more favourably with the desire for equitable relationships at the heart of contemporary liberal democratic societies.

**Keywords:** Medical professionalism; social accountability; political economy

## Disability Culture Meets Health Professions Culture: Are Health Professions Culturally Safe for Students and Clinicians with Disabilities?

**Authors:** Yael Mayer, Laura Yvonne Bulk, Tal Jarus

**Presenter:** Laura Bulk

**Time:** 12:45 – 1:00pm

The term Cultural Safety is grounded within the critical theory and emancipatory research, and it refers to the feeling of a person receiving services in the health system, that their identity, values, and culture is accepted and respected (Ramsden, 1993). The term originates from discussions in the literature related to racialized, and particularly indigenous, practitioners and clients, although the term cultural safety may refer to various equity-seeking groups. We adopt the term cultural safety to discuss how people with disabilities feel when providing and receiving care in the health system. Within this theoretical work, the pillars of cultural safety will be examined through the perspective of critical disability studies.

Studies show that the cultures within health education and practice distinguish between the service provider as the "healthy, strong and capable" person, and the service user, as the "ill, weak and incapable," and do not always allow unique and diverse perspectives within health professions. In contrast, disability culture stresses celebrating diversity, recognizing the unique contribution of people with disabilities to the community, and embracing varying perspectives. These contradictions manifest in disabled students' and clinicians' experiences of stigma, negative attitudes, and the need to legitimize their belonging and citizenship within the health professions. We propose to explore how the health culture and disability culture may interact and how cultural safety for people with disabilities in health professions can be promoted.

**Keywords:** Cultural safety, disability studies, health professions culture, belonging

## Accessibility and Equity in Health and Human Service Educational Programs: What are the Best Instructional Practices in Fieldwork Education?

**Authors:** Elisabeth Gross, Fernanda Mira, Shahbano Zaman, Ally Malinowski, Yael Mayer, Laura Yvonne Bulk, Earllene Roberts, Michael Lee, Margot Young, Rosemary Lysaght, Bette Shippam, Tal Jarus, Donna Drynan

**Presenter:** Donna Drynan

**Time:** 1:00 – 1:15pm

Students with disabilities (SWD) experience systemic ableism, especially in health and human service (HHS) programs, where they must demonstrate competencies in both academic and clinical contexts. Specifically, SWD in HHS programs face barriers including lack of support, discriminatory program design, and stigmatization (Bulk et al., 2017; Easterbrook et al., 2015; Easterbrook et al., 2018). Further, educators and clinicians often lack understanding regarding such barriers and the consequent supports SWD need, particularly in fieldwork education (Bulk et al., 2017; Easterbrook et al., 2015). **This study explored** the current HHS programs' practices for supporting SWD in fieldwork education.

**Method:** Eighty-two SWD, 23 academic coordinators, and 184 fieldwork educators completed tailored surveys. Nine students and 5 academic coordinators participated in follow-up interviews. Participants represented 15 UBC HHS programs, and 14 Occupational Therapy programs across Canada.

**Results** revealed barriers and gaps in accessibility practices in fieldwork education. Reasons for students not receiving FW accommodations included cumbersome accommodation processes, attitudinal barriers, restrictions placed on programs by certification bodies, and complexities of constant change in fieldwork. Results also showed significant administrative gaps, such as lack of student and coordinator education on accommodation policies, inadequate time for preparation and collaborative planning, and student concerns regarding the use of ineffective accommodations. Notably, evaluation processes for assessing the effectiveness of accommodations appeared non-existent among the programs surveyed.

Results have **implications** for developing clear and effective resources and practices for supporting SWD in fieldwork, ultimately ensuring implementation of policies and strategies effective in promoting equity and diversity in HHS programs. [250 words]

**Key words:** Healthcare education, disabilities, fieldwork education