



Truth and Reconciliation Calls to Action 23 & 24 Medical School Report Card: Summary of 2020-2021 Results

Introduction

In 2014 the Truth and Reconciliation Commission (TRC) called upon Canadian medical schools to respond to the undeniable health disparities that exist between Indigenous and non-Indigenous people in Canada. The TRC recognized that to address these disparities we must both increase the number of Indigenous medical students in Canada and appropriately educate non-Indigenous students about the history of Indigenous Peoples on these lands. According to the TRC, this education must include dialogue about how colonizing healthcare practices themselves have created these health disparities, and stress that it is the responsibility of all involved in the healthcare system to close these gaps.

We recognize that in order for medical schools to effectively answer the TRC's calls to action they must have an understanding of the experiences and perspectives of Indigenous medical students at their institutions. In an effort to support this goal, we have gathered the voices of Indigenous medical students across Canada. A survey was designed by two Indigenous students and administered to Indigenous medical students across the country. The findings were translated into report cards, including student comments and recommendations, which were given to the Dean and Indigenous liaisons at each school.

Please direct any questions to the TRC Report Card Committee at trcreportcard@gmail.com.

Key Findings

1. Recruitment of Indigenous students must be improved to be representative of the diversity of Indigenous people in Canada. Although most schools now have seats reserved for Indigenous applicants, many students felt that schools did not do enough to recruit prospective applicants. We recommend that schools engage in relationship building with local Indigenous communities, identify ways to support Indigenous students interested in Medicine, and remove limits on the number of Indigenous students who can be admitted to their programs.

2. Indigenous Cultural Safety (ICS) training needs to accommodate Indigenous students. Most respondents (89%) felt that it was important for Indigenous students to have the option to opt out of attending ICS training. While we recognize the importance of this content, we recommend that schools make it optional for Indigenous students to attend sessions regarding the history of Indigenous people alongside non-Indigenous students. We recommend that alternative options be made available to Indigenous students, such as participation in sharing circles with other Indigenous students and Elders.

TRC Call to Action #23

We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the healthcare field.*
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities*
- iii. Provide cultural competency training for all health-care professionals*

TRC 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.

3. Cultural support must be strengthened to ensure retention of Indigenous students. Less than 40% of respondents felt satisfied with the amount of cultural support offered by their program, including mentorship opportunities, cultural activities, Indigenous-specific spaces, and access to Indigenous Elders. In addition, fewer than 30% of students reported having faculty support and protected time to attend cultural activities, conferences, and events. We recommend programs both strengthen the cultural support they provide and offer students protected time to access these opportunities outside of their programs.

4. Faculty training needs to include coverage of the colonial history of Canada, the experiences of Indigenous people, and Indigenous cultural safety. Nearly 70% of students felt that their educators were minimally educated or not educated at all on the issues facing Indigenous people in Canada. As a result, the overwhelming majority of Indigenous students reported feeling pressured to teach their peers about Indigenous health topics when they were brought up in an academic setting. Our recommendation is that all faculty take part in cultural safety training led by Indigenous leaders. This will increase their capacity to lead discussions regarding Indigenous issues, and allow them to better support Indigenous students in these learning environments.

5. There was little change between the 2019-2020 and 2020-2021 school years. As shown in Figure 1, there were no significant differences between years. This may reflect the impacts of COVID-19, which many students felt made it harder for schools to implement changes in response to the calls to action.

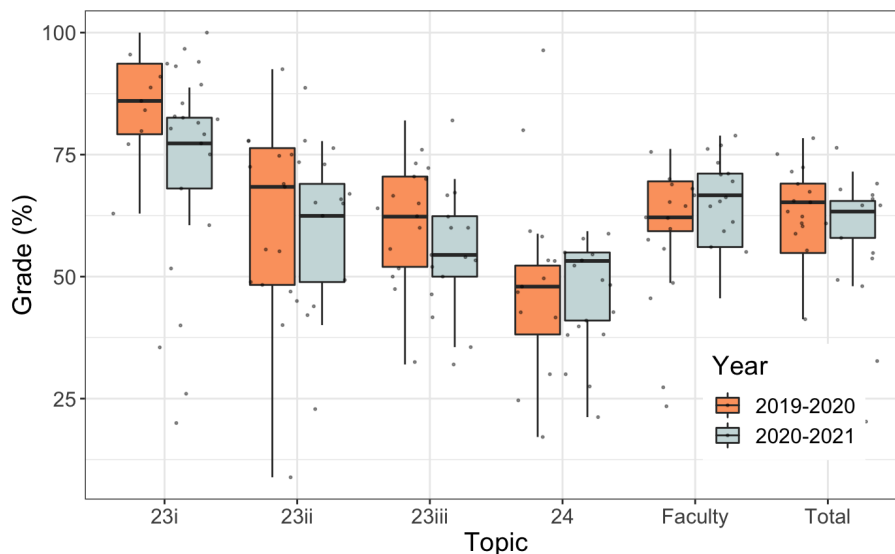


Figure 1: Comparison of 2019-2020 and 2020-2021 Data. Each point represents a medical school's score for a given topic and year. The x-axis denotes the categories of the survey: TRC Calls 23 and 24, as well as the relationship between students and faculty members. The horizontal bars represent the median scores, while the vertical bars denote the range, excluding outliers. The boxes represent the interquartile range. The sample size for 2019-2020 was 124 respondents, and for 2020-2021 was 70 respondents.